

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
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.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ 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: ☒ 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 BETHESDA RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 10/01/1984
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) BETHESDA HOSPITAL, INC. 2815 SOUTH SEACREST BOULEVARD BOYNTON BEACH, FL 33435-7934
2b	Employer Identification Number (EIN) 59-2447554
2c	Plan Sponsor's telephone number 561-737-7733
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.	07/08/2025	MATTHEW ARSENAULT
	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 BAPTIST HEALTH SOUTH FLORIDA, INC. 6855 RED ROAD, SUITE 600 CORAL GABLES, FL 33143	3b Administrator's EIN 65-0267668 3c Administrator's telephone number 786-596-6947
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1405
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 305 6a(2) 280 6b 819 6c 208 6d 1307 6e 69 6f 1376 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 1I 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics 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
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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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
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 BETHESDA RETIREMENT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BETHESDA HOSPITAL, INC.	D Employer Identification Number (EIN) 59-2447554
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 10 Day 01 Year 2023			
2	Assets:			
a	Market value	2a	155719375	
b	Actuarial value	2b	171291312	
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	885	117320531	117320531
b	For terminated vested participants	215	16101981	16101981
c	For active participants	305	43124765	44456216
d	Total	1405	176547277	177878728
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	5.23 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	1602000	
c	Target normal cost	6c	1602000	

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 ANDREW W. WEIS Type or print name of actuary AON CONSULTING, INC. Firm name MSC# 17755 PO BOX 551343 ATLANTA, GA 30355 Address of the firm	06/18/2025 Date 23-08469 Most recent enrollment number 314-854-0707 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>6.02</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		3993658
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 <u>5.40</u> %		215658
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		4209316
d Portion of (c) to be added to prefunding balance		4209316
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	4209316

Part III Funding Percentages			
14 Funding target attainment percentage	14	93.93	%
15 Adjusted funding target attainment percentage	15	93.93	%
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	95.20	%
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
01/09/2024	546489	0			
04/12/2024	546489	0			
Totals ▶			18(b)	1092978	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1070850
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
0	0	0
		(4) 4th 0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.00 %3rd segment:
5.74 %☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

4

22 Weighted average retirement age**22**

63

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI	Miscellaneous Items
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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
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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
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31 Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c).....**31a**

1602000

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

0

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

10796732

1025034

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**

2627034

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

0

1556184

1556184

36 Additional cash requirement (line 34 minus line 35).....**36**

1070850

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....**37**

1070850

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)
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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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024		
A Name of plan BETHESDA RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BETHESDA HOSPITAL, INC.	D Employer Identification Number (EIN) 59-2447554	

Part I	Service Provider Information (see instructions)
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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	
FIDELITY	245 SUMMER ST. BOSTON, MA 02205

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
VANGUARD	PO BOX 2600 VALLEY FORGE, PA 19482

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
STATE STREET GLOBAL ADVISORS	81-4017137

(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)

AON CONSULTING INC.

22-2232264

(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	353036	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

COLUMBIA MANAGEMENT

P.O. BOX 219104
KANSAS CITY, MO 64121-9104

(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 50 51	NONE	153090	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BANK OF AMERICA

100 NORTH TRYON STREET
CHARLOTTE, NC 28255

(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	149024	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

MFS RESEARCH INTERNATIONAL

111 HUNTINGTON AVENUE
BOSTON, MA 02199-7632

(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 50 51	NONE	13628	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARTIN CURRIE GLOBAL

5 MORRISON STREET 2ND FLOOR
EDINBURGH, UNITED KINGDOM EH3 8BH GB

(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 50 51	NONE	13506	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EARNEST PARTNERS

1180 PEACHTREE ST.
SUITE 2300
ATLANTA, GA 30309

(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 50 51	NONE	8429	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LOOMIS SAYLES

ONE FINANCIAL CENTER
BOSTON, MA 02111

(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 50 51	NONE	8157	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MFS LCV

PO BOX 219341
KANSAS CITY, MO 64121-9341

(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 50 51	NONE	7984	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLACKROCK

295 MADISON AVENUE
NEW YORK, NY 10017

(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 50 51	NONE	7581	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

ARISTOTLE

11100 SANTA MONICA BLVD.
SUITE 1700
LOS ANGELES, CA 90025

(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 50 51	NONE	7578	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TCW LCG

865 SOUTH FIGUEROA STREET
SUITE 1800
LOS ANGELES, CA 90017-2593

(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 50 51	NONE	7158	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALLSPRING

45 BROADWAY
14TH FLOOR
NEW YORK, NY 10006

(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 50 51	NONE	6555	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)

PEREGRINE SCG

808 PEREGRINE WAY
LEANDER, TX 78641

(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 50 51	NONE	6272	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024		
A Name of plan BETHESDA RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BETHESDA HOSPITAL, INC.	D Employer Identification Number (EIN) 59-2447554	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6750771	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	951187	904057
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	19892339	10149205
(2) U.S. Government securities	1c(2)	27567142	39072784
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	24327632	29698820
(B) All other	1c(3)(B)	28682208	32566368
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	22705747	29061113
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)	1117365	1314758
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	23962445	28789807

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	155956836	171556912
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	155956836	171556912

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)	1092978	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		1092978
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	733940	
(B) U.S. Government securities	2b(1)(B)	101854	
(C) Corporate debt instruments	2b(1)(C)	2726503	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	292857	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3855154
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	375456	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	412910	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		788366
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	109977365	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	107693932	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		2283433
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	20431258	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		114706
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		28565895

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11349678	
(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)		11349678
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	244077	
(6) Bank or trust company trustee/custodial fees	2i(6)	149024	
(7) Actuarial fees	2i(7)	353036	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	870004	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1616141
j Total expenses. Add all expense amounts in column (b) and enter total	2j		12965819

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		15600076
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) ☒ 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) ☒ 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: **GRANT THORNTON LLP**

(2) EIN: **36-6055558**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		1100000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ 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.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 540186.

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 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024					
A Name of plan BETHESDA RETIREMENT PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BETHESDA HOSPITAL, INC.				D Employer Identification Number (EIN) 59-2447554	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 36-1561860					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	0
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					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2023 v. 230707	

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) 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) 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)	14a 14b 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 b The corresponding number for the second preceding plan year	15a 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 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	16a 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
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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: <u>32.0</u> % Private Equity: <u>0.0</u> % Investment-Grade Debt and Interest Rate Hedging Assets: <u>66.0</u> % High-Yield Debt: <u>0.0</u> % Real Assets: <u>0.0</u> % Cash or Cash Equivalents: <u>0.0</u> % Other: <u>2.0</u> % 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
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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 _____.	

Financial Statements and Report of
Independent Certified Public
Accountants

Bethesda Retirement Plan

September 30, 2024 and 2023

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Baptist Health South Florida, Inc. Board of Trustees
Bethesda Retirement Plan

Scope and nature of the ERISA Section 103(a)(3)(C) audit

We have performed audits of the financial statements of Bethesda Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of September 30, 2024 and 2023, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of September 30, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for opinion

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

Responsibilities of management for the financial statements

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

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

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

Auditor's responsibilities for the audit of the financial statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US 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 US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures

responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other matter - supplemental schedules required by ERISA

The supplemental schedules of assets (held at end of year) as of September 30, 2024 and reportable transactions for the year ended September 30, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such supplementary 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 the auditing procedures applied in the audits of the financial statements and certain additional procedures. These additional procedures included 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 US GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

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

Grant Thornton LLP

Tulsa, Oklahoma
July 7, 2025

Bethesda Retirement Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

September 30,

	2024	2023
ASSETS		
Investments at fair value	\$ 170,652,855	\$ 148,254,878
Receivables		
Contributions receivable	-	2,390,671
Accrued income	904,057	951,187
Total receivables	904,057	3,341,858
NET ASSETS AVAILABLE FOR BENEFITS	\$ 171,556,912	\$ 151,596,736

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

Bethesda Retirement Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended September 30,

	2024	2023
Investment income		
Net appreciation in fair value of investments	\$ 22,829,397	\$ 4,587,848
Interest and dividend income	4,643,520	4,656,830
Net investment income	27,472,917	9,244,678
Employer contributions	5,453,078	2,390,671
Benefits paid to participants	(11,349,678)	(11,114,371)
Administrative expenses	(1,616,141)	(2,001,448)
NET INCREASE (DECREASE)	19,960,176	(1,480,470)
Net assets available for benefits		
Beginning of year	151,596,736	153,077,206
End of year	<u>\$ 171,556,912</u>	<u>\$ 151,596,736</u>

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

Bethesda Retirement Plan
NOTES TO FINANCIAL STATEMENTS
September 30, 2024 and 2023

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Bethesda Retirement Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

Prior to October 1, 1984, Bethesda Memorial Hospital, Inc. participated in the Florida Retirement System (“FRS”), a state-administered retirement program covering state, county, district school board, and community college employees. On October 1, 1984, Bethesda withdrew from the FRS and established its own retirement program, the Bethesda Memorial Hospital, Inc. Retirement Plan, for employees hired on or after that date. The Plan name was updated in 2002 to The Bethesda Memorial Hospital, Inc. Retirement Plan, and again in 2010 to the Bethesda Health, Inc. Retirement Plan. Most recently, effective October 1, 2021, the Plan was renamed to its current name, Bethesda Retirement Plan.

The Plan is a defined benefit plan sponsored by Bethesda Hospital, Inc. (the “Company”) covering substantially all eligible employees of Bethesda Hospital, Inc. that were formerly covered by FRS as well as substantially all eligible employees previously employed by Bethesda Hospital Foundation, Inc., Bethesda Health Comprehensive Imaging Services, Inc., and Bethesda Health Outpatient Services, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended. The Plan’s investments are held by Bank of America, N.A. (the “Trustee”).

The Plan became frozen to new participants effective October 1, 2005 and frozen to future benefit accruals on September 30, 2018.

Eligibility and Vesting

Participants who were vested in the FRS as of September 30, 1984 (“Tier I Participants”), or who attained age 21 and completed one year of service before October 1, 2005 (“Tier II Participants”), are entitled to pension benefits. Pension benefits are provided to participants based upon years of credited service and average compensation for the highest five consecutive years during the ten-year period immediately preceding his or her date of retirement, termination or death, whichever is earliest. Benefits payable to Tier I Participants are subject to reductions for the value of their accrued FRS benefits and cost of living increases not to exceed three percent per year. Participants attain normal retirement upon turning age 65 and completing five years of credited service. Early retirement is available to Tier I Participants upon completing five years of credited service, and Tier II Participants upon attaining age 55 and completing five years of credited service. Pension benefits are payable in various forms of single life, joint and survivor, or term certain annuities; however, a participant’s accrued benefit that does not exceed \$5,000 is payable as a lump sum amount.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (“U.S. GAAP”).

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results may differ from those estimates. It is at least reasonably possible that a significant change may occur in the near term for the estimates of the actuarial present value of accumulated plan benefits.

Bethesda Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

September 30, 2024 and 2023

Risks and Uncertainties

The Plan holds various investments. Investments are exposed to various risks such as interest rate, market, liquidity and credit risks. Due to the level of risk associated with certain investments as well as the sensitivity of certain fair value estimates to changes in valuation assumptions, it is at least reasonably possible that changes in the fair values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value as further described in Note 9. Purchases and sales of securities are recorded on a trade-date basis. Interest is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments.

Payment of Benefits

Benefits are recorded when paid.

NOTE 3 - FUNDING POLICY

The Company's policy is to contribute amounts sufficient to meet or exceed minimum funding requirements under ERISA, as determined by the Plan's actuary. The Plan has met the ERISA minimum funding requirements for the years ended September 30, 2024 and 2023.

NOTE 4 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits 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) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included to the extent they are expected to become payable upon the occurrence of future events (such as termination or retirement).

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

Bethesda Retirement Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2024 and 2023

The actuarial present value of accumulated plan benefit information as of October 1, 2023 was as follows:

Vested benefits	
Participants currently receiving benefits	\$ 102,259,311
Other participants	<u>48,356,860</u>
Total vested benefits	150,616,171
Nonvested benefits	<u>1,158,802</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 151,774,973</u>

The changes in the actuarial present value of accumulated plan benefits for the year ended October 1, 2023 was as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 169,714,170
Increase for interest due to decrease in the discount period	9,361,338
Benefits paid	(11,114,371)
Change in actuarial assumptions	(15,923,286)
Benefits accumulated and actuarial (gains) and losses	<u>(262,878)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 151,774,973</u>

The significant actuarial assumptions used in the valuations as of October 1, 2023 and 2022 were as follows:

Mortality table	Pri-2012 projected back to 2012, using scale MP-2021
Retirement age	Graded from age 55 to 70
Discount rate	6.75% in 2023; 5.70% in 2022

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

NOTE 5 – INFORMATION CERTIFIED BY THE TRUSTEE

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

- Investments at fair value and accrued income as shown in the statements of net assets available for benefits as of September 30, 2024 and 2023.
- Investment income as shown in the statements of changes in net assets available for benefits for the years ended September 30, 2024 and 2023.
- Schedule of assets (held at end of year) as of September 30, 2024.
- Schedule of reportable transactions for the year ended September 30, 2024.

Bethesda Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

September 30, 2024 and 2023

NOTE 6 - FEDERAL INCOME TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated August 22, 2011, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no uncertain tax positions taken by the Plan.

NOTE 7 - 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:

1. The net assets of the Plan would be allocated to the 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 Plan provisions in effect at any time during the five years preceding Plan termination.
2. The net assets of the Plan would be allocated to other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") up to the applicable limitations (discussed below).
3. The net assets of the Plan would be allocated to all other benefits (that is, vested and non-vested benefits not insured by the PBGC).

Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and survivor benefits. However, the amount of benefit protection from the PBGC is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years of age at the time of retirement or Plan termination (whichever comes later). For some annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

NOTE 8 - RELATED PARTIES AND PARTIES-IN-INTEREST

Certain Plan investments are held and managed by the Trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions. These fees qualify as permitted party-in-interest transactions under ERISA. Third party expenses associated with the administration of the Plan, including fees associated with investment management and actuarial services, are paid by the Plan which qualify as party-in-interest transactions.

Bethesda Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

September 30, 2024 and 2023

NOTE 9 - FAIR VALUE MEASUREMENTS

Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1 - Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2 - Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3 - Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest Level of significant input determines the placement of the entire fair value measurement in the hierarchy.

Following is a description of the valuation methodologies used for the Plan's assets carried at fair value:

Money market funds - Valued at the Net Asset Value ("NAV") of shares held at year-end.

Common and preferred stocks - Common and preferred stocks are valued based on the closing sales price reported on the active market on which the securities trade.

U.S. Government and domestic and foreign bonds - U.S. Government securities and domestic and foreign bonds are valued at the closing trade price on the day of valuation based on information from third-party pricing services as obtained by Bank of America N.A.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2024:

	Level 1	Level 2	Level 3	Total
Money market funds	\$ 11,876,538	\$ -	\$ -	\$ 11,876,538
Common and preferred stocks	53,656,010	-	-	53,656,010
U.S. Government and domestic and foreign bonds	35,676,438	69,443,869	-	105,120,307
Investments, at fair value	<u>\$ 101,208,986</u>	<u>\$ 69,443,869</u>	<u>\$ -</u>	<u>\$ 170,652,855</u>

Bethesda Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

September 30, 2024 and 2023

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2023:

	Level 1	Level 2	Level 3	Total
Money market funds	\$ 19,892,339	\$ -	\$ -	\$ 19,892,339
Common and preferred stocks	41,898,422	-	-	41,898,422
U.S. Government and domestic and foreign bonds	23,841,945	62,622,172	-	86,464,117
Investments, at fair value	<u>\$ 85,632,706</u>	<u>\$ 62,622,172</u>	<u>\$ -</u>	<u>\$ 148,254,878</u>

NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of employer contributions per the financial statements to the Form 5500 for the year ended September 30, 2024:

Employer contributions per the financial statements	\$ 5,453,078
Employer contributions made during the 2024 Plan year related to 2023	<u>(4,360,100)</u>
Employer contributions per Form 5500	<u>\$ 1,092,978</u>

A reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of September 30, 2023 is as follows:

Net assets available for benefit per the financial statements	\$ 151,596,736
Discretionary employer contributions made after September 30, 2024	<u>4,360,100</u>
Net assets per Form 5500	<u>\$ 155,956,836</u>

The following is a reconciliation of employer contributions receivable per the financial statements to the Form 5500 as of September 30, 2023:

Employer contributions per the financial statements	\$ 2,390,671
Employer contributions made during the 2024 Plan year related to 2023	<u>4,360,100</u>
Employer contributions receivable per Form 5500	<u>\$ 6,750,771</u>

NOTE 11 - SUBSEQUENT EVENTS

Plan management has evaluated subsequent events for recognition and disclosure through July 7, 2025, which is the date the financial statements were available to be issued. Plan management is not aware of any additional subsequent events that require recognition or disclosure in the financial statements.

SUPPLEMENTAL SCHEDULES

Bethesda Retirement Plan

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

September 30, 2024

**SPONSOR: Bethesda Hospital, Inc.
EMPLOYER ID NO: 59-2447554, PLAN #: 001**

(a)	(b) (c) Identity of Issue Description of Investment	(d) Cost	(e) Current Value
	Money market funds		
*	BANK OF AMERICA MONEY MARKET	\$ 18,437	\$ 18,437
	U.S. TREASURY BILL ZERO% NOV 26 2024	1,718,899	1,727,333
	FIDELITY INVESTMENTS MONEY MARKET GOVERNMENT PORTFOLIO - INST CLASS	10,130,768	10,130,768
		<u>11,868,104</u>	<u>11,876,538</u>
	Common and preferred stocks		
	A N S Y S INC COM	76,597	69,143
	AAR CORP	11,247	10,719
	ABACUS LIFE INC	3,127	3,643
	ABBOTT LABS	78,608	84,481
	ABBVIE INC SHS	57,254	74,252
	ABM INDUSTRIES INC COM	9,988	11,977
	ACADEMY SPORTS AND OUTDOORS INC	11,641	14,590
	ACCENTURE PLC SHS	65,898	77,059
	ACCO BRANDS CORP	12,569	9,480
	ACUITY BRANDS INC	54,309	87,299
	ADMA BIOLOGICS INC SHS	3,174	12,994
	ADOBE INC SHS	174,630	152,745
	ADVANCED DRAIN SYS INC DEL	15,302	19,488
	ADVANCED ENERGY INDS INC	72,160	70,721
	AGIOS PHARMACEUTICALS INC SHS	9,347	11,108
	AGNC INVT CORP	21,947	20,847
	AGREE RLTY CORP REIT	10,573	13,484
	AIA GROUP LTD SPONSORED ADR	150,955	116,444
	AIR LEASE CORP CL A	51,795	58,288
	AIR LIQUIDE ADR	76,411	100,954
	AKZO NOBEL N V	104,031	67,563
	ALAMO GROUP INC	36,270	37,647
	ALBANY INTL CRP NEW CL A	49,797	50,556
	ALCON SA ACT NOM	93,457	129,090
	ALEXANDRIA REAL EST EQTS REIT	61,204	45,838
	ALIBABA GROUP HOLDING LT	274,593	150,690
	ALIGN TECH INC DEL COM	85,291	74,770
	ALPHABET INC SHS CL A	82,993	107,637
	ALPHABET INC SHS CL C	222,296	283,554
	AMADEUS IT GROUP SA ADR - UNSPONSORED	129,088	141,991
	AMAZON COM INC COM	373,340	389,057
	AMER EXPRESS COMPANY	55,331	91,394
	AMERESCO CLASS A COMMON STOCK	10,277	7,284
	AMERICAN INTERNATIONAL GROUP INC	62,051	60,195
	AMERICAN TOWER REIT INC (HLDG CO) SHS	52,930	44,186
	AMERICAN WTR WKS CO INC NEW	51,114	60,836
	AMERIPRISE FINL INC	53,196	100,539
	AMGEN INC COM	56,489	75,719
	AMICUS THERAPEUTICS INC	22,288	22,994
	ANALOG DEVICES INC COM	61,979	85,393

Bethesda Retirement Plan

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

September 30, 2024

SPONSOR: Bethesda Hospital, Inc.
EMPLOYER ID NO: 59-2447554, PLAN #: 001

(a)	(b) (c) Identity of Issue Description of Investment	(d) Cost	(e) Current Value
*	AON PLC REG SHS APELLIS PHARMACEUTICALS INC API GROUP CORP REG SHS APOLLO COML REAL ESTATE FIN INC APPLIED INDUSTRIAL TECH APPLIED THERAPEUTICS INC REG SHS ARCBEST CORPORATION ARCH RESOURCES INC REG SHS CL A ARDELYX INC SHS ARDENT HEALTH PARTNERS INC ARES MANAGEMENT CORP - A ARMADA HOFFLER PPTYS INC ARTIVION INC ASGN INC ASM INTERNATIONAL-NY REG ASML HLDG NV NY REG SHS ASPEN TECH INC ASSOCIATED BANC CRP .01 ASTRAZENECA PLC SPND ADR ATKORE INC SHS ATMOS ENERGY CORP COM ATMUS FILTRATION TECHNOLOGIES INC ATN INTERNATIONAL INC SHS ATRICURE INC AUTODESK INC DEL PV\$0.01 AVANTOR INC AVIENT CORPORATION AVNET INC AXON ENTERPRISE INC AXSOME THERAPEUTICS INC. AZEK CO INC AZENTA INC BALDWIN INS GRP INC/THE BARCLAYS PLC ADR BATH & BODY WORKS INC BE SEMICONDUCTOR NY SHS BELDEN INC	\$ 65,545 10,919 11,024 6,330 9,529 5,579 5,677 1,708 7,319 3,128 52,228 5,114 8,259 37,992 41,271 55,467 26,551 23,106 31,469 29,618 94,414 8,319 3,409 15,153 105,800 32,577 51,605 48,832 63,654 15,847 40,457 30,533 24,463 50,075 38,662 22,057 16,251	\$ 90,303 5,480 16,873 3,860 19,635 9,384 5,423 1,934 6,415 3,364 98,647 4,397 9,663 37,665 62,263 65,827 30,569 23,802 35,060 24,320 127,336 11,935 2,587 9,506 97,244 26,905 57,918 67,507 114,286 19,322 47,502 22,864 48,057 49,669 33,293 22,008 35,725

Bethesda Retirement Plan

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

September 30, 2024

**SPONSOR: Bethesda Hospital, Inc.
EMPLOYER ID NO: 59-2447554, PLAN #: 001**

(a)	(b) (c) Identity of Issue Description of Investment	(d) Cost	(e) Current Value
	BENTLEY SYS INC	\$ 44,499	\$ 44,916
	BERRY CORPORATION (BRY)	4,560	3,459
	BERRY GLOBAL GROUP INC COMMON STOCK	15,999	18,151
	BILL HOLDINGS INC	11,972	8,916
	BIOLIFE SOLUTIONS INC SHS	14,934	11,218
	BLACK HILLS CORP	11,279	11,552
	BLACKSTONE INC	51,474	62,477
	BLOCK INC	48,225	29,873
	BLUEPRINT MEDICINES CORP SHS	21,785	28,675
	BNP PARIBAS SPONSORD ADR	128,565	143,980
	BOEING COMPANY	255,912	189,290
	BOISE CASCADE CO DEL	15,860	34,963
	BOK FINCL CORP NEW	5,061	5,859
	BOOT BARN HOLDINGS INC SHS	8,227	16,895
	BORG WARNER INC COM	25,439	22,282
	BOSTON SCIENTIFIC CORP	38,594	73,912
	BOWHEAD SPECIALTY HOLDINGS INC REGISTERE	4,255	5,210
	BOX INC CL A	26,383	32,894
	BRAZE INC REG SHS CL A	15,493	12,128
	BRIGHTVIEW HLDGS INC	2,925	3,321
	BRINKER INTL INC	8,085	12,857
	BRITISH AMN TOBACO SPADR	32,759	30,800
	BURLINGTON STORES INC	13,505	13,437
	CABOT CORP	31,162	59,909
	CADENCE DESIGN SYS INC	105,743	131,992
	CAPGEMINI SE SHS ADR	24,507	24,376
	CAPITAL ONE FINL	82,481	82,501
	CAPITEC BANK HOLDINGS LTD SHS	24,003	53,103
	CARVANA CO CL A	14,683	14,973
	CASELLA WASTE SYS INC A	10,364	13,929
	CBIZ INC	7,561	15,409
	CBRE GROUP INC CL A	65,531	95,601
	CENT GARDEN AND PET CO	23,411	20,598
	CENTRAL GRDEN & PET CO	10,589	9,263
	CHAMPION HOMES INC	11,019	18,022
	CHARLES RIVER LABS INTL	76,804	43,727
	CHART INDS INC	26,353	23,214

Bethesda Retirement Plan

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

September 30, 2024

**SPONSOR: Bethesda Hospital, Inc.
EMPLOYER ID NO: 59-2447554, PLAN #: 001**

(a)	(b) (c) Identity of Issue Description of Investment	(d) Cost	(e) Current Value
	CHEVRON CORP	\$ 68,480	\$ 68,039
	CHINA MERCHANTS BANK UNS ADR	83,917	58,152
	CHORD ENERGY CORP SHS	19,091	20,707
	CHUBB LTD	38,290	67,483
	CHUYS HLDGS INC	2,577	2,655
	CIE FINANCIERE RICHEMONT SA SHS	70,554	70,607
	CIE GENERALE DES ETABLISSEMENTS MICHELIN	85,440	97,379
	CIENA CORP	20,559	22,234
	CIGNA GROUP/THE	76,195	110,861
	CITIGROUP INC COM NEW	40,085	49,830
	CITY HOLDING CO CHARLSTN	5,592	8,335
	CIVITAS RESOURCES INC INC	12,102	8,867
	CLEARWTR ANALYTICS HOLDINGS INC REGIST CL A	4,811	6,035
	CLP HOLDINGS LTD SP ADR	43,790	42,232
	CNO FINL GROUP INC	11,888	16,567
	COCA COLA COM	48,593	64,315
	COLUMBUS MCKINNON CP N.Y	24,380	20,016
	COMFORT SYSTEMS USA INC	67,044	78,460
	COMMERCE BANCSHARES	35,220	33,502
	COMPASS DIVERSIFIED HLDGS SHS OF BENEFCL INT	25,593	24,454
	CONCENTRIX CORP REG SHS WH	6,902	3,229
	CONFLUENT INC	57,800	44,265
	CONMED CORP COM	91,901	54,803
	CONOCOPHILLIPS	78,445	101,700
	CONSTELLATION BRANDS INC	41,405	45,353
	CONSTRUCTION PARTNERS INC	5,240	9,353
	COPART INC COM	40,222	60,522
	CORE AND MAIN INC	50,228	47,464
	CORTEVA INC REG SHS	66,962	90,360
	COSAN SA SHS SPON ADR	39,718	20,535
	COSTAR GROUP INC COM	74,685	72,498
	COSTCO WHOLESALE CRP DEL	43,385	93,971
	COTERRA ENERGY INC	41,702	58,749
	CROWDSTRIKE HLDGS INC CL A	42,264	71,239
	CSL LTD SHS ADR	73,532	82,193
	CSW INDUSTRIALS INC SHS WHEN ISSUED	5,345	16,121
	CULLEN FRST BKRS PV\$0.01	40,510	42,171

Bethesda Retirement Plan

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

September 30, 2024

**SPONSOR: Bethesda Hospital, Inc.
EMPLOYER ID NO: 59-2447554, PLAN #: 001**

(a)	(b) (c) Identity of Issue Description of Investment	(d) Cost	(e) Current Value
	CUSHMAN AND WAKEFIELD PLC REG SHS	\$ 5,939	\$ 10,332
	CUSTOM TRUCK ONE SOURCE INC	12,252	4,823
	CYBER-ARK SOFTWARE LTD	27,774	43,742
	CYTOKINETICS INC SHS	8,634	11,880
	D R HORTON INC	37,376	76,690
	DAIICHI SANKYO CO LTD ADR	18,703	18,829
	DAIKIN INDUSTRIES LTD SHS	111,158	81,428
	DANA INC	7,262	3,907
	DANAHER CORP DEL COM	63,477	71,729
	DARDEN RESTAURANTS INC	34,231	37,586
	DARLING INGREDIENTS INC	74,016	46,636
	DEERE CO	15,215	17,945
	DENNYS CORP	25,610	12,203
	DEXCOM INC	53,480	30,838
	DIAGEO PLC SPSP ADR NEW	94,223	68,065
	DIAMONDBACK ENERGY INC	53,424	102,750
	DIAMONDROCK HOSPITALITY CO	6,220	6,294
	DIEBOLD NIXDORF INC REG SHS	4,397	8,798
	DIGI INTL INC	34,800	47,875
	DIGITALBRIDGE GROUP INC REG SHS - CL A	13,869	11,375
	DINE BRANDS GLOBAL INC	15,786	6,184
	DIODES INC COM	3,843	2,820
	DISNEY (WALT) CO COM STK	121,044	85,224
	DOMINION ENERGY INC	86,961	77,901
	DOUBLEVERIFY HOLDINGS INC REG SHS	14,575	9,548
	DOUGLAS DYNAMICS INC	27,077	19,692
	DUKE ENERGY CORP NEW	78,668	91,779
	DYCOM INDS INC	9,714	24,440
	DYNAVAX TECHNOLOGIES CORP SHS	13,579	11,964
	E2OPEN PARENT HOLDINGS INC REG SH CL A	8,600	5,072
	EAGLE MATERIALS INC	30,549	62,132
	EASTGROUP PROPERTIES INC REIT	49,487	53,991
	EASTMAN CHEMICAL CO COM	42,129	41,422
	EATON CORP PLC	30,024	64,962
	ECOLAB INC	58,873	66,130
	ECOVYST INC	18,420	10,296
	EDGEWELL PERS CARE CO	5,503	5,269

Bethesda Retirement Plan

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

September 30, 2024

**SPONSOR: Bethesda Hospital, Inc.
EMPLOYER ID NO: 59-2447554, PLAN #: 001**

(a)	(b) (c) Identity of Issue Description of Investment	(d) Cost	(e) Current Value
	ELEMENT SOLUTIONS INC REG SHS	\$ 27,516	\$ 31,886
	ELF BEAUTY INC SHS	4,617	10,794
	ELME COMMUNITIES REIT	12,949	10,325
	ENI S P A SPONSORED ADR	87,120	97,780
	ENNIS INC	9,095	10,555
	ENOVIS CORP REG SHS	7,433	6,156
	ENSTAR GROUP LTD	16,823	22,833
	ENTEGRIS INC MINNESOTA	145,890	145,614
	ENTERPRISE FINL SVCS CRP	5,530	6,561
	EPAM SYSTEMS INC SHS	38,274	15,126
	EQTY LIFESTYLS PPTYS INC	51,141	49,795
	EQUIFAX INC	40,306	56,127
	ESCO TECHNOLOGIES INC	6,252	8,126
	ESSENT GROUP LTD	23,287	33,174
	ESSENTIAL PPTYS RLTY TR INC	8,284	11,099
	EURONET WORLDWIDE INC	10,892	11,610
	EVERCORE INC CL A	10,870	20,014
	EVOLENT HEALTH INC SHS CL A	12,102	13,716
	EXLSERVICE HLDGS INC	9,186	14,955
	EXPEDITORS INTL WASH INC	44,125	45,333
	EXXON MOBIL CORP COM	33,732	35,283
	FACTSET RESH SYS INC	31,925	42,766
	FEDERAL SIGNAL CORP	9,328	19,627
	FERRARI NV	29,713	61,584
	FIRST ADVANTAGE CORP NEW	4,492	5,558
	FIRST BANCORP N C COM	6,220	7,153
	FIRST FINANCIAL BANCORP SHS	7,423	8,376
	FIRST HAWAIIAN INC SHS	10,880	9,191
	FIRST INTST BANCSYSTEM INC COM CL A	10,184	8,744
	FIRSTCASH HLDGS INC	31,341	47,068
	FLEX LTD	40,986	107,009
	FLOOR AND DECOR HLDGS INC	44,088	59,477
	FLOWSERVE CORP	10,316	13,698
	FLYWIRE CORP	18,335	10,604
	FORMFACTOR INC	11,934	14,490
	FORUM ENERGY TECHNOLOGIES INC REG	1,158	804
	FOUR CORNERS PROPERTY TR INC SHS	9,202	10,083

Bethesda Retirement Plan

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

September 30, 2024

**SPONSOR: Bethesda Hospital, Inc.
EMPLOYER ID NO: 59-2447554, PLAN #: 001**

(a)	(b) (c) Identity of Issue Description of Investment	(d) Cost	(e) Current Value
	FRANKLIN EL CO PV10CT INDIANA	\$ 51,571	\$ 64,464
	FTI CONSULTING INC COM	16,972	26,169
	FUJITSU LTD NEW ADR	115,011	149,240
	GARTNER INC	38,324	57,264
	GATES INDL CORP PLC	11,498	16,427
	GATX CORPORATION	39,457	60,132
	GE AEROSPACE	40,868	48,276
	GENERAC HLDGS INC	12,835	14,617
	GENL DYNAMICS CORP COM	100,918	144,754
	GLAUKOS CORP SHS	5,748	12,637
	GLENCORE PLC	84,849	94,611
	GLOBANT S A	105,216	103,429
	GRIFFON CORP	4,911	14,070
	GRUPO FIN BANORTE-SPON ADR	42,209	39,943
	GXO LOGISTICS INC REG SHS	13,289	11,455
	H AND E EQUIP SVCS INC	7,196	7,984
	HAEMONETICS CORP MASS	29,985	33,117
	HALOZYME THERAPEUTICS INC	13,427	17,630
	HAMILTON LANE INC REG SH CL A	6,582	12,966
	HANCOCK WHITNEY CORP	24,249	28,451
	HANOVER INS GROUP INC	29,414	32,436
	HDFC BANK LTD ADR	267,113	237,102
	HEALTHEQUITY INC SHS	11,698	14,651
	HEARTLAND FINANCIAL USA INC	36,574	45,587
	HEICO CORP NEW COM	55,439	93,871
	HELEN OF TROY LTD	25,559	9,834
	HILLMAN SOLUTIONS CORP	24,629	22,831
	HITACHI LTD 10 NEW ADR	85,238	202,036
	HOLLEY INC REG SHS	19,920	5,163
	HOME DEPOT INC	43,722	54,702
	HONEYWELL INTL INC DEL	104,901	96,740
	HOWMET AEROSPACE INC ISSUED	50,292	69,975
	HUB GROUP INC CL A	5,693	7,181
	HUNTINGTON INGALLS INDS INC	40,457	51,818
	IBERDROLA S A ADR	49,369	64,718
	ICF INTL INC	14,482	26,520
	ICHOR HOLDINGS LTD REG SHS	6,845	5,471

Bethesda Retirement Plan

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

September 30, 2024

**SPONSOR: Bethesda Hospital, Inc.
EMPLOYER ID NO: 59-2447554, PLAN #: 001**

(a)	(b) (c) Identity of Issue Description of Investment	(d) Cost	(e) Current Value
	ICICI BANK LTD SPD ADR	\$ 63,137	\$ 103,759
	ICON PLC	47,943	52,003
	IDEX CORP DELAWARE COM	20,210	19,734
	IDEXX LAB INC DEL \$0.10	91,710	80,835
	ILLINOIS TOOL WORKS INC	48,165	56,083
	ILLUMINA INC COM	84,479	33,515
	IMAX CORP	8,860	9,435
	INARI MED INC	13,375	12,166
	INDEPENDENCE RLTY TR INC	12,270	14,494
	INDEPENDENT BK CORP MASS	8,897	8,101
	INDEPENDENT BK GROUP INC	8,497	8,649
	ING GP NV SPSP ADR	37,112	37,355
	INNOSPEC INC	54,013	66,158
	INSMED INC	13,833	39,639
	INSTRUCTURE HOLDINGS INC REG SHS	6,470	6,241
	INTERCONTINENTAL HOTELS GROUP PLC	55,079	78,779
	INTL GAME TECH PLC	22,667	21,108
	INTL SEAWAYS INC REG SHS	2,941	2,784
	INTRA-CELLULAR THERAPIES INC	3,509	4,317
	INTUITIVE SURGICAL INC NEW	72,847	129,204
	IONIS PHARMACEUTICALS SHS	8,793	8,733
	IOVANCE BIOTHERAPEUTICS INC	3,642	3,690
	IRHYTHM TECHNOLOGIES INC	16,410	12,324
	ISHARES INC CORE MSCI EMERGING MKTS ETF	911,937	800,410
	ISHARES RUSSELL MIDCAP	4,388,392	4,874,230
	ISHARES TR CORE MSCI EAF ETF	3,787,140	4,207,363
	ITRON INC	12,313	15,915
	J & J SNACK FOODS CRP	80,991	84,683
	JACK IN THE BOX INC	21,605	11,030
	JAMF HLDG CORP	22,148	13,550
	JANUS PARENT INC REG SHS	17,707	15,286
	JD COM INC CL A ADR	64,138	35,760
	JFROG LTD	12,812	14,723
	JOHNSON AND JOHNSON COM	83,948	83,299
	JPMORGAN CHASE & CO	89,831	126,305
	KADANT INC	7,773	13,858
	KAISER ALUM CORP	9,358	6,237

Bethesda Retirement Plan

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

September 30, 2024

**SPONSOR: Bethesda Hospital, Inc.
EMPLOYER ID NO: 59-2447554, PLAN #: 001**

(a)	(b) (c) Identity of Issue Description of Investment	(d) Cost	(e) Current Value
	KB HOME	\$ 6,198	\$ 12,339
	KBR INC	13,915	23,772
	KDDI CORP SHS	83,479	87,640
	KENVUE INC	55,043	55,188
	KINIKSA PHARMACEUTICALS INTE	7,816	9,646
	KIRBY CORP COM	10,199	14,202
	KITE REALTY GROUP TR SHS	10,535	13,280
	KKR & CO INC CL A	35,781	71,297
	KLA CORP	26,328	59,630
	KNIGHT-SWIFT TRANSPORTATION HOLD CL A	12,223	13,272
	KNOWLES CORP SHS	4,835	5,589
	KONTOOR BRANDS INC REG SHS	8,744	11,531
	KORN FERRY	26,259	30,472
	KRATOS DEFNS & SEC SOLTN NEW	9,855	11,930
	KUBOTA CORP ADR	62,006	47,186
	KYNDRYL HOLDINGS INCORP REGISTERED	12,653	18,499
	LANTHEUS HLDGS INC	7,873	11,853
	LA-Z-BOY INC MICHIGAN	4,791	6,225
	LENNAR CORP CL A	67,325	123,362
	LEVI STRAUSS AND CO NEW	4,123	5,995
	LIBERTY ENERGY INC SERVICES INC REG	12,335	16,303
	LIBERTY MEDIA CORP REG SHS SERIES SER -C- CL C	42,420	59,544
	LIGAND PHARMACEUTICALS INC SHS CL B	10,066	11,410
	LIGAND PHARMACEUTICALXPN PARENT # 44AA4	77	-
	LINDE PLC NEW	121,926	177,392
	LIONS GATE ENTERTAINMENT CORP REG CL B	13,280	6,318
	LIVE NATION ENT INC	61,802	71,716
	LIVERAMP HLDGS INC	16,617	9,342
	LKQ CORP	47,119	35,090
	LONDON STK EXCHANGE GROUP PLC SHS SPON ADR	88,760	126,316
	LOWE'S COMPANIES INC	98,345	130,821
	LUMENTUM HOLDINGS INC SHS	17,720	13,627
	LVMH MOET HENNESSY ADR	150,266	145,008
	LXP INDUSTRIAL TRUST REIT	8,495	7,829
	MAGNOLIA OIL & GAS CORP CL A	24,942	32,796
	MALIBU BOATS INC SHS CL A	6,837	3,997
	MANHATTAN ASSOCS INC	48,436	57,120

Bethesda Retirement Plan

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

September 30, 2024

**SPONSOR: Bethesda Hospital, Inc.
EMPLOYER ID NO: 59-2447554, PLAN #: 001**

(a)	(b) (c) Identity of Issue Description of Investment	(d) Cost	(e) Current Value
	MAREX GROUP PLC REG SHS	\$ 3,479	\$ 4,322
	MARRIOTT INTL INC NEW A	40,883	59,415
	MARSH & MCLENNAN COS INC	43,348	67,373
	MARTIN CURRIE SMASH SERIES EM FUND CL SINGLE	1,662,326	1,306,509
	MARTIN MARIETTA MATLS	52,174	79,123
	MASCO CORP	49,517	71,181
	MASIMO CORP	26,840	28,266
	MASTERCARD INC	72,435	95,797
	MATIV INC	39,049	17,653
	MATTHEWS INTL INC CL A	6,749	4,594
	MAXIMUS INC	17,588	19,191
	MAYVILLE ENGR CO INC REGISTE	9,440	12,416
	MCKESSON CORPORATION COM	49,046	97,895
	MDU RESOURCES GRP INC	10,438	14,363
	MEDTRONIC PLC SHS	61,140	43,214
	MEITUAN ADR	114,373	78,285
	MERCK AND CO INC SHS	50,501	62,458
	MERIT MEDICAL SYS INC	10,758	16,307
	META PLATFORMS INC CLASS A COMMON STOCK	216,618	381,817
	MICROCHIP TECHNOLOGY INC	65,209	72,743
	MICROSOFT CORP	396,026	567,566
	MIDCAP FINANCIAL	8,161	8,248
	MIDDLEBY CORP COM	57,508	57,182
	MINERALS TECHNOLOGIES	25,920	28,807
	MINTH GROUP LTD ADR	62,407	40,666
	MITSUBISHI UFJ FINL GRP INC	89,694	158,808
	MODINE MFG CO	20,632	26,956
	MONGODB INC CL A	54,234	39,741
	MONOLITHIC PWR SYSTEMS INC	57,346	125,732
	MONSTER BEVERAGE SHS	72,530	82,585
	MONTROSE ENVIRONMENTAL GROUP INC	19,328	12,466
	MOOG INC CL A	35,311	85,656
	MORGAN STANLEY	63,059	72,134
	MSCI INC CLASS A	55,855	59,459
	MUELLER INDUSTRIES INC	20,663	69,061
	MURPHY OIL CORP	46,345	68,290
	MYERS INDUSTRIES INC	12,629	9,149

Bethesda Retirement Plan

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

September 30, 2024

SPONSOR: Bethesda Hospital, Inc.
EMPLOYER ID NO: 59-2447554, PLAN #: 001

(a)	(b) (c) Identity of Issue Description of Investment	(d) Cost	(e) Current Value
	MYR GROUP INC DEL	\$ 23,929	\$ 20,548
	MYRIAD GENETICS INC	10,504	13,448
	NASDAQ OMX GRP INC	40,201	50,961
	NATWEST GROUP PLC SHS ADR	82,504	116,335
	NCINO INC NEW	14,607	14,184
	NEOGEN CORP	15,772	15,566
	NEOGENOMICS INC	11,717	7,847
	NESTLE S A REP RG SH ADR	215,455	176,676
	NETFLIX COM INC	79,730	176,608
	NEUROCRINE BIOSCNCE INC	11,451	12,329
	NEW MOUNTAIN FINANCE COR	11,935	10,818
	NEW YORK MORTGAGE TR INC REG S	15,232	6,077
	NEWMARKET CORP	14,285	24,835
	NEXTRACKER INC	18,503	24,175
	NIKE INC CL B	32,098	37,570
	NINTENDO LTD ADR	49,953	55,425
	NMI HOLDINGS INC SHS CL A	7,015	12,687
	NOMAD FOODS LTD SHS	32,618	24,016
	NORDIC AMERICAN TANKERS LTD SHS	2,843	3,582
	NORTHERN OIL AND GAS INC REG SHS	10,960	14,093
	NORTHWESTERN ENE GR INC	10,594	10,700
	NOV INC	37,662	41,969
	NOVANTA INC	2,351	2,684
	NOVARTIS ADR	31,754	41,982
	NOVO NORDISK A S ADR	88,794	209,206
	NUTANIX INC	9,267	14,576
	NVIDIA	119,885	711,881
	NXP SEMICONDUCTORS N.V.	47,328	53,042
	ODDITY TECH LTD	10,639	10,095
	OLD NATL BANCORP IND	12,532	14,126
	OLLIES BARGAIN OUTLET HLDGS INC	14,605	18,079
	OMNIAB INC REG SHS	2,913	2,817
	OMNICELL INC	14,013	7,107
	ON HLDG AG NAMEN-AKT CL A	33,713	57,321
	ONESPAWORLD HLDGS LTD	3,843	4,639
	ONTO INNOVATION INC	5,472	13,907
	OPENLANE INC SHS	10,530	10,398

Bethesda Retirement Plan

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

September 30, 2024

**SPONSOR: Bethesda Hospital, Inc.
EMPLOYER ID NO: 59-2447554, PLAN #: 001**

(a)	(b) (c) Identity of Issue Description of Investment	(d) Cost	(e) Current Value
	ORACLE CORP \$0.01 DEL	\$ 92,497	\$ 181,646
	O'REILLY AUTOMOTIVE INC	53,114	65,641
	ORION SA S.A. REG. SHS	12,627	11,345
	OSHKOSH CORPORATION	44,213	40,685
	PACCAR INC	76,620	80,029
	PACIFIC PREMIER BANCORP	9,584	7,473
	PAGAYA TECHNOLOGIES LTD	3,280	2,854
	PAGERDUTY INC REG SHS	18,214	10,110
	PALO ALTO NETWORKS INC	46,029	70,069
	PALOMAR HOLDINGS INC REG SHS	10,917	13,916
	PAR TECHN LGY CRP\$.02 DEL	18,181	15,051
	PARAGON 28 INC COM	7,692	5,538
	PARKER HANNIFIN CORP	69,224	142,160
	PATRICK INDS INC	16,394	20,786
	PATTERSON COS INC	18,313	14,262
	PATTERSON UTI ENERGY INC	38,963	26,347
	PAYPAL HOLDINGS INC SHS	42,851	31,524
	PEBBLEBROOK HOTEL TRUST	44,785	26,262
	PEPSICO INC	69,734	74,312
	PERELLA WEINBERG PARTNERS	2,680	2,568
	PERFORMANCE FOOD GROUP CO SHS	66,624	91,536
	PERMIAN RES CORP	10,893	17,434
	PERRIGO CO PLC	10,172	7,607
	PFIZER INC	85,839	55,970
	PHILLIPS EDISON AND CO INC	5,640	6,901
	PHREESIA INC REG SHS	18,058	11,395
	PING AN INS GROUP CO CHINA LTD SPON ADR	84,708	56,043
	PINNACLE FINL PARTNERS	53,660	55,353
	PINTEREST INC REG SHS CL A	82,879	74,257
	PJT PARTNERS INC SHS CL A	5,277	9,067
	PKO BANK POLSKI-UNSPON ADR	24,507	25,529
	PLANET FITNESS INC CL A	36,226	40,041
	PNC FINCL SERVICES GROUP	61,142	62,110
	POPULAR INC COM NEW	44,706	57,756
	PREMIER INC	10,629	6,740
	PRESTIGE CONSUMER HEALTHCARE INC	36,090	46,000
	PRIMO WTR CORP NPV	17,188	26,639

Bethesda Retirement Plan

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

September 30, 2024

**SPONSOR: Bethesda Hospital, Inc.
EMPLOYER ID NO: 59-2447554, PLAN #: 001**

(a)	(b) (c) Identity of Issue Description of Investment	(d) Cost	(e) Current Value
	PRIVIA HEALTH GROUP INC REG SHS	\$ 15,605	\$ 9,251
	PROASSURANCE CORP	8,484	5,805
	PROCTER & GAMBLE CO	54,186	68,414
	PROGRESS SOFTWARE CORP	15,374	18,796
	PROGRESSIVE CRP OHIO	57,313	137,030
	PROLOGIS INC	84,964	90,795
	PT BANK NEGARA INDONESIA (PERSERO) TBK S	24,970	28,349
	PT BANK RAKYAT ADR ADR	43,002	52,013
	PTC INC SHS	77,223	83,826
	PURE STORAGE INC SHS CL A	68,767	63,302
	Q2 HOLDINGS INC SHS	15,291	24,011
	QIAGEN NV REG SHS .01 EUR PAR ORDINARY	35,489	32,002
	QUAKER HOUGHTON	17,151	14,827
	QUALCOMM INC	109,959	133,149
	QUANEX BUILDING PRODT CO	18,763	21,701
	RAPID7 ORD	14,678	8,337
	RAYMOND JAMES FINL INC	32,258	45,433
	RB GLOBAL INC REGISTER	8,175	8,129
	REGENERON PHARMACTCLS	40,585	72,536
	REINSURANCE GROUP AMERICA	45,111	86,059
	RENAISSANCE HLDGS LTD	32,686	59,383
	RENASANT CORP	23,690	21,775
	RENESAS ELECTRONICS CORP ADR REPSTG 1/2 COM SHS	32,468	25,117
	REPLIGEN CORP COM	41,797	35,568
	RIO TINTO PLC SPNSRD ADR	22,959	22,703
	ROCHE HLDG LTD SPN ADR	210,271	194,317
	ROGERS CORP	14,323	10,736
	ROLLINS INC	33,079	48,000
	ROPER TECHNOLOGIES INC	27,016	33,386
	RPM INTERNATIONAL INC	49,883	67,034
	RTX CORP CORP	49,833	72,938
	RUBRIK INC REG SHS CL A	1,200	1,254
	RXO INC REG SHS ISSUED	4,624	4,648
	RYAN SPECIALTY HOLDINGS INC	11,971	24,564
	RYANAIR HOLDINGS PLC SHS ADR	31,630	37,612
	S&P GLOBAL INC	69,226	86,792
	SAIA INC	57,143	61,216

Bethesda Retirement Plan

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

September 30, 2024

**SPONSOR: Bethesda Hospital, Inc.
EMPLOYER ID NO: 59-2447554, PLAN #: 001**

(a)	(b) (c) Identity of Issue Description of Investment	(d) Cost	(e) Current Value
	SALESFORCE INC	\$ 121,412	\$ 133,570
	SANMINA CORP	33,932	60,989
	SANOFI ADR	108,703	129,322
	SAREPTA THERAPEUTICS INC	6,503	8,118
	SCHNEIDER ELEC SE ADR	117,264	189,143
	SCHNEIDER NATL INC WIS CL B	51,059	62,902
	SCORPIO TANKERS INC REG SHS	5,152	5,276
	SEALED AIR CORP (NEW)	58,946	42,326
	SEI INVT CO PA PV \$0.01	32,848	36,947
	SELECTIVE INS GRP INC	14,179	15,021
	SEMTECH CORPORATION	10,454	10,684
	SENTINELONE INC CL A	13,068	13,347
	SERVICENOW INC	120,485	191,399
	SEVEN AND I HOLDINGS CO LTD SHS	49,034	49,775
	SHIFT4 PMTS INC CL A	12,333	17,188
	SHIN-ETSU CHEM-UNSPON	38,011	41,557
	SHOPIFY INC CL A	98,502	124,618
	SILGAN HLDGS INC COM	31,976	39,323
	SILICON LABS INC	12,762	11,210
	SIMPSON MFG DEL PV \$0.01	7,511	13,771
	SKYWARD SPECIALTY INSURANCE GROUP INC RE	9,623	19,225
	SM ENERGY CO SHS	16,296	16,747
	SMC CORP JAPAN SPONSORED ADR	18,232	14,157
	SNAP ON INC COM	40,475	51,858
	SNOWFLAKE INC REG SHS CL A	32,827	16,195
	SOFTBANK GROUP CORP ADR	66,381	68,257
	SONIC AUTOMOTIVE INC A	5,868	6,433
	SONOCO PRODUCTS CO	38,603	31,358
	SONY GROUP CORP	64,135	61,612
	SOUTHERN COMPANY	58,559	85,310
	SOUTHSTATE CORP SHS	33,666	43,537
	SOUTHWESTERN ENERGY CO	10,197	13,964
	SPECTRUM BRANDS HOLDINGS INC REG	44,678	51,090
	SPIRE INC	10,331	10,161
	SPRINGWORKS THERAPEUTICS INC REG	8,601	8,747
	SPROUT SOCIAL INC REG SHS CL A	25,054	12,035
	SPS COMM INC	10,982	13,980

Bethesda Retirement Plan

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

September 30, 2024

**SPONSOR: Bethesda Hospital, Inc.
EMPLOYER ID NO: 59-2447554, PLAN #: 001**

(a)	(b) (c) Identity of Issue Description of Investment	(d) Cost	(e) Current Value
	SPX TECHNOLOGIES INC REG SHS	\$ 9,527	\$ 24,078
	SS AND C TECHNOLOGIES HOLDINGS INC	28,431	29,461
	STAG INDUSTRIALS, INC.	40,064	40,732
	STARBUCKS CORP	64,653	57,227
	STEEL DYNAMICS INC COM	6,718	13,617
	STERIS PLC REG SHS	15,636	16,978
	STERLING CHECK CORP REG SHS	2,657	2,742
	STEVANATO GROUP S P A	13,084	12,340
	STEVEN MADDEN LTD SHS	29,268	37,330
	STEWART INFO SVC CRP	27,171	36,174
	STIFEL FINANCIAL CORP	64,144	93,524
	SUMMIT MATLS INC	15,663	17,681
	SUN CTRY AIRLINES HOLDINGS INC REGIST	9,463	5,459
	SUNOPTA INC	8,508	8,224
	SUPERNUS PHARMACEUTICALS INC	9,403	9,822
	SYMRISE AG ADR	116,901	125,086
	SYNAPTICS INC	16,036	8,999
	SYNCHRONOSS TECHNOLOGIES INC REG	3,488	2,114
	SYNDAX PHARMACEUTICALS INC SHS	6,354	5,698
	SYNOPSYS INC	34,192	61,780
	TAIWAN S MANUFCTRING ADR	361,384	511,632
	TALEN ENERGY CORP NEW	5,460	10,338
	TARGET CORP COM	53,323	55,174
	TAYLOR MORRISON HOME CORP CL A COMMON STOCK	7,933	17,284
	TECHNIPFMC PLC REG SHS	14,502	14,872
	TECHTRONIC INDS SPD ADR	76,786	77,860
	TECNOGLASS INC	3,622	8,102
	TEEKAY TANKERS LTD REG SHS CL A	3,040	2,680
	TELEDYNE TECH INC	50,349	54,708
	TENCENT HOLDINGS LTD ADR	278,513	236,170
	TERADYNE INC	15,894	17,545
	TERRENO REALTY CORP SHS	9,169	10,158
	TESLA INC	195,905	250,118
	THE SCOTTS MIRACLE GRO CO	69,186	38,755
	THERMO FISHER SCIENTIFIC INC	44,054	50,104
	THRYV HOLDINGS INC REG SHS	7,988	4,911
	TIMKEN COMPANY	35,950	38,352

Bethesda Retirement Plan

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

September 30, 2024

**SPONSOR: Bethesda Hospital, Inc.
EMPLOYER ID NO: 59-2447554, PLAN #: 001**

(a)	(b) (c) Identity of Issue Description of Investment	(d) Cost	(e) Current Value
	TOOTSIE ROLL INDUST	\$ 10,736	\$ 10,623
	TOTALENERGIES SE	175,840	187,075
	TOYOTA MOTOR CORP ADR	59,829	53,392
	TPG INC REG SHS CL A	42,182	57,215
	TRADE (THE) DESK INC SHS CL A	70,479	88,159
	TRADEWEB MKTS INC CL A	50,773	74,573
	TRANSMEDICS GROUP INC REG SHS	9,281	27,004
	TRAVERE THERAPEUTICS INC	7,798	7,359
	TRIMAS CORP	24,226	21,701
	TRINET GROUP INC CALIF	24,248	25,115
	TRIP.COM GROUP LTD SPONSORE ADR	30,053	34,826
	TRIUMPH BANCORP INC SHS	18,874	20,680
	TWO HARBORS INVT CORP REG S	34,577	21,375
	U S PHYSICAL THERAPY INC	15,664	12,356
	UBS GROUP AG NAMEN-AKT	97,572	172,880
	UFP INDUSTRIES INC	20,887	33,065
	UL SOLUTIONS INC	1,202	1,430
	ULTRAGENYX PHARMACEUTICAL INC SHS	13,021	12,388
	UMB FINANCIAL CORP	49,128	59,072
	UNION PACIFIC CORP	70,655	77,888
	UNITED BKSHRS INC W.V.	52,867	58,766
	UNITED COMMUNITY BANKS INC	8,247	8,084
	UNITEDHEALTH GROUP INC	66,247	79,516
	URBAN OUTFITTERS INC	8,955	8,735
	US BANCORP	55,869	73,442
	VALLEY NATL BANCORP N J	8,203	6,206
	VALVOLINE INC SHS	14,126	14,062
	VANGUARD 500 INDEX FUND SHS ETF	9,637,100	12,788,611
	VAREX IMAGING CORP REG SHS WHEN I	15,195	7,092
	VARONIS SYSTEMS INC SHS	23,824	40,624
	VERINT SYSTEMS INC	9,628	6,535
	VERIZON COMMUNICATNS COM	61,525	66,781
	VERRA MOBILITY CORP	13,456	23,889
	VERTEX PHARMCTLS INC	36,743	86,040
	VERTIV HLDG CO	102,465	121,079
	VIAD CORP	18,508	14,189
	VIRTU FINL INC SHS CL A	11,746	13,128

Bethesda Retirement Plan

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

September 30, 2024

SPONSOR: Bethesda Hospital, Inc.
EMPLOYER ID NO: 59-2447554, PLAN #: 001

(a)	(b) (c) Identity of Issue Description of Investment	(d) Cost	(e) Current Value
	VISA INC CL A SHRS	\$ 231,394	\$ 266,702
	VORNADO REALTY TRUST COM REIT	53,761	86,050
	VULCAN MATERIALS CO	30,654	38,316
	WABASH NATL CORP COM	7,378	9,998
	WAL-MART DE MEX SPNADR V SA DE CV	44,816	36,118
	WASTE CONNECTIONS INC	59,846	82,972
	WAYSTAR HLDG CORP REG SHS	14,296	18,547
	WEBSTER FINL CP PV \$0.01	46,568	46,237
	WEG SA SHS	34,646	62,082
	WERNER ENTERPRISES INC	27,386	24,929
	WESBANCO INC	46,523	40,948
	WEST PHARMACTL SVCS INC	53,633	44,124
	WESTWOOD HLDGS GROUP INC	3,488	2,513
	WEX INC	67,088	74,664
	WNS (HOLDINGS) LTD REG SHS	10,138	6,905
	WOLVERINE WORLD WIDE	42,862	37,714
	WOODSIDE ENERGY GROUP LTD ADR - SPN	60,835	48,496
	WORKDAY INC CL A	29,394	30,062
	WORKIVA INC CL A	8,093	6,725
	WORTHINGTON INDSTRS OHIO	4,823	4,891
	WSFS FINANCIAL CORP	8,521	10,096
	XCEL ENERGY INC	53,644	53,677
	XYLEM INC SHS	57,861	64,949
	YELP INC CL A	7,093	6,385
	YETI HLDGS INC	2,920	2,831
	YUM BRANDS INC	28,669	33,530
	YUM CHINA HOLDINGS INC SHS	18,882	12,876
	ZIFF DAVIS INC	6,792	5,109
	ZOETIS INC	64,753	65,257
	ZUORA INC CL A	15,326	7,603

Bethesda Retirement Plan

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

September 30, 2024

**SPONSOR: Bethesda Hospital, Inc.
EMPLOYER ID NO: 59-2447554, PLAN #: 001**

(a)	(b) (c) Identity of Issue Description of Investment	(d) Cost	(e) Current Value
	ZURICH INSURANCE GROUP AG SHS SPON ADR	\$ 123,822	\$ 174,141
	ZURN ELKAY WATER SOLUTIONS CORP	21,590	27,782
		<u>45,360,961</u>	<u>53,656,010</u>
	U.S. Government and domestic and foreign bonds		
	ABBOTT LABORATORIES GLB 04.900% NOV 30 2046	316,267	249,461
	ABBVIE INC GLB 04.250% NOV 21 2049	1,192,416	895,720
	ABBVIE INC GLB 05.500% MAR 15 2064	141,399	149,485
	AERCAP IRELAND CAP/GLOBA COMPANY GUARNT GLB 03.300% JAN 30 2032	166,762	148,913
	ALPHABET INC GLB 02.050% AUG 15 2050	86,108	74,725
	ALPHABET INC GLB 02.250% AUG 15 2060	61,246	64,790
	ALTRIA GROUP INC COMPANY GUARNT GLB 04.000% FEB 04 2061	73,740	57,347
	AMAZON.COM INC GLB 02.700% JUN 03 2060	401,503	270,014
	AMAZON.COM INC GLB 04.100% APR 13 2062	321,980	280,599
	AMERICAN INTL GROUP GLB 04.375% JUN 30 2050	222,839	192,726
	AMERICAN TOWER CORP GLB 03.100% JUN 15 2050	118,813	83,624
	AMGEN INC GLB 03.375% FEB 21 2050	878,256	636,212
	AMGEN INC GLB 05.650% MAR 02 2053	757,224	788,948
	ANHEUSER-BUSCH CO/INBEV COMP GUARNT SER * GLB 04.900% FEB 01 2046	1,025,562	792,796
	ANHEUSER-BUSCH INBEV WOR COMPANY GUARNT GLB 05.550% JAN 23 2049	405,527	463,544
	ANTHEM INC GLB 03.125% MAY 15 2050	132,425	95,747
	APPALACHIAN POWER CO SER Z GLB 03.700% MAY 01 2050	455,083	306,342
	APPLE INC GLB 02.400% AUG 20 2050	120,869	86,078
	APPLE INC GLB 02.650% FEB 08 2051	655,647	457,281
	APPLE INC GLB 02.700% AUG 05 2051	105,211	79,221
	APPLE INC GLB 02.850% AUG 05 2061	245,715	199,913
	APPLE INC GLB 03.950% AUG 08 2052	146,085	132,197
	ASTRAZENECA FINANCE LLC COMPANY GUARNT GLB 02.250% MAY 28 2031	76,594	66,503
	ASTRAZENECA PLC GLB 03.000% MAY 28 2051	175,163	123,957
	ASTRAZENECA PLC GLB 04.000% SEP 18 2042	145,180	107,754
	AT&T INC GLB 03.550% SEP 15 2055	1,876,408	1,402,170
	AT&T INC GLB 03.650% JUN 01 2051	183,510	207,044
	AT&T INC GLB 03.800% DEC 01 2057	408,722	367,965
	AT&T INC GLB 05.400% FEB 15 2034	3,987	4,197
	BACARDI LTD COMPANY GUARNT 144A 05.300% MAY 15 2048	526,698	378,188
	BARCLAYS PLC GLB VAR%MAR 10 2032	202,556	175,522

Bethesda Retirement Plan

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

September 30, 2024

**SPONSOR: Bethesda Hospital, Inc.
EMPLOYER ID NO: 59-2447554, PLAN #: 001**

(a)	(b) (c) Identity of Issue Description of Investment	(d) Cost	(e) Current Value
	BARCLAYS PLC GLB VAR%NOV 24 2032	\$ 395,445	\$ 399,058
	BECTON DICKINSON AND CO GLB 03.794% MAY 20 2050	183,407	148,963
	BERKSHIRE HATHAWAY ENERG GLB 02.850% MAY 15 2051	59,772	67,667
	BERKSHIRE HATHAWAY FIN COMPANY GUARNT GLB 02.500% JAN 15 2051	394,655	287,126
	BOEING CO - 06.875% MAR 15 2039	319,247	248,803
	BOEING CO GLB 05.805% MAY 01 2050	471,846	405,770
	BOEING CO GLB 05.930% MAY 01 2060	212,141	225,099
	BP CAP MARKETS AMERICA COMPANY GUARNT GLB 02.939% JUN 04 2051	268,746	190,319
	BRIGHTHOUSE FINANCIAL IN GLB 03.850% DEC 22 2051	86,386	69,194
	BRISTOL-MYERS SQUIBB CO GLB 03.900% MAR 15 2062	271,810	222,004
	BRISTOL-MYERS SQUIBB CO GLB 05.500% FEB 22 2044	286,493	301,983
	BRISTOL-MYERS SQUIBB CO GLB 05.550% FEB 22 2054	250,940	264,848
	BRISTOL-MYERS SQUIBB CO GLB 05.650% FEB 22 2064	235,221	249,034
	BROADCOM INC 144A 03.187% NOV 15 2036	290,498	262,737
	BROADCOM INC 144A 03.469% APR 15 2034	281,790	238,633
	BROADCOM INC 144A 04.926% MAY 15 2037	62,919	55,952
	BROADCOM INC COMPANY GUARNT 144A 03.500% FEB 15 2041	133,571	115,136
	BROADCOM INC COMPANY GUARNT GLB 04.150% NOV 15 2030	2,746	2,963
	BURLINGTN NORTH SANTA FE - 03.050% FEB 15 2051	465,451	317,051
	BURLINGTN NORTH SANTA FE GLB 05.200% APR 15 2054	134,301	139,550
	CALIFORNIA ST GO BDS TAXABLE APR 09 07.550% APR 01 2039	1,157,589	1,024,365
	CAMPBELL SOUP CO GLB 05.400% MAR 21 2034	70,841	74,454
	CARDINAL HEALTH INC GLB 04.368% JUN 15 2047	34,173	26,052
	CARRIER GLOBAL CORP GLB 02.722% FEB 15 2030	47,046	41,603
	CARRIER GLOBAL CORP GLB 03.577% APR 05 2050	12,338	9,460
	CARRIER GLOBAL CORP GLB 06.200% MAR 15 2054	48,734	51,960
	CATERPILLAR INC GLB 02.600% APR 09 2030	104,600	97,676
	CATERPILLAR INC GLB 03.250% APR 09 2050	150,573	103,380
	CB ONEOK INC - 03.950% MAR 01 2050	95,904	80,686
	CENTENE CORP GLB 02.500% MAR 01 2031	79,376	85,953
	CENTERPOINT ENERGY RES GLB 04.400% JUL 01 2032	251,113	241,227
	CHARTER COMM OPT LLC/CAP GLB 03.850% APR 01 2061	650,284	401,738
	CHARTER COMM OPT LLC/CAP GLB 04.400% DEC 01 2061	50,258	52,377
	CHARTER COMM OPT LLC/CAP GLB 05.250% APR 01 2053	26,890	28,600
	CHARTER COMM OPT LLC/CAP GLB 05.500% APR 01 2063	329,995	272,961
	CHEVRON USA INC COMPANY GUARNT GLB 02.343% AUG 12 2050	87,931	68,710
	CHUBB INA HOLDINGS INC COMPANY GUARNT GLB 05.000% MAR 15 2034	224,382	233,654

Bethesda Retirement Plan

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

September 30, 2024

**SPONSOR: Bethesda Hospital, Inc.
EMPLOYER ID NO: 59-2447554, PLAN #: 001**

(a)	(b) (c) Identity of Issue Description of Investment	(d) Cost	(e) Current Value
	CIGNA CORP GLB 03.400% MAR 15 2050	\$ 557,550	\$ 400,466
	CIGNA GROUP/THE GLB 05.600% FEB 15 2054	105,958	113,589
	CISCO SYSTEMS INC - 05.500% JAN 15 2040	64,142	48,685
	CISCO SYSTEMS INC GLB 05.350% FEB 26 2064	167,870	175,217
	CITIGROUP INC GLB VAR%JAN 25 2033	74,062	75,919
	CITIGROUP INC GLB VAR%JUN 11 2035	174,385	179,399
	CITIGROUP INC GLB VAR%MAY 01 2032	451,221	386,725
	CITIGROUP INC SUBORDINATED GLB VAR%FEB 13 2035	280,000	292,418
	COCA-COLA CO/THE GLB 02.500% MAR 15 2051	151,994	111,331
	COCA-COLA CO/THE GLB 03.000% MAR 05 2051	85,741	58,714
	COCA-COLA CO/THE GLB 05.400% MAY 13 2064	84,462	90,976
	COMCAST CORP COMPANY GUARNT GLB 02.450% AUG 15 2052	1,630,584	1,149,775
	COMMONWEALTH EDISON CO 1ST MORTGAGE SER 130 GLB 03.125% MAR 15 2051	520,030	356,330
	CON EDISON CO OF NY INC GLB 03.700% NOV 15 2059	159,814	145,251
	CONAGRA BRANDS INC GLB 05.400% NOV 01 2048	33,815	24,743
	CONOCOPHILLIPS COMPANY COMPANY GUARNT GLB 04.025% MAR 15 2062	197,109	149,104
	CONSOLIDATED EDISON INC SER A GLB 04.125% MAY 15 2049	366,651	263,714
	CONSTELLATION BRANDS INC GLB 04.900% MAY 01 2033	109,999	111,147
	COREBRIDGE FINANCIAL INC GLB 05.750% JAN 15 2034	147,477	152,831
	CORNING INC GLB 05.850% NOV 15 2068	103,532	73,975
	CSX CORP GLB 04.250% NOV 01 2066	356,935	258,112
	CVS HEALTH CORP GLB 05.050% MAR 25 2048	944,738	675,420
	DALLAS FORT WORTH TEX INTL ARPT REV C TAXABLE NOV 21 02.843% NOV 01 2046	260,638	196,370
	DEERE & COMPANY GLB 03.750% APR 15 2050	114,224	80,919
	DETROIT EDISON COMPANY GENL REF MORT 03.950% JUN 15 2042	238,479	174,678
	DIAGEO CAPITAL PLC COMPANY GUARNT GLB 02.375% OCT 24 2029	365,509	322,242
	DIAMONDBACK ENERGY INC COMPANY GUARNT GLB 05.900% APR 18 2064	143,945	141,112
	DOMINION ENERGY INC SER A GLB 04.600% MAR 15 2049	359,924	246,778
	DOW CHEMICAL CO/THE GLB 03.600% NOV 15 2050	318,279	222,253
	DOWDUPONT INC - 05.419% NOV 15 2048	179,244	160,369
	DUKE ENERGY CORP - 04.200% JUN 15 2049	659,308	473,238
	DUKE ENERGY CORP GLB 05.000% AUG 15 2052	233,658	222,512
	DUKE ENERGY OHIO INC 1ST MORTGAGE GLB 05.650% APR 01 2053	77,542	85,747
	DUKE ENERGY PROGRESS LLC 1ST MORTGAGE GLB 02.500% AUG 15 2050	293,892	205,790
	E.ON INTL FINANCE BV COMPANY GUARNT 144A 06.650% APR 30 2038	332,918	254,817
	ELEVANCE HEALTH INC GLB 05.125% FEB 15 2053	69,346	73,593
	ELI LILLY & CO GLB 04.875% FEB 27 2053	99,789	100,113

Bethesda Retirement Plan

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

September 30, 2024

**SPONSOR: Bethesda Hospital, Inc.
EMPLOYER ID NO: 59-2447554, PLAN #: 001**

(a)	(b) (c) Identity of Issue Description of Investment	(d) Cost	(e) Current Value
	ELI LILLY & CO GLB 05.200% AUG 14 2064	\$ 31,989	\$ 33,027
	ENBRIDGE ENERGY PARTNERS COMPANY GUARNT 05.500% SEP 15 2040	161,275	123,645
	ENERGY TRANSFER LP GLB 05.950% MAY 15 2054	125,160	127,931
	ENERGY TRANSFER OPERATNG GLB 05.000% MAY 15 2050	567,264	447,193
	ENTERGY LOUISIANA LLC 1ST MORTGAGE 02.350% JUN 15 2032	104,444	99,138
	ENTERGY TEXAS INC 1ST MORTGAGE 05.000% SEP 15 2052	79,541	77,384
	ENTERGY TEXAS INC 1ST MORTGAGE GLB 05.550% SEP 15 2054	79,427	82,907
	ENTERPRISE PRODUCTS OPER COMPANY GUARNT 03.200% FEB 15 2052	8,449	7,090
	ENTERPRISE PRODUCTS OPER COMPANY GUARNT 04.200% JAN 31 2050	732,259	541,744
	EVERSOURCE ENERGY GLB 03.450% JAN 15 2050	156,817	111,834
	EXELON CORP GLB 04.700% APR 15 2050	108,663	77,973
	EXXON MOBIL CORPORATION GLB 03.452% APR 15 2051	333,574	255,714
	FEDEX CORP COMPANY GUARNT 04.550% APR 01 2046	445,245	383,465
	FIRSTENERGY CORP SER C GLB 03.400% MAR 01 2050	78,976	84,274
	FLORIDA POWER & LIGHT CO 1ST MORTGAGE GLB 03.990% MAR 01 2049	463,774	324,265
	FORD MOTOR CREDIT CO LLC GLB 05.303% SEP 06 2029	65,319	64,694
	FORD MOTOR CREDIT CO LLC GLB 07.122% NOV 07 2033	60,182	64,866
	FOX CORP GLB 05.576% JAN 25 2049	74,810	54,200
	FRANCE TELECOM GLB 09.000% MAR 01 2031	150,606	148,476
	GENERAL ELEC CAP CORP SER MTNA GLB 06.750% MAR 15 2032	220,177	223,938
	GENERAL MOTORS CO GLB 05.950% APR 01 2049	148,070	109,032
	GENERAL MOTORS FINL CO GLB 06.100% JAN 07 2034	129,795	135,394
	GILEAD SCIENCES INC GLB 02.800% OCT 01 2050	492,440	367,254
	GOLDMAN SACHS GROUP INC GLB VAR%APR 25 2035	73,000	78,439
	GOLDMAN SACHS GROUP INC GLB VAR%JAN 27 2032	944,024	825,480
	GOLDMAN SACHS GROUP INC GLB VAR%JUL 23 2035	210,000	217,535
	GOLDMAN SACHS GROUP INC GLB VAR%OCT 21 2032	293,232	263,571
	HALLIBURTON COMPANY GLB 04.750% AUG 01 2043	98,363	79,273
	HCA INC COMPANY GUARNT GLB 05.950% SEP 15 2054	169,725	178,587
	HCA INC COMPANY GUARNT GLB 06.100% APR 01 2064	218,084	231,750
	HEINEKEN NV 144A 04.350% MAR 29 2047	231,241	166,250
	HOME DEPOT INC GLB 02.375% MAR 15 2051	549,084	370,361
	HOME DEPOT INC GLB 04.950% SEP 15 2052	97,583	104,755
	HONEYWELL INTERNATIONAL GLB 02.700% AUG 15 2029	64,922	56,686
	HONEYWELL INTERNATIONAL GLB 02.800% JUN 01 2050	10,315	7,091
	HP ENTERPRISE CO GLB STEP% OCT 15 2045	168,257	137,259
	HSBC HOLDINGS PLC GLB VAR%AUG 18 2031	109,725	96,702

Bethesda Retirement Plan

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

September 30, 2024

**SPONSOR: Bethesda Hospital, Inc.
EMPLOYER ID NO: 59-2447554, PLAN #: 001**

(a)	(b) (c) Identity of Issue Description of Investment	(d) Cost	(e) Current Value
	HSBC HOLDINGS PLC GLB VAR%MAR 04 2035	\$ 9,987	\$ 10,627
	HSBC HOLDINGS PLC GLB VAR%MAY 24 2032	828,272	707,824
	IBM CORP - 04.000% JUN 20 2042	135,120	140,858
	IBM CORP GLB 04.250% MAY 15 2049	313,665	241,156
	INDIANA MICHIGAN POWER GLB 05.625% APR 01 2053	132,580	137,166
	INTEL CORP GLB 03.100% FEB 15 2060	435,289	255,448
	INTEL CORP GLB 03.200% AUG 12 2061	84,980	52,079
	INTEL CORP GLB 05.600% FEB 21 2054	49,221	48,732
	INTEL CORP GLB 05.700% FEB 10 2053	89,993	88,666
	INTERCONTINENTALEXCHANGE GLB 01.850% SEP 15 2032	345,462	297,384
	JOHNSON & JOHNSON GLB 03.500% JAN 15 2048	244,845	179,026
	JPMORGAN CHASE & CO GLB VAR%APR 22 2035	26,000	28,018
	JPMORGAN CHASE & CO GLB VAR%APR 22 2042	461,688	352,972
	JPMORGAN CHASE & CO GLB VAR%FEB 04 2032	1,953,544	1,714,244
	JPMORGAN CHASE & CO GLB VAR%JAN 23 2035	77,000	80,484
	JPMORGAN CHASE & CO GLB VAR%JAN 25 2033	35,518	35,996
	JPMORGAN CHASE & CO GLB VAR%JUL 25 2033	34,871	35,748
	KIMCO REALTY CORP COMPANY GUARNT GLB 03.700% OCT 01 2049	126,952	89,907
	KINDER MORGAN INC COMPANY GUARNT GLB 03.250% AUG 01 2050	137,190	95,294
	KINDER MORGAN INC COMPANY GUARNT GLB 05.450% AUG 01 2052	8,838	9,721
	KINDER MORGAN INC/DELAWARE COMPANY GUARNT 05.550% JUN 01 2045	310,539	306,317
	KRAFT HEINZ FOODS CO COMPANY GUARNT GLB 04.375% JUN 01 2046	359,830	367,292
	KRAFT HEINZ FOODS CO COMPANY GUARNT GLB 05.500% JUN 01 2050	5,559	5,141
	KROGER CO GLB 03.950% JAN 15 2050	225,040	157,258
	KROGER CO GLB 05.650% SEP 15 2064	38,826	39,207
	L3HARRIS TECH INC GLB 05.500% AUG 15 2054	34,528	36,492
	L3HARRIS TECH INC GLB 05.600% JUL 31 2053	90,726	94,749
	LLOYDS BANKING GROUP PLC GLB VAR%MAY 11 2027	301,338	286,650
	LOCKHEED MARTIN CORP GLB 02.800% JUN 15 2050	98,513	72,923
	LOCKHEED MARTIN CORP GLB 04.090% SEP 15 2052	215,521	148,476
	LOCKHEED MARTIN CORP GLB 05.200% FEB 15 2055	92,028	96,370
	LOCKHEED MARTIN CORP GLB 05.250% JAN 15 2033	23,952	26,622
	LOEWS CORP GLB 04.125% MAY 15 2043	168,255	128,409
	LOWE'S COS INC GLB 03.000% OCT 15 2050	473,194	326,299
	LOWE'S COS INC GLB 04.250% APR 01 2052	28,184	25,400
	LOWE'S COS INC GLB 05.750% JUL 01 2053	80,361	84,414
	LYB INT FINANCE III COMPANY GUARNT GLB 03.625% APR 01 2051	389,694	272,027

Bethesda Retirement Plan

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

September 30, 2024

**SPONSOR: Bethesda Hospital, Inc.
EMPLOYER ID NO: 59-2447554, PLAN #: 001**

(a)	(b) (c) Identity of Issue Description of Investment	(d) Cost	(e) Current Value
	LYB INT FINANCE III COMPANY GUARNT GLB 05.500% MAR 01 2034	\$ 169,369	\$ 176,817
	MASS INSTITUTE OF TECH - 03.885% JUL 01 2116	374,134	232,575
	MASS MUTUAL LIFE INS CO SUBORDINATED 144A 03.729% OCT 15 2070	275,562	188,560
	MCDONALD'S CORP SER MTN GLB 04.450% SEP 01 2048	498,896	404,763
	MEMORIAL SLOAN-KETTERING - 04.125% JUL 01 2052	96,816	66,288
	MERCK & CO INC GLB 04.000% MAR 07 2049	405,242	290,559
	META PLATFORMS INC GLB 05.400% AUG 15 2054	207,827	214,768
	META PLATFORMS INC GLB 05.550% AUG 15 2064	70,257	74,765
	METLIFE INC GLB 04.050% MAR 01 2045	393,750	287,786
	METLIFE INC GLB 05.375% JUL 15 2033	268,369	287,283
	MICROSOFT CORP GLB 02.525% JUN 01 2050	147,263	154,447
	MICROSOFT CORP GLB 02.675% JUN 01 2060	58,344	52,694
	MICROSOFT CORP GLB 02.921% MAR 17 2052	716,523	491,907
	MIDAMERICAN ENERGY CO 1ST MORTGAGE 03.150% APR 15 2050	635,606	435,724
	MONDELEZ INTERNATIONAL GLB 01.500% FEB 04 2031	124,231	118,240
	MONDELEZ INTERNATIONAL GLB 02.625% SEP 04 2050	18,684	13,010
	MORGAN STANLEY GLB VAR%APR 22 2042	630,586	495,862
	MORGAN STANLEY GLB VAR%JUL 19 2035	19,000	19,730
	MPLX LP GLB 04.950% SEP 01 2032	123,183	125,475
	MPLX LP GLB 05.500% FEB 15 2049	358,508	267,754
	NETFLIX INC GLB 05.400% AUG 15 2054	74,843	79,397
	NEW YORK NYC MUN WFA WTR-SS RV REV TAXABLE SEP 10 05.440% JUN 15 2043	652,970	444,205
	NIKE INC GLB 03.375% MAR 27 2050	80,463	86,748
	NISOURCE FINANCE CORP GLB 04.375% MAY 15 2047	410,739	320,339
	NORFOLK SOUTHERN CORP GLB 02.900% AUG 25 2051	69,444	47,153
	NORFOLK SOUTHERN CORP GLB 03.050% MAY 15 2050	106,834	73,964
	NORFOLK SOUTHERN CORP GLB 03.700% MAR 15 2053	210,954	216,040
	NORFOLK SOUTHERN CORP GLB 05.350% AUG 01 2054	69,105	71,917
	NORTHERN STATES PWR-MINN 1ST MORTGAGE GLB 02.900% MAR 01 2050	443,021	300,690
	NORTHERN STATES PWR-MINN 1ST MORTGAGE GLB 05.400% MAR 15 2054	84,671	89,762
	NORTHROP GRUMMAN CORP GLB 04.030% OCT 15 2047	282,956	202,178
	NORTHROP GRUMMAN CORP GLB 05.200% JUN 01 2054	69,575	71,275
	NVIDIA CORP GLB 03.700% APR 01 2060	93,057	69,945
	NXP BV/NXP FDG/NXP USA COMPANY GUARNT GLB 05.000% JAN 15 2033	77,201	77,920
	NY & PRESBYTERIAN HOSPIT SER 2019 03.954% AUG 01 2119	121,819	78,657
	OCCIDENTAL PETROLEUM COR GLB 06.050% OCT 01 2054	122,622	121,830
	OCCIDENTAL PETROLEUM COR GLB 06.600% MAR 15 2046	160,351	161,399

Bethesda Retirement Plan

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

September 30, 2024

**SPONSOR: Bethesda Hospital, Inc.
EMPLOYER ID NO: 59-2447554, PLAN #: 001**

(a)	(b) (c) Identity of Issue Description of Investment	(d) Cost	(e) Current Value
	ORACLE CORP GLB 03.600% APR 01 2040	\$ 271,808	\$ 287,033
	ORACLE CORP GLB 03.950% MAR 25 2051	736,066	539,216
	ORACLE CORP GLB 05.500% SEP 27 2064	193,844	194,251
	ORACLE CORP GLB 05.550% FEB 06 2053	151,709	163,736
	PACIFIC GAS & ELECTRIC 1ST MORTGAGE GLB 05.900% OCT 01 2054	144,303	150,184
	PACIFIC GAS & ELECTRIC 1ST MORTGAGE GLB 06.700% APR 01 2053	92,908	103,005
	PACIFIC GAS & ELECTRIC 1ST MORTGAGE GLB 06.950% MAR 15 2034	129,675	147,750
	PACIFIC GAS AND ELEC COM 1ST MORTGAGE GLB 04.950% JUL 01 2050	593,328	522,888
	PACIFICORP 1ST MORTGAGE GLB 05.800% JAN 15 2055	79,125	83,930
	PECO ENERGY CO 1ST MORTGAGE GLB 04.375% AUG 15 2052	155,180	139,436
	PEPSICO INC GLB 02.750% OCT 21 2051	376,835	264,268
	PEPSICO INC GLB 04.200% JUL 18 2052	35,957	32,346
	PFIZER INC GLB 02.700% MAY 28 2050	839,866	585,585
	PFIZER INVESTMENT ENTER COMPANY GUARNT GLB 05.300% MAY 19 2053	492,510	501,703
	PHILIP MORRIS INTL INC GLB 04.250% NOV 10 2044	174,961	141,306
	PLAINS ALL AMER PIPELINE GLB 04.900% FEB 15 2045	79,954	67,689
	PLAINS ALL AMER PIPELINE GLB 06.650% JAN 15 2037	151,379	127,169
	PORT AUTH N Y & N J CONSOLIDATED TAXABLE OCT 12 04.458% OCT 01 2062	63,536	64,658
	POTOMAC ELECTRIC POWER 1ST MORTGAGE GLB 05.500% MAR 15 2054	64,913	68,629
	PRES & FELLOWS OF HARVAR - 03.745% NOV 15 2052	142,718	128,349
	PRINCIPAL FINANCIAL GRP COMPANY GUARNT GLB 02.125% JUN 15 2030	160,168	167,865
	PROCTER & GAMBLE CO/THE GLB 01.200% OCT 29 2030	110,219	98,366
	PROCTER & GAMBLE CO/THE GLB 02.300% FEB 01 2032	27,095	27,103
	PRUDENTIAL FINANCIAL INC JR SUBORDINATED GLB VAR%OCT 01 2050	289,921	277,011
	PRUDENTIAL FINANCIAL INC SER MTN 03.700% MAR 13 2051	257,779	185,977
	PUBLIC SERVICE COLORADO 1ST MORTGAGE SER 36 GLB 02.700% JAN 15 2051	37,476	35,685
	QUALCOMM INC GLB 03.250% MAY 20 2050	167,958	116,833
	RAYTHEON TECH CORP GLB 02.820% SEP 01 2051	82,873	56,861
	RAYTHEON TECH CORP GLB 03.125% JUL 01 2050	412,696	282,958
	RESOLUTION FUNDING CORP PRINCIPAL STRIPS ZERO% APR 15 2030	150,439	149,321
	RESOLUTION FUNDING CORP PRINCIPAL STRIPS ZERO% JAN 15 2030	1,652,512	1,519,693
	RIO TINTO FIN USA LTD COMPANY GUARNT GLB 02.750% NOV 02 2051	5,114	3,386
	ROYAL BANK OF CANADA SER GMTN GLB 05.150% FEB 01 2034	29,939	31,197
	RTX CORP GLB 06.400% MAR 15 2054	275,940	295,178
	SAN DIEGO G & E 1ST MORTGAGE 05.350% APR 01 2053	113,605	118,042
	SEMPRA ENERGY GLB 04.000% FEB 01 2048	349,536	251,472
	SHELL INTERNATIONAL FIN COMPANY GUARNT GLB 03.250% APR 06 2050	415,311	289,423

Bethesda Retirement Plan

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

September 30, 2024

**SPONSOR: Bethesda Hospital, Inc.
EMPLOYER ID NO: 59-2447554, PLAN #: 001**

(a)	(b) (c) Identity of Issue Description of Investment	(d) Cost	(e) Current Value
	SOUTHERN CAL EDISON 1ST MORTGAGE GLB 03.650% FEB 01 2050	\$ 182,966	\$ 140,141
	SOUTHERN CAL EDISON 1ST MORTGAGE GLB 05.700% MAR 01 2053	124,413	131,898
	SOUTHERN CAL EDISON 1ST MORTGAGE GLB 05.750% APR 15 2054	124,600	133,710
	SOUTHERN CALIF GAS CO 1ST MORTGAGE GLB 05.875% DEC 01 2053	119,743	130,150
	SOUTHERN CO GLB 04.400% JUL 01 2046	954,326	757,889
	SPDR BLOOMBERG 1-3 MNTH T BILL ETF	38,600	38,652
	STARBUCKS CORP GLB 03.500% NOV 15 2050	118,136	87,647
	STATE OF ISRAEL SER 10Y GLB 02.750% JUL 03 2030	483,053	394,313
	TAMPA ELECTRIC CO GLB 04.450% JUN 15 2049	88,293	67,654
	TARGET CORP GLB 02.650% SEP 15 2030	237,486	204,714
	TARGET CORP GLB 04.800% JAN 15 2053	58,385	59,032
	TEACHERS INSUR & ANNUITY SUBORDINATED 144A 04.270% MAY 15 2047	231,169	165,127
	TELEFONICA EMISIONES SAU COMPANY GUARNT GLB 05.520% MAR 01 2049	395,097	296,793
	TEXAS INSTRUMENTS INC GLB 02.700% SEP 15 2051	64,550	43,992
	T-MOBILE USA INC COMPANY GUARNT GLB 03.400% OCT 15 2052	138,335	131,758
	T-MOBILE USA INC COMPANY GUARNT GLB 04.500% APR 15 2050	233,398	182,337
	T-MOBILE USA INC COMPANY GUARNT GLB 05.650% JAN 15 2053	315,354	341,718
	TOTALENERGIES CAPITAL SA COMPANY GUARNT GLB 05.425% SEP 10 2064	130,000	130,836
	TYSON FOODS INC GLB 04.550% JUN 02 2047	125,297	130,911
	U.S. TREASURY BOND 4.625% MAY 15 2054	238,597	238,632
	U.S. TREASURY NOTE 4.000% FEB 15 2034	4,756	5,086
	U.S. TREASURY STRIP ZERO% FEB 15 2030	2,351,929	2,358,046
	U.S. TREASURY STRIP ZERO% FEB 15 2036	344,001	361,426
	U.S. TREASURY STRIP ZERO% FEB 15 2050	1,517,814	1,207,715
	U.S. TREASURY STRIP ZERO% FEB 15 2051	1,389,570	1,312,709
	U.S. TREASURY STRIP ZERO% MAY 15 2033	8,925,035	9,324,013
	U.S. TREASURY STRIP ZERO% MAY 15 2050	948,989	1,014,202
	U.S. TREASURY STRIP ZERO% NOV 15 2026	4,113,786	4,263,723
	U.S. TREASURY STRIP ZERO% NOV 15 2033	8,201,455	8,515,915
	U.S. TREASURY STRIP ZERO% NOV 15 2051	67,063	69,921
	U.S. TREASURY STRIPS ZERO% MAY 15 2030	4,111,041	4,316,152
	U.S.TREASURY STRIP PRIN ZERO% FEB 15 2026	2,567,582	2,688,898
	UNION PACIFIC CORP GLB 02.950% MAR 10 2052	79,626	66,761
	UNION PACIFIC CORP GLB 03.799% OCT 01 2051	568,901	403,941
	UNITED PARCEL SERVICE - 03.750% NOV 15 2047	295,252	201,407
	UNITED PARCEL SERVICE - 05.300% APR 01 2050	32,147	31,196

Bethesda Retirement Plan

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

September 30, 2024

**SPONSOR: Bethesda Hospital, Inc.
EMPLOYER ID NO: 59-2447554, PLAN #: 001**

(a)	(b) (c) Identity of Issue Description of Investment	(d) Cost	(e) Current Value
	UNITEDHEALTH GROUP INC GLB 03.250% MAY 15 2051	\$ 198,670	\$ 144,446
	UNITEDHEALTH GROUP INC GLB 03.875% AUG 15 2059	840,245	558,306
	UNITEDHEALTH GROUP INC GLB 04.750% MAY 15 2052	29,881	28,608
	UNITEDHEALTH GROUP INC GLB 05.050% APR 15 2053	586,012	585,675
	UNITEDHEALTH GROUP INC GLB 05.200% APR 15 2063	78,418	79,073
	UNITEDHEALTH GROUP INC GLB 05.750% JUL 15 2064	285,804	307,660
	UNIVERSITY VA UNIV REVS TAXABLE GEN A TAXABLE SEP 19 03.227% SEP 01 2119	76,769	48,788
	UNIVERSITY VA UNIV REVS TAXABLE GEN B TAXABLE JUL 21 02.584% NOV 01 2051	550,868	356,283
	US BANCORP GLB VAR%JAN 23 2035	95,000	100,700
	US BANCORP SUBORDINATED GLB VAR%NOV 03 2036	70,000	59,075
	USD AMERICA MOVIL SA 4.375% JUL 16 2042	244,146	181,010
	USD BHP FINANCE USA 5.000% SEP 30 2043	401,523	305,906
	USD CAN NATURAL RES 5.850% FEB 01 2035	261,439	214,094
	USD CANADIAN NATL RR 3.650% FEB 03 2048	68,967	57,758
	USD CANADIAN PACIFIC 3.100% DEC 02 2051	244,716	242,712
	USD CENOVUS ENERGY 3.750% FEB 15 2052	65,809	47,824
	USD CENOVUS ENERGY 5.400% JUN 15 2047	151,691	118,123
	USD CHILE 2.550% JUL 27 2033	105,625	111,211
	USD CHILE 3.500% JAN 25 2050	211,300	153,492
	USD CHILE 5.330% JAN 05 2054	99,346	106,022
	USD ENBRIDGE INC 3.400% AUG 01 2051	21,358	18,045
	USD ENBRIDGE INC 6.700% NOV 15 2053	24,968	28,948
	USD INDONESIA (REP) 3.550% MAR 31 2032	161,200	164,679
	USD INDONESIA (REP) 3.850% OCT 15 2030	162,581	141,432
	USD INDONESIA (REP) 4.300% MAR 31 2052	136,890	122,175
	USD PANAMA 4.300% APR 29 2053	61,279	42,424
	USD PANAMA 6.400% FEB 14 2035	62,400	61,220
	USD PHILIPPINES(REP) 3.200% JUL 06 2046	206,200	151,990
	USD REP OF POLAND 5.500% MAR 18 2054	210,525	214,477
	USD RIO TINTO FINANC 4.125% AUG 21 2042	219,088	166,483
	USD ROGERS COMMUNIC 4.350% MAY 01 2049	148,422	114,051
	USD TELEFONICA EMIS 7.045% JUN 20 2036	42,776	46,086
	USD UNITED MEXICAN 3.771% MAY 24 2061	884,484	639,117
	USD URUGUAY 5.100% JUN 18 2050	293,863	234,542
	USD WASTE CONNECTION 4.200% JAN 15 2033	59,479	58,324
	VALERO ENERGY CORP GLB 04.000% JUN 01 2052	88,881	69,772
	VERIZON COMMUNICATIONS GLB 02.850% SEP 03 2041	244,407	184,265

Bethesda Retirement Plan

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

September 30, 2024

**SPONSOR: Bethesda Hospital, Inc.
EMPLOYER ID NO: 59-2447554, PLAN #: 001**

(a)	(b) (c) Identity of Issue Description of Investment	(d) Cost	(e) Current Value
	VERIZON COMMUNICATIONS GLB 02.875% NOV 20 2050	\$ 1,140,293	\$ 800,252
	VERIZON COMMUNICATIONS GLB 03.700% MAR 22 2061	115,740	94,600
	VIRGINIA ELEC & POWER CO GLB 02.950% NOV 15 2051	50,249	37,436
	VISA INC GLB 02.000% AUG 15 2050	107,443	72,592
	VODAFONE GROUP PLC GLB 05.125% JUN 19 2059	343,671	242,063
	VOYA FINANCIAL INC COMPANY GUARNT GLB 04.800% JUN 15 2046	83,616	58,980
	WALMART INC GLB 02.650% SEP 22 2051	130,340	92,799
	WALMART INC GLB 04.500% APR 15 2053	172,073	178,440
	WALT DISNEY COMPANY/THE COMPANY GUARNT GLB 03.800% MAY 13 2060	256,899	174,970
	WARNERMEDIA HOLDINGS INC COMPANY GUARNT GLB 05.141% MAR 15 2052	226,171	219,815
	WARNERMEDIA HOLDINGS INC COMPANY GUARNT GLB 05.391% MAR 15 2062	350,912	319,564
	WEC ENERGY GROUP INC - 01.800% OCT 15 2030	241,508	224,812
	WELLS FARGO & COMPANY GLB VAR%JAN 23 2035	279,000	292,473
	WELLS FARGO & COMPANY SER MTN GLB VAR%APR 04 2031	1,063,376	896,007
	WELLS FARGO & COMPANY SER MTN GLB VAR%APR 04 2051	83,096	88,242
	WELLS FARGO & COMPANY SER MTN GLB VAR%JUL 25 2033	327,583	343,896
	WELLS FARGO & COMPANY SER MTN VAR%MAR 02 2033	207,189	187,407
	WELLS FARGO & COMPANY SUBORDINATED SER MTN 04.400% JUN 14 2046	372,334	275,767
	WESTERN GAS PARTNERS LP GLB 05.500% AUG 15 2048	87,510	97,417
	WESTERN MIDSTREAM OPERAT GLB 05.450% NOV 15 2034	19,966	20,042
	WESTPAC BANKING CORP SUBORDINATED GLB VAR%NOV 15 2035	134,199	143,961
	WILLIAMS PARTNERS LP GLB 04.850% MAR 01 2048	386,779	291,850
	WISCONSIN POWER & LIGHT - 03.950% SEP 01 2032	86,630	86,509
		<u>119,010,868</u>	<u>105,120,307</u>
		<u>\$ 176,239,933</u>	<u>\$ 170,652,855</u>

* Party-in-interest.

Bethesda Retirement Plan

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

For the year ended September 30, 2024

SPONSOR: Bethesda Hospital, Inc.
EMPLOYER ID NO: 59-2447554, PLAN #: 001

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
CATEGORY (iii) - SERIES OF TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS								
Fidelity Investments	MONEY MARKET GOVERNMENT PORTFOLIO GOVT INSTL	\$ 32,581,563	\$ -	\$ -	\$ -	\$ 32,581,563	\$ 32,581,563	\$ -
Fidelity Investments	MONEY MARKET GOVERNMENT PORTFOLIO GOVT INSTL	-	42,337,485	-	-	42,337,485	42,337,485	-
U.S. Government	U.S. TREASURY STRIP ZERO% NOV 15 2033	9,514,061	-	-	-	9,514,061	9,514,061	-
U.S. Government	U.S. TREASURY STRIP ZERO% NOV 15 2033	-	1,276,107	-	-	1,312,606	1,276,107	(36,499)
Bank of America	TEMPORARY OVERNIGHT DEPOSIT	14,329,385	-	-	-	14,329,385	14,329,385	-
Bank of America	TEMPORARY OVERNIGHT DEPOSIT	-	14,316,597	-	-	14,316,597	14,316,597	-

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
Bethesda Retirement Plan
EIN: 592447554 PN: 001

Schedule SB, line 26a — Schedule of Active Participant Data
as of October 1, 2023

Attained Age	Number of Participants Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39					1					
40-44				14	9	1				
45-49		2	1	9	15	2				
50-54		1		16	26	23	7			
55-59			4	16	23	24	8	9	2	
60-64				12	24	11	12	9	4	
65-69				3	5	3	2	1	1	
70+			1	1	1		1			1

N-305

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
Bethesda Retirement Plan
EIN: 592447554 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of June 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under the American Rescue Plan Act of 2021
1st Segment Rate	4.75%
2nd Segment Rate	5.00%
3rd Segment Rate	5.74%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of June 2023), without regard to interest rate stabilization
1st Segment Rate	3.03%
2nd Segment Rate	4.11%
3rd Segment Rate	4.27%
Salary Increases	N/A. Benefit accruals were frozen as of September 30, 2018
COLA Increases for Tier I Participants	2.00%
Optional Payment Form Election Percentage	65% Single Life Annuity 25% Joint and 50% Survivor Annuity 10% Joint and 100% Survivor Annuity
Optional Payment Form Conversion Interest Rate	7.50%
Optional Payment Form Conversion Mortality	84-UP Mortality Table
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	See Table 2
Mortality Rates	
Healthy and Disabled	2023 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) and IRS Notice 2022-22
Withdrawal Rates	See Table 3
Disability Rates	See Table 4

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
Bethesda Retirement Plan
EIN: 592447554 PN: 001

Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100 %)
Surviving Spouse Benefit	It is assumed that 80 % of males and 80 % of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$245,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90 % nor more than 110 % of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2021 Plan Year	4.75 %
2022 Plan Year	5.70 %
2023 Plan Year	6.75 %, limited to 5.74 %
Trust Expenses Included in Target Normal Cost	Prior year's actual administrative expenses rounded to the next \$1,000
Actuarial Method	Standard unit credit cost method
Valuation Date	October 1, 2023

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
Bethesda Retirement Plan
EIN: 592447554 PN: 001

Actuarial Assumptions and Methods

Table 1

Retirement Rates—Actives

<u>Age</u>	<u>Rate</u>
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	10.00%
61	10.00%
62	12.00%
63	10.00%
64	20.00%
65	30.00%
66	30.00%
67	25.00%
68	20.00%
69	20.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
Bethesda Retirement Plan
EIN: 592447554 PN: 001

Table 2

Retirement Rates—Terminated Vested

<u>Age</u>	<u>Rate</u>
55	2.00%
56	2.00%
57	2.00%
58	2.00%
59	3.00%
60	5.00%
61	10.00%
62	15.00%
63	15.00%
64	20.00%
65+	100.00%

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
Bethesda Retirement Plan
EIN: 592447554 PN: 001

Table 3

Withdrawal Rates

Age	Rate	Age	Rate
15	10.0%	45	5.0%
16	10.0%	46	5.0%
17	10.0%	47	5.0%
18	10.0%	48	5.0%
19	10.0%	49	5.0%
20	10.0%	50	3.0%
21	10.0%	51	3.0%
22	10.0%	52	3.0%
23	10.0%	53	3.0%
24	10.0%	54	3.0%
25	10.0%	55+	0.0%
26	10.0%		
27	10.0%		
28	10.0%		
29	10.0%		
30	10.0%		
31	10.0%		
32	10.0%		
33	10.0%		
34	10.0%		
35	7.0%		
36	7.0%		
37	7.0%		
38	7.0%		
39	7.0%		
40	6.0%		
41	6.0%		
42	6.0%		
43	6.0%		
44	6.0%		

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
 Bethesda Retirement Plan
 EIN: 592447554 PN: 001

Table 4

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.030%	0.030%	45	0.160%	0.240%
16	0.030%	0.030%	46	0.180%	0.270%
17	0.030%	0.030%	47	0.210%	0.300%
18	0.030%	0.030%	48	0.250%	0.330%
19	0.030%	0.030%	49	0.280%	0.360%
20	0.030%	0.030%	50	0.330%	0.400%
21	0.030%	0.030%	51	0.390%	0.440%
22	0.030%	0.030%	52	0.460%	0.490%
23	0.030%	0.030%	53	0.530%	0.540%
24	0.030%	0.030%	54	0.610%	0.590%
25	0.030%	0.030%	55	0.690%	0.640%
26	0.030%	0.030%	56	0.770%	0.690%
27	0.030%	0.030%	57	0.860%	0.740%
28	0.030%	0.040%	58	0.950%	0.800%
29	0.030%	0.040%	59	1.050%	0.850%
30	0.030%	0.040%	60	1.150%	0.900%
31	0.030%	0.050%	61	1.260%	0.960%
32	0.030%	0.050%	62	1.380%	1.010%
33	0.030%	0.060%	63	1.510%	1.050%
34	0.030%	0.060%	64	1.640%	1.090%
35	0.040%	0.070%	65+	0.000%	0.000%
36	0.040%	0.080%			
37	0.050%	0.090%			
38	0.060%	0.100%			
39	0.070%	0.120%			
40	0.080%	0.130%			
41	0.090%	0.150%			
42	0.100%	0.170%			
43	0.120%	0.190%			
44	0.140%	0.220%			

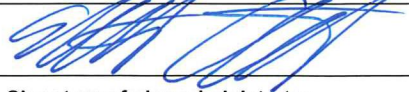
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
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.) ☒ 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:	☒ 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 BETHESDA RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 10/01/1984
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) BETHESDA HOSPITAL, INC. 2815 SOUTH SEACREST BOULEVARD BOYNTON BEACH FL 33435-7934	2b Employer Identification Number (EIN) 59-2447554 2c Plan Sponsor's telephone number 561-737-7733 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		7/8/25	Matthew Arsenault
	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 BAPTIST HEALTH SOUTH FLORIDA, INC. 6855 RED ROAD, SUITE 600 CORAL GABLES FL 33143	3b Administrator's EIN 65-0267668 3c Administrator's telephone number 786-596-6947
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1,405
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2), 6b, and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 305 6a(2) 280 6b 819 6c 208 6d 1,307 6e 69 6f 1,376 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I 3H	

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics 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 _____
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____

Plan Name	Bethesda Retirement Plan
Plan Sponsor EIN	59-2447554
ERISA Plan No.	001
Plan Year End	9/30/2024

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4j	Schedule of Reportable Transactions

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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

▶ **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 Bethesda Retirement Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Bethesda Hospital, Inc.	D Employer Identification Number (EIN) 59-2447554
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1 Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2023</u>			
2 Assets:			
a Market value.....	2a	155,719,375	
b Actuarial value.....	2b	171,291,312	
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.....	885	117,320,531	117,320,531
b For terminated vested participants.....	215	16,101,981	16,101,981
c For active participants.....	305	43,124,765	44,456,216
d Total.....	1,405	176,547,277	177,878,728
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	5.23%	
6 Target normal cost			
a Present value of current plan year accruals.....	6a	0	
b Expected plan-related expenses.....	6b	1,602,000	
c Target normal cost.....	6c	1,602,000	

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Andrew W. Weis <i>A.W.</i> Signature of actuary	06/18/2025 Date
Andrew W. Weis Type or print name of actuary		2308469 Most recent enrollment number
Aon Consulting, Inc. Firm name		314-854-0707 Telephone number (including area code)
MSC# 17755 PO Box 551343 Atlanta GA 30355 Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	0	0
9	Amount remaining (line 7 minus line 8).....	0	0
10	Interest on line 9 using prior year's actual return of <u>6.02</u> %.....	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		3,993,658
	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 <u>5.40</u> %.....		215,658
	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.....		4,209,316
	d Portion of (c) to be added to prefunding balance.....		4,209,316
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	4,209,316

Part III Funding Percentages			
14	Funding target attainment percentage.....	14	93.93 %
15	Adjusted funding target attainment percentage.....	15	93.93 %
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	95.20 %
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
01/09/2024	546,489	0			
04/12/2024	546,489	0			
Totals ►			18(b)	1,092,978	18(c)
					0
19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:					
a Contributions allocated toward unpaid minimum required contributions from prior years.....			19a	0	
b Contributions made to avoid restrictions adjusted to valuation date.....			19b	0	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....			19c	1,070,850	
20 Quarterly contributions and liquidity shortfalls:					
a Did the plan have a "funding shortfall" for the prior year?.....			☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?			☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:					
Liquidity shortfall as of end of quarter of this plan year					
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th		
0	0	0	0		

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

21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment		27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....		31a	1,602,000
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		10,796,732	1,025,034
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	2,627,034
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	1,556,184	1,556,184
36 Additional cash requirement (line 34 minus line 35)		36	1,070,850
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	1,070,850
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 Attachment (Form 5500)—October 1, 2023 Plan Year
Bethesda Retirement Plan
EIN: 592447554 PN: 001

Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2023

Date	Amount	Days to Discount to 10/1/2023 at 5.23%	Interest Adjusted Contribution
January 9, 2024	\$ 546,489	100	\$ 538,930
April 12, 2024	<u>546,489</u>	194	<u>531,920</u>
Total Contribution	\$ 1,092,978		\$ 1,070,850

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
Bethesda Retirement Plan
EIN: 592447554 PN: 001

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	10.00%	0.7738	4.68
61.5	10.00%	0.6964	4.28
62.5	12.00%	0.6268	4.70
63.5	10.00%	0.5516	3.50
64.5	20.00%	0.4964	6.40
65.5	30.00%	0.3971	7.80
66.5	30.00%	0.2780	5.55
67.5	25.00%	0.1946	3.28
68.5	20.00%	0.1459	2.00
69.5	20.00%	0.1168	1.62
70	100.00%	0.0934	6.54
Weighted Average			63.33

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
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Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of June 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under the American Rescue Plan Act of 2021
1st Segment Rate	4.75%
2nd Segment Rate	5.00%
3rd Segment Rate	5.74%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of June 2023), without regard to interest rate stabilization
1st Segment Rate	3.03%
2nd Segment Rate	4.11%
3rd Segment Rate	4.27%
Salary Increases	N/A. Benefit accruals were frozen as of September 30, 2018
COLA Increases for Tier I Participants	2.00%
Optional Payment Form Election Percentage	65% Single Life Annuity 25% Joint and 50% Survivor Annuity 10% Joint and 100% Survivor Annuity
Optional Payment Form Conversion Interest Rate	7.50%
Optional Payment Form Conversion Mortality	84-UP Mortality Table
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	See Table 2
Mortality Rates	
Healthy and Disabled	2023 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) and IRS Notice 2022-22
Withdrawal Rates	See Table 3
Disability Rates	See Table 4

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Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100 %)
Surviving Spouse Benefit	It is assumed that 80 % of males and 80 % of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$245,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90 % nor more than 110 % of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2021 Plan Year	4.75 %
2022 Plan Year	5.70 %
2023 Plan Year	6.75 %, limited to 5.74 %
Trust Expenses Included in Target Normal Cost	Prior year's actual administrative expenses rounded to the next \$1,000
Actuarial Method	Standard unit credit cost method
Valuation Date	October 1, 2023

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
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Actuarial Assumptions and Methods

Table 1

Retirement Rates—Actives

<u>Age</u>	<u>Rate</u>
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	10.00%
61	10.00%
62	12.00%
63	10.00%
64	20.00%
65	30.00%
66	30.00%
67	25.00%
68	20.00%
69	20.00%
70+	100.00%

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Table 2

Retirement Rates—Terminated Vested

<u>Age</u>	<u>Rate</u>
55	2.00%
56	2.00%
57	2.00%
58	2.00%
59	3.00%
60	5.00%
61	10.00%
62	15.00%
63	15.00%
64	20.00%
65+	100.00%

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Table 3

Withdrawal Rates

Age	Rate	Age	Rate
15	10.0%	45	5.0%
16	10.0%	46	5.0%
17	10.0%	47	5.0%
18	10.0%	48	5.0%
19	10.0%	49	5.0%
20	10.0%	50	3.0%
21	10.0%	51	3.0%
22	10.0%	52	3.0%
23	10.0%	53	3.0%
24	10.0%	54	3.0%
25	10.0%	55+	0.0%
26	10.0%		
27	10.0%		
28	10.0%		
29	10.0%		
30	10.0%		
31	10.0%		
32	10.0%		
33	10.0%		
34	10.0%		
35	7.0%		
36	7.0%		
37	7.0%		
38	7.0%		
39	7.0%		
40	6.0%		
41	6.0%		
42	6.0%		
43	6.0%		
44	6.0%		

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
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Table 4

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.030%	0.030%	45	0.160%	0.240%
16	0.030%	0.030%	46	0.180%	0.270%
17	0.030%	0.030%	47	0.210%	0.300%
18	0.030%	0.030%	48	0.250%	0.330%
19	0.030%	0.030%	49	0.280%	0.360%
20	0.030%	0.030%	50	0.330%	0.400%
21	0.030%	0.030%	51	0.390%	0.440%
22	0.030%	0.030%	52	0.460%	0.490%
23	0.030%	0.030%	53	0.530%	0.540%
24	0.030%	0.030%	54	0.610%	0.590%
25	0.030%	0.030%	55	0.690%	0.640%
26	0.030%	0.030%	56	0.770%	0.690%
27	0.030%	0.030%	57	0.860%	0.740%
28	0.030%	0.040%	58	0.950%	0.800%
29	0.030%	0.040%	59	1.050%	0.850%
30	0.030%	0.040%	60	1.150%	0.900%
31	0.030%	0.050%	61	1.260%	0.960%
32	0.030%	0.050%	62	1.380%	1.010%
33	0.030%	0.060%	63	1.510%	1.050%
34	0.030%	0.060%	64	1.640%	1.090%
35	0.040%	0.070%	65+	0.000%	0.000%
36	0.040%	0.080%			
37	0.050%	0.090%			
38	0.060%	0.100%			
39	0.070%	0.120%			
40	0.080%	0.130%			
41	0.090%	0.150%			
42	0.100%	0.170%			
43	0.120%	0.190%			
44	0.140%	0.220%			

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Schedule SB, Part V — Summary of Plan Provisions

Effective Date	The plan was established October 1, 1984. The plan was amended on September 21, 2015 to freeze benefit accruals effective September 30, 2018.
Eligibility for Participation	Tier I: Full-time and part-time employees who were vested in the Florida Retirement System as of September 30, 1984. Tier II: Employees not eligible for Tier I who have attained age 21 and completed one year of service. Notwithstanding the above, any employee who first performs an hour of service on or after October 1, 2005 shall not be eligible to enter the plan.
Normal Retirement	
Eligibility	Tier I: Later of age 65 or five years of participation in the plan. Tier II: Later of age 65 or five years of participation in the plan.
Benefit	Tier I: A benefit equal to his accrual percentage times average annual salary times credited service, all reduced by his Florida Retirement System accrued benefit. Accrual percentage is determined as follows: (a) Normal retirement at age 62 with 10 or more years of credited service or after 30 years of credited service = 1.60% (b) Normal retirement at age 63 with 10 or more years of credited service or after 31 years of credited service = 1.63% (c) Normal retirement at age 64 with 10 or more years of credited service or after 32 years of credited service = 1.65% (d) Normal retirement at age 65 with 10 or more years of credited service or after 33 years of credited service = 1.68% A participant shall be entitled to an adjustment to his benefit when he attains age 65 if his benefit from the plan and the Florida Retirement System is less than \$11.14 times credited service. This adjustment shall be equal to \$11.14 times credited service at retirement less (i) the benefit payable from the

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plan and (ii) the benefit he is receiving from the Florida Retirement System.

Tier II: A benefit equal to 1.60% times average annual salary times years of credited service.

Early Retirement

Eligibility

Tier I: Five years of service.

Tier II: Age 55 and five years of service.

Benefit

Tier I: A benefit equal to their accrued benefit as of the early retirement date, reduced by 5/12 of 1% for each complete month that early retirement date precedes normal retirement date. However, Tier I employees with at least 30 years of credited service receive no reduction for early retirement.

Tier II: A benefit equal to their accrued benefit as of the early retirement date, reduced by 5/12 of 1% for each complete month that early retirement date precedes normal retirement date.

Disability Benefit

Eligibility

Tier I: A participant is eligible for a disability retirement benefit on his date of employment.

Tier II: A participant is eligible for a disability retirement benefit after completion of five years of service.

Benefit

Tier I: The benefit payable as a disability retirement benefit shall be equal to the greater of (a) or (b):

(a) Unreduced accrued benefit as of disability retirement date.

(b) 25% of average annual salary.

If disability occurs while the participant is in the line of duty, he is eligible for a minimum benefit equal to 42% of average annual salary.

Tier II: The benefit payable as a disability retirement benefit shall be equal to his unreduced accrued benefit.

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Vested Termination Benefits

Eligibility

Tier I: Five years of service.

Tier II: Five years of service.

Benefit

Tier I: The accrued benefit payable at normal retirement date or payable as of the first day of any month coincident with or next following the completion of five years of vesting service (reduced by 5/12 of 1% for each month by which the benefit commencement date precedes the normal retirement date). However, Tier I participants with at least 30 years of credited service receive no reduction for early retirement.

Tier II: The accrued benefit payable at normal retirement date or payable as of the first day of any month coincident with or next following attainment of age 55 if at least five years of vesting service (reduced by 5/12 of 1% for each month by which the benefit commencement date precedes the normal retirement date).

Preretirement Spouse's Benefits

Eligibility

Tier I: Completion of five years of service.

Tier II: Completion of five years of service.

Benefit

Tier I: The benefit payable to a surviving spouse or financial dependent beginning at the employee's earliest retirement age equal to 100% of the amount payable if the participant had retired on the day before death with a joint and 100% survivor benefit.

If death occurs while in the line-of-duty, a minimum annual death benefit payable to the participant's spouse shall be 50% of the annual rate of salary at the time of death. The spouse shall receive this benefit for life or until the spouse remarries.

Tier II: The benefit payable to a surviving spouse shall be equal to 100% of the amount payable if the participant had retired on the day before death with a joint and 50% survivor benefit. If the participant is eligible for early retirement, then the benefit shall commence immediately. Otherwise, it shall commence on the earliest date the participant would have been eligible to receive benefits.

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Cost of Living Adjustment for Retirees

Tier I: Automatic Consumer Price Index adjustments but not greater than 3% per year.

Tier II: Not applicable.

Normal Form of Annuity

Tier I: The normal form is a single life annuity. A participant that is married must take the benefit in the form of an actuarially equivalent joint and 50% survivor benefit unless the spouse provides written consent to waive the joint and 50% survivor benefit.

Tier II: The normal form is a single life annuity. A participant that is married must take the benefit in the form of an actuarially equivalent joint and 50% survivor benefit unless the spouse provides written consent to waive the joint and 50% survivor benefit.

Optional Forms of Annuity

Tier I: Actuarially equivalent 50%, 75%, or 100% joint and survivor benefit; 10-year certain and life.

Tier I: Actuarially equivalent 50%, 75%, or 100% joint and survivor benefit; 10-year certain and life.

Small lump sum is payable if the actuarially equivalent present value of the vested accrued benefit is \$5,000 or less.

Definitions

Actuarial Equivalence

For all options other than lump sums: the 1984 UP Unisex Mortality Table with no adjustment with regard to the participant and with a setback of three years for the beneficiary and an interest rate of 7½%.

For lump sums: the applicable Code section 417(e)(3) mortality table and the first, second, and third segment rates under Code section 417(e) published during August of the preceding year are used.

Covered Compensation

The participant's wages for the plan year paid by the employer of the type reported in box 1 of Form W-2.

Average Annual Salary

Average earnings in the highest five consecutive years within the last 10 years of employment.

Year of Eligibility Service

Twelve-month period ending on the first anniversary of employment in which 1,000 hours were completed or if 1,000 hours were not completed the first 12 months of employment, any subsequent calendar year during which 1,000 hours are completed.

Year of Credited Service

Tier I: Sum of the following:

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- (a) Years of service credited under the Florida Retirement System prior to October 1, 1984;
- (b) One month of credited service after October 1, 1984 for each month that a participant works one hour.

Tier II: One year of credited service if an employee works at least 1,000 hours during a plan year.

Credited service will be frozen on September 30, 2018 under both Tier I and Tier II.

Lump Sum Distribution Window

A one-time lump sum distribution window was offered to certain participants that terminated prior to June 1, 2022. Eligible participants were allowed to commence their benefit in the form of a single lump sum with a September 1, 2022 payment date.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

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Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- The Expected Return on Assets changed from 5.70% to 6.75% (limited to 5.74%).

This change was made to better reflect the anticipated plan experience and does not reduce the funding shortfall; as such, approval of the Commissioner is not required.

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Schedule SB, line 26a — Schedule of Active Participant Data
as of October 1, 2023

Attained Age	Number of Participants Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39					1					
40-44				14	9	1				
45-49		2	1	9	15	2				
50-54		1		16	26	23	7			
55-59			4	16	23	24	8	9	2	
60-64				12	24	11	12	9	4	
65-69				3	5	3	2	1	1	
70+			1	1	1		1			1

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	245,587	337,230	11,017,219	11,600,036
2024	624,485	448,630	10,823,323	11,896,438
2025	992,421	603,893	10,606,417	12,202,731
2026	1,350,758	688,620	10,371,048	12,410,426
2027	1,707,534	791,545	10,122,919	12,621,998
2028	2,064,851	901,216	9,853,600	12,819,667
2029	2,393,938	983,696	9,565,275	12,942,909
2030	2,672,508	1,101,957	9,253,177	13,027,642
2031	2,937,400	1,132,589	8,919,678	12,989,667
2032	3,176,165	1,175,171	8,565,253	12,916,589
2033	3,386,230	1,256,204	8,189,364	12,831,798
2034	3,553,867	1,287,359	7,793,294	12,634,520
2035	3,702,413	1,298,922	7,378,100	12,379,435
2036	3,859,482	1,307,102	6,946,026	12,112,610
2037	3,959,072	1,315,425	6,499,950	11,774,447
2038	4,022,379	1,315,961	6,043,371	11,381,711
2039	4,060,974	1,304,470	5,580,314	10,945,758
2040	4,092,175	1,289,085	5,115,214	10,496,474
2041	4,115,082	1,275,486	4,652,700	10,043,268
2042	4,084,250	1,255,747	4,197,443	9,537,440
2043	4,029,552	1,234,888	3,754,089	9,018,529
2044	3,979,714	1,226,028	3,327,102	8,532,844
2045	3,899,425	1,193,768	2,920,641	8,013,834
2046	3,793,737	1,154,736	2,538,406	7,486,879
2047	3,702,734	1,113,370	2,183,519	6,999,623
2048	3,565,975	1,059,849	1,858,422	6,484,246
2049	3,414,646	1,003,736	1,564,756	5,983,138
2050	3,246,119	950,353	1,303,308	5,499,780
2051	3,066,943	889,112	1,073,965	5,030,020
2052	2,882,844	826,806	875,797	4,585,447
2053	2,690,318	764,093	707,155	4,161,566
2054	2,494,129	701,657	565,832	3,761,618
2055	2,296,654	640,187	449,245	3,386,086
2056	2,100,286	580,346	354,560	3,035,192
2057	1,907,176	522,758	278,844	2,708,778

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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2058	1,719,355	467,969	219,195	2,406,519
2059	1,538,655	416,413	172,839	2,127,907
2060	1,366,674	368,416	137,237	1,872,327
2061	1,204,742	324,180	110,145	1,639,067
2062	1,053,883	283,794	89,638	1,427,315
2063	914,816	247,248	74,124	1,236,188
2064	787,945	214,427	62,322	1,064,694
2065	673,372	185,137	53,224	911,733
2066	570,910	159,139	46,065	776,114
2067	480,127	136,162	40,274	656,563
2068	400,426	115,922	35,442	551,790
2069	331,090	98,136	31,282	460,508
2070	271,309	82,546	27,604	381,459
2071	220,233	68,919	24,283	313,435
2072	176,989	57,056	21,251	255,296

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Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 8,164,292	October 1, 2022	14	\$ 783,953
Shortfall	\$ 2,632,440	October 1, 2023	15	\$ 241,081
Total	\$ 10,796,732			\$ 1,025,034

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Bethesda Retirement Plan
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Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2023

Date	Amount	Days to Discount to 10/1/2023 at 5.23%	Interest Adjusted Contribution
January 9, 2024	\$ 546,489	100	\$ 538,930
April 12, 2024	<u>546,489</u>	194	<u>531,920</u>
Total Contribution	\$ 1,092,978		\$ 1,070,850

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
Bethesda Retirement Plan
EIN: 592447554 PN: 001

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	10.00%	0.7738	4.68
61.5	10.00%	0.6964	4.28
62.5	12.00%	0.6268	4.70
63.5	10.00%	0.5516	3.50
64.5	20.00%	0.4964	6.40
65.5	30.00%	0.3971	7.80
66.5	30.00%	0.2780	5.55
67.5	25.00%	0.1946	3.28
68.5	20.00%	0.1459	2.00
69.5	20.00%	0.1168	1.62
70	100.00%	0.0934	6.54
Weighted Average			63.33

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
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 EIN: 592447554 PN: 001

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
2023	245,587	337,230	11,017,219	11,600,036
2024	624,485	448,630	10,823,323	11,896,438
2025	992,421	603,893	10,606,417	12,202,731
2026	1,350,758	688,620	10,371,048	12,410,426
2027	1,707,534	791,545	10,122,919	12,621,998
2028	2,064,851	901,216	9,853,600	12,819,667
2029	2,393,938	983,696	9,565,275	12,942,909
2030	2,672,508	1,101,957	9,253,177	13,027,642
2031	2,937,400	1,132,589	8,919,678	12,989,667
2032	3,176,165	1,175,171	8,565,253	12,916,589
2033	3,386,230	1,256,204	8,189,364	12,831,798
2034	3,553,867	1,287,359	7,793,294	12,634,520
2035	3,702,413	1,298,922	7,378,100	12,379,435
2036	3,859,482	1,307,102	6,946,026	12,112,610
2037	3,959,072	1,315,425	6,499,950	11,774,447
2038	4,022,379	1,315,961	6,043,371	11,381,711
2039	4,060,974	1,304,470	5,580,314	10,945,758
2040	4,092,175	1,289,085	5,115,214	10,496,474
2041	4,115,082	1,275,486	4,652,700	10,043,268
2042	4,084,250	1,255,747	4,197,443	9,537,440
2043	4,029,552	1,234,888	3,754,089	9,018,529
2044	3,979,714	1,226,028	3,327,102	8,532,844
2045	3,899,425	1,193,768	2,920,641	8,013,834
2046	3,793,737	1,154,736	2,538,406	7,486,879
2047	3,702,734	1,113,370	2,183,519	6,999,623
2048	3,565,975	1,059,849	1,858,422	6,484,246
2049	3,414,646	1,003,736	1,564,756	5,983,138
2050	3,246,119	950,353	1,303,308	5,499,780
2051	3,066,943	889,112	1,073,965	5,030,020
2052	2,882,844	826,806	875,797	4,585,447
2053	2,690,318	764,093	707,155	4,161,566
2054	2,494,129	701,657	565,832	3,761,618
2055	2,296,654	640,187	449,245	3,386,086
2056	2,100,286	580,346	354,560	3,035,192
2057	1,907,176	522,758	278,844	2,708,778

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 Bethesda Retirement Plan
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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2058	1,719,355	467,969	219,195	2,406,519
2059	1,538,655	416,413	172,839	2,127,907
2060	1,366,674	368,416	137,237	1,872,327
2061	1,204,742	324,180	110,145	1,639,067
2062	1,053,883	283,794	89,638	1,427,315
2063	914,816	247,248	74,124	1,236,188
2064	787,945	214,427	62,322	1,064,694
2065	673,372	185,137	53,224	911,733
2066	570,910	159,139	46,065	776,114
2067	480,127	136,162	40,274	656,563
2068	400,426	115,922	35,442	551,790
2069	331,090	98,136	31,282	460,508
2070	271,309	82,546	27,604	381,459
2071	220,233	68,919	24,283	313,435
2072	176,989	57,056	21,251	255,296

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
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Schedule SB, Part V — Summary of Plan Provisions

Effective Date	The plan was established October 1, 1984. The plan was amended on September 21, 2015 to freeze benefit accruals effective September 30, 2018.
Eligibility for Participation	Tier I: Full-time and part-time employees who were vested in the Florida Retirement System as of September 30, 1984. Tier II: Employees not eligible for Tier I who have attained age 21 and completed one year of service. Notwithstanding the above, any employee who first performs an hour of service on or after October 1, 2005 shall not be eligible to enter the plan.
Normal Retirement	
Eligibility	Tier I: Later of age 65 or five years of participation in the plan. Tier II: Later of age 65 or five years of participation in the plan.
Benefit	Tier I: A benefit equal to his accrual percentage times average annual salary times credited service, all reduced by his Florida Retirement System accrued benefit. Accrual percentage is determined as follows: (a) Normal retirement at age 62 with 10 or more years of credited service or after 30 years of credited service = 1.60% (b) Normal retirement at age 63 with 10 or more years of credited service or after 31 years of credited service = 1.63% (c) Normal retirement at age 64 with 10 or more years of credited service or after 32 years of credited service = 1.65% (d) Normal retirement at age 65 with 10 or more years of credited service or after 33 years of credited service = 1.68% A participant shall be entitled to an adjustment to his benefit when he attains age 65 if his benefit from the plan and the Florida Retirement System is less than \$11.14 times credited service. This adjustment shall be equal to \$11.14 times credited service at retirement less (i) the benefit payable from the

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plan and (ii) the benefit he is receiving from the Florida Retirement System.

Tier II: A benefit equal to 1.60% times average annual salary times years of credited service.

Early Retirement

Eligibility

Tier I: Five years of service.

Tier II: Age 55 and five years of service.

Benefit

Tier I: A benefit equal to their accrued benefit as of the early retirement date, reduced by 5/12 of 1% for each complete month that early retirement date precedes normal retirement date. However, Tier I employees with at least 30 years of credited service receive no reduction for early retirement.

Tier II: A benefit equal to their accrued benefit as of the early retirement date, reduced by 5/12 of 1% for each complete month that early retirement date precedes normal retirement date.

Disability Benefit

Eligibility

Tier I: A participant is eligible for a disability retirement benefit on his date of employment.

Tier II: A participant is eligible for a disability retirement benefit after completion of five years of service.

Benefit

Tier I: The benefit payable as a disability retirement benefit shall be equal to the greater of (a) or (b):

(a) Unreduced accrued benefit as of disability retirement date.

(b) 25% of average annual salary.

If disability occurs while the participant is in the line of duty, he is eligible for a minimum benefit equal to 42% of average annual salary.

Tier II: The benefit payable as a disability retirement benefit shall be equal to his unreduced accrued benefit.

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Vested Termination Benefits

Eligibility

Tier I: Five years of service.

Tier II: Five years of service.

Benefit

Tier I: The accrued benefit payable at normal retirement date or payable as of the first day of any month coincident with or next following the completion of five years of vesting service (reduced by 5/12 of 1% for each month by which the benefit commencement date precedes the normal retirement date). However, Tier I participants with at least 30 years of credited service receive no reduction for early retirement.

Tier II: The accrued benefit payable at normal retirement date or payable as of the first day of any month coincident with or next following attainment of age 55 if at least five years of vesting service (reduced by 5/12 of 1% for each month by which the benefit commencement date precedes the normal retirement date).

Preretirement Spouse's Benefits

Eligibility

Tier I: Completion of five years of service.

Tier II: Completion of five years of service.

Benefit

Tier I: The benefit payable to a surviving spouse or financial dependent beginning at the employee's earliest retirement age equal to 100% of the amount payable if the participant had retired on the day before death with a joint and 100% survivor benefit.

If death occurs while in the line-of-duty, a minimum annual death benefit payable to the participant's spouse shall be 50% of the annual rate of salary at the time of death. The spouse shall receive this benefit for life or until the spouse remarries.

Tier II: The benefit payable to a surviving spouse shall be equal to 100% of the amount payable if the participant had retired on the day before death with a joint and 50% survivor benefit. If the participant is eligible for early retirement, then the benefit shall commence immediately. Otherwise, it shall commence on the earliest date the participant would have been eligible to receive benefits.

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Cost of Living Adjustment for Retirees

Tier I: Automatic Consumer Price Index adjustments but not greater than 3% per year.

Tier II: Not applicable.

Normal Form of Annuity

Tier I: The normal form is a single life annuity. A participant that is married must take the benefit in the form of an actuarially equivalent joint and 50% survivor benefit unless the spouse provides written consent to waive the joint and 50% survivor benefit.

Tier II: The normal form is a single life annuity. A participant that is married must take the benefit in the form of an actuarially equivalent joint and 50% survivor benefit unless the spouse provides written consent to waive the joint and 50% survivor benefit.

Optional Forms of Annuity

Tier I: Actuarially equivalent 50%, 75%, or 100% joint and survivor benefit; 10-year certain and life.

Tier I: Actuarially equivalent 50%, 75%, or 100% joint and survivor benefit; 10-year certain and life.

Small lump sum is payable if the actuarially equivalent present value of the vested accrued benefit is \$5,000 or less.

Definitions

Actuarial Equivalence

For all options other than lump sums: the 1984 UP Unisex Mortality Table with no adjustment with regard to the participant and with a setback of three years for the beneficiary and an interest rate of 7½%.

For lump sums: the applicable Code section 417(e)(3) mortality table and the first, second, and third segment rates under Code section 417(e) published during August of the preceding year are used.

Covered Compensation

The participant's wages for the plan year paid by the employer of the type reported in box 1 of Form W-2.

Average Annual Salary

Average earnings in the highest five consecutive years within the last 10 years of employment.

Year of Eligibility Service

Twelve-month period ending on the first anniversary of employment in which 1,000 hours were completed or if 1,000 hours were not completed the first 12 months of employment, any subsequent calendar year during which 1,000 hours are completed.

Year of Credited Service

Tier I: Sum of the following:

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- (a) Years of service credited under the Florida Retirement System prior to October 1, 1984;
- (b) One month of credited service after October 1, 1984 for each month that a participant works one hour.

Tier II: One year of credited service if an employee works at least 1,000 hours during a plan year.

Credited service will be frozen on September 30, 2018 under both Tier I and Tier II.

Lump Sum Distribution Window

A one-time lump sum distribution window was offered to certain participants that terminated prior to June 1, 2022. Eligible participants were allowed to commence their benefit in the form of a single lump sum with a September 1, 2022 payment date.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Plan Name	Bethesda Retirement Plan
Plan Sponsor EIN	59-2447554
ERISA Plan No.	001
Plan Year End	9/30/2024

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4i	Schedule of Assets (Held at End of Year)

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Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 8,164,292	October 1, 2022	14	\$ 783,953
Shortfall	\$ 2,632,440	October 1, 2023	15	\$ 241,081
Total	\$ 10,796,732			\$ 1,025,034

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Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- The Expected Return on Assets changed from 5.70% to 6.75% (limited to 5.74%).

This change was made to better reflect the anticipated plan experience and does not reduce the funding shortfall; as such, approval of the Commissioner is not required.