

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

<p>1a Name of plan <u>DIMENSIONS HEALTH CORPORATION PENSION PLAN B</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>009</u></p>
<p>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) <u>UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION</u></p> <p><u>250 WEST PRATT STREET</u> <u>STE 2400</u> <u>BALTIMORE, MD 21201</u></p>	<p>1c Effective date of plan <u>08/30/2023</u></p> <p>2b Employer Identification Number (EIN) <u>52-1362793</u></p> <p>2c Plan Sponsor's telephone number <u>443-462-5365</u></p> <p>2d Business code (see instructions) <u>622000</u></p>

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.	08/27/2025	SUSAN SCHAUB
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1392
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)	70
	6a(2)	0
	6b	0
	6c	0
	6d	0
	6e	0
	6f	0
	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 1C 1I 3H 1H

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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan DIMENSIONS HEALTH CORPORATION PENSION PLAN B	B Three-digit plan number (PN) ▶	009
C Plan sponsor's name as shown on line 2a of Form 5500 UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION	D Employer Identification Number (EIN) 52-1362793	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY MANAGEMENT TRUST CO.

04-2647786

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

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

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

FIDELITY MANAGEMENT TRUST CO.

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	161598	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BROWN ADVISORY, LLC

26-0680642

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	28225	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILMINGTON TRUST COMPANY

RODNEY SQUARE MALL
1100 NORTH MARKET STREET
WILMINGTON, DE 19890

(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	26043	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan DIMENSIONS HEALTH CORPORATION PENSION PLAN B	B Three-digit plan number (PN) ▶ 009
C Plan sponsor's name as shown on line 2a of Form 5500 UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION	D Employer Identification Number (EIN) 52-1362793

Part I	Asset and Liability Statement
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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.

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	33653	53557
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2427388	14306038
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	169874404	0
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	172335445	14359595
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	172335445	14359595

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	194067	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		194067
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	703828	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		703828
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	166273994	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	170030520	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-3756526
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(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)		
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		-2858631

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3983188	
(2) To insurance carriers for the provision of benefits	2e(2)	149126582	
(3) Other	2e(3)	1791584	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		154901354
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)	189822	
(6) Bank or trust company trustee/custodial fees	2i(6)	26043	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		215865
j Total expenses. Add all expense amounts in column (b) and enter total	2j		155117219

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-157975850
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: CLIFTONLARSONALLEN, LLP

(2) EIN: 41-0746749

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
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 0.

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 537465.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>DIMENSIONS HEALTH CORPORATION PENSION PLAN B</u>	B Three-digit plan number (PN)	<u>009</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION</u>	D Employer Identification Number (EIN) <u>52-1362793</u>	

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	<u>0</u>
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): _____		
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	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: 0.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 0.0 %
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 100.0 % Other: 0.0 %

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

DIMENSIONS HEALTH CORPORATION PENSION PLAN B

**FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES**

**YEAR ENDED DECEMBER 31, 2024
AND AS OF DECEMBER 31, 2023 AND FOR THE PERIOD
AUGUST 30, 2023 TO DECEMBER 31, 2023**



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**DIMENSIONS HEALTH CORPORATION PENSION PLAN B
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AND AS OF DECEMBER 31, 2023 AND FOR THE PERIOD
AUGUST 30, 2023 TO DECEMBER 31, 2023**

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INDEPENDENT AUDITORS' REPORT

Retirement Committee of University of Maryland Medical System Corporation
Dimensions Health Corporation Pension Plan B
Baltimore, Maryland

Report on the Audit of the Financial Statements

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

We have performed audits of the accompanying financial statements of Dimensions Health Corporation Pension Plan B (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 in liquidation as December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits in liquidation for the year ended December 31, 2024 and the period August 30, 2023 to December 31, 2023, and the statements of accumulated plan benefits in liquidation as of December 31, 2023 and August 30, 2023 and the related statements of changes in accumulated plan benefits in liquidation for the period August 31, 2023 to December 31, 2023 and one-day period August 30, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Dimensions Health Corporation Pension Plan B'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 December 31, 2024 and 2023, and the year ended December 31, 2024, and for the period August 30, 2023 to December 31, 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, 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 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Dimensions Health Corporation Pension Plan B 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.

Emphasis of Matter — Plan Termination

As discussed in Note 1 to the financial statements, the Plan was amended effective August 31, 2023 to terminate the Plan. Plan management determined liquidation is imminent as of December 31, 2023. Our opinion is not modified with respect to this matter.

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.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

Retirement Committee of University of Maryland Medical System Corporation
Dimensions Health Corporation Pension Plan B

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 Dimensions Health Corporation Pension Plan B'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.

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) and schedule of reportable transactions as of December 31, 2024 and 2023 and for the year ended December 31, 2024 and for the period August 30, 2023 to December 31, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

Retirement Committee of University of Maryland Medical System Corporation
Dimensions Health Corporation Pension Plan B

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).

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

Baltimore, Maryland
August 19, 2025

**DIMENSIONS HEALTH CORPORATION PENSION PLAN B
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS IN LIQUIDATION
DECEMBER 31, 2024 AND 2023**

	2024	2023
ASSETS		
INVESTMENTS (at Fair Value)		
Money Market Fund	\$ 14,306,038	\$ 2,427,388
Fixed Income Funds	-	27,747,664
Commingled Funds	-	142,126,740
Total Investments at Fair Value	14,306,038	172,301,792
RECEIVABLES		
Accrued Interest Income Expected to be Earned in Liquidation	102,020	980,011
Total Assets	14,408,058	173,281,803
LIABILITIES		
Accrued Investment Loss Expected to be Incurred in Liquidation	-	3,756,526
Accrued Expenses Expected to be Incurred in Liquidation	49,130	393,788
Payable to the University of Maryland Medical System Corporation	14,335,413	-
Total Liabilities	14,384,543	4,150,314
NET ASSETS AVAILABLE FOR BENEFITS IN LIQUIDATION	\$ 23,515	\$ 169,131,489

See accompanying Notes to Financial Statements.

**DIMENSIONS HEALTH CORPORATION PENSION PLAN B
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS IN LIQUIDATION
YEAR ENDED DECEMBER 31, 2024
AND FOR THE PERIOD
AUGUST 30, 2023 TO DECEMBER 31, 2023**

	2024	2023
ADDITIONS:		
INVESTMENT INCOME		
Net Appreciation in Fair Value of Investments	\$ -	\$ 2,002,602
Interest and Dividends	-	1,814,397
Total Investment Income	-	3,816,999
DEDUCTIONS:		
BENEFITS PAID TO PARTICIPANTS	6,796,756	39,841,889
ANNUITIES PURCHASED	147,975,805	-
ADMINISTRATIVE EXPENSES	-	403,903
RESIDUAL ASSET PAYOUT	14,335,413	-
Total Deductions	169,107,974	40,245,792
NET DECREASE BEFORE TRANSFER	(169,107,974)	(36,428,793)
Transfer from Dimensions Health Corporation Pension Plan	-	205,560,282
NET INCREASE (DECREASE)	(169,107,974)	169,131,489
NET ASSETS AVAILABLE FOR BENEFITS IN LIQUIDATION:		
Beginning of Year	169,131,489	-
End of Year	\$ 23,515	\$ 169,131,489

See accompanying Notes to Financial Statements.

**DIMENSIONS HEALTH CORPORATION PENSION PLAN B
STATEMENT OF ACCUMULATED PLAN BENEFITS IN LIQUIDATION
JANUARY 1, 2023 AND AUGUST 30, 2023**

	December 31, 2023	August 30, 2023
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
Vested Benefits:		
Participants Currently Receiving Payments	\$ 130,772,353	\$ 133,079,242
Active Participants	3,343,007	15,448,013
Participants with Deferred Benefits	18,364,829	41,125,317
Total Present Value of Vested Benefits	152,480,189	189,652,572
Nonvested Benefits	-	-
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	\$ 152,480,189	\$ 189,652,572

See accompanying Notes to Financial Statements.

**DIMENSIONS HEALTH CORPORATION PENSION PLAN B
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS IN LIQUIDATION
FOR THE PERIODS AUGUST 31, 2023 TO JANUARY 1, 2023
AND AUGUST 30, 2023**

	<u>December 31, 2023</u>	<u>August 30, 2023</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS - BEGINNING OF YEAR	\$ 189,652,572	\$ -
Increase (Decrease) During the Year Attributable to:		
Transfer in from Dimensions Pension Plan	-	189,652,572
Benefits Accumulated and Losses	162,785	-
Interest Due to Decrease in Discount Period	2,506,721	-
Benefits Paid	<u>(39,841,889)</u>	<u>-</u>
Net Increase (Decrease)	<u>(37,172,383)</u>	<u>189,652,572</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u>\$ 152,480,189</u>	<u>\$ 189,652,572</u>

See accompanying Notes to Financial Statements.

DIMENSIONS HEALTH CORPORATION PENSION PLAN B
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 DESCRIPTION OF THE PLAN

The following description of the Plan provides only general information about the Plan's provisions. University of Maryland Medical System Corporation (parent of the Corporation) is the plan sponsor. UM Capital Region Health (the Corporation) is the employer of Plan participants. Participants should refer to the Plan document for a more complete description of the Plan's provisions, copies of which may be obtained from the plan sponsor.

General

The Plan is a defined benefit pension plan established June 1, 2023. Effective August 30, 2023, all assets and liabilities of the frozen Dimensions Health Corporation Pension Plan attributable to participants, beneficiaries, and alternate payees other than Union Registered Nurses were spun off, transferred, and assigned to the Plan. Assets totaling \$205,560,282 were transferred to the Plan from the Dimensions Health Corporation Pension Plan on August 31, 2023. The Plan is frozen upon its establishment and except for the spun-off participants described above, no participants will enter the Plan and no benefits will accrue under the Plan. The Plan covered substantially all employees of the Corporation who were a participant in the Dimensions Health Corporation Pension Plan who completed one year of service and work 1,000 hours or more per Plan year, were hired or rehired prior to January 1, 2008, and were not a Union Registered Nurse.

Plan Termination

The Board of Directors approved to amend and terminate the Plan effective August 31, 2023. As part of the plan for liquidation, the Plan was amended to allow for a lump sum distribution or purchase of an annuity. The Plan administrator notified eligible participants of their options, subject to amended provisions. In December 2023, \$35,722,588 in lump sum payments were paid out to participants who elected this option.

The Plan signed an agreement, dated February 21, 2024, with Principal Life Insurance Company (the insurance company) to annuitize the remaining accumulated plan benefits and transfer liability to the insurance company effective February 21, 2024, with a benefit commencement date of April 1, 2024. Annuities purchased and net payments to the insurance company totaled \$147,975,805 for the year ended December 31, 2024.

Residual assets of \$14,000,000 on January 30, 2024 and of \$335,413 on February 26, 2025. were returned to the University of Maryland Medical System Corporation in accordance with the trust agreement and as permitted under ERSIA.

Management has deemed liquidation imminent for all periods presented in these financial statements as termination was effective one day after the spinoff effective date. The plan of liquidation for satisfying all benefit obligations was substantially completed as of December 31, 2024.

Vesting

All participants are 100% vested in their accrued benefit due to the plan termination.

DIMENSIONS HEALTH CORPORATION PENSION PLAN B
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

Pension Benefits

Participants may elect to receive their accumulated Plan benefits under one of various annuity options. If the lump sum value of the participant's account is less than \$10,000, the participant may elect to receive pension benefit in the form of a lump sum. If a participant terminates employment and the participant's account balance does not exceed \$1,000, the Plan administrator will authorize the benefit payment without the participant's consent. If the balance of the terminated participant's account is between \$1,000 and \$5,000, the Plan Sponsor may authorize that the benefit payment be rolled into an individual retirement account in the participant's name. Participant's retirement benefit will commence no later than 60 days after the close of the plan year in which occurs the later of: (1) the participant's attainment of age 65 or normal retirement age, whichever comes first, (2) the participant's termination of employment, and (3) the 10th anniversary of the year in which the participants commenced participation in the Plan. Normal retirement is defined as the later of (a) participant's 65th birthday; and (b) the 5th anniversary of the employee's participation in the Plan.

A participant's accrued benefit measured as of such participant's annuity starting date shall be no less than the benefit determined as if the accrued benefit were equal to the sum of all interest credits. In addition, for the purposes of converting the portion of a participant's cash balance account other than the opening account balance to a single life annuity, the participant's cash balance account as of the date of determination is projected to the participant's normal retirement date with annual interest equal to the interest rate of six-month U.S. Treasury Bills (compounded annually) as of the date of determination (but in no event less than 5% (compounded annually) and converted to a single life annuity as of the normal retirement date using an interest rate of 6.5% and the UP84 Mortality Table. These provisions apply to participants not covered by a collective bargaining agreement and participant who are represented by 1199 SEIU Healthcare Workers East – Healthcare Workers.

During December 2023, a lump sum window period was held where participants not qualifying for early or normal retirement could elect the following: (i) for Eligible individuals who are not married, an immediate single life annuity or a lump sum (ii) for Eligible individuals who are married, an immediate joint and spousal survivor annuity with a spousal survivor annuity of 50% or 75%, or an immediate single life annuity or in a lump sum.

DIMENSIONS HEALTH CORPORATION PENSION PLAN B
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

Pension Benefits (Continued)

A summary of each group of participants' benefits computations is as follows:

Benefits and Plan Amendments Applicable to those Participants Not Covered by a Collective Bargaining Agreement

Benefits payable to those participants not represented by 1199 SEIU Healthcare Workers East – Healthcare Workers – Service and Maintenance Chapter are calculated as the sum of the participant's opening account balance plus the participant's cash balance account. The participant's opening account balance is based on final average pay and credited service as of December 31, 1994, determined as a lump sum value of the benefit as of that date. Each participant with an opening account balance will earn interest accumulations of 6% per year to the determination date.

The participant's cash balance was based on core allocation credits, excess allocation credits, matching allocation credits, additional allocation credits, and interest credits made at the end of each Plan year until January 1, 2008. Effective January 1, 2008, the Plan was frozen and participants only receive annual interest credits. The interest rate applied to a participant's cash balance account of any Plan Year shall be the higher of either the average of the six-month U.S. Treasury bill rate on the last day of the preceding calendar year or 5%.

Benefits and Plan Amendments Applicable to those Participants Who Are Represented by 1199 SEIU Healthcare Workers East – Healthcare Workers – Service and Maintenance Chapter

Benefits payable to those participants represented by 1199 SEIU Healthcare Workers East – Healthcare Workers – Service and Maintenance Chapter are calculated as the sum of the participant's opening account balance plus the participant's cash balance account. The participant's opening account balance is based on final average pay and credited service as of December 31, 1996, determined as a lump sum value of the benefit as of that date. Each participant with an opening account balance will earn interest accumulations of 6% per year to the determination date.

The participant's cash balance was based on core allocation credits, excess allocation credits, matching allocation credits, additional allocation credits, and interest credits made at the end of each Plan year until January 1, 2008. Effective January 1, 2008, the Plan was frozen and participants only receive annual interest credits. The interest rate applied to a participant's cash balance account of any Plan Year shall be the higher of either the average of the six-month U.S. Treasury bill rate on the last day of the preceding calendar year or 5%.

As the plan was frozen to accruals, no interest credits were paid during the year ended December 31, 2024 and the period August 30, 2023 to December 31, 2023.

DIMENSIONS HEALTH CORPORATION PENSION PLAN B
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

Death and Disability Benefits

If a married employee is vested and dies before retirement, the spouse may be eligible for a benefit from the Plan. If the vested employee is covered under the cash balance formula, and dies before retirement, a spouse or nonspouse beneficiary may be eligible for a Plan benefit. Active employees who become totally and permanently disabled do not receive disability benefits under this Plan. Disability benefits are paid upon attainment of normal retirement.

Funding Policy

The Plan's funding policy is for the Corporation to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During the year ended December 31, 2024 and the period August 30, 2023 to December 31, 2023, the Corporation did not make any contributions. The minimum funding requirements of ERISA were met during the year ended December 31, 2024 and for the period August 30, 2023 to December 31, 2023.

The Corporation has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to provisions set forth in ERISA.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan have been prepared on the liquidation basis of accounting. Under the liquidation basis of accounting, assets are stated at their estimated net realized cash value expected to be collected in setting or disposing of assets during the liquidation process and liabilities are stated at their anticipated settlement accounts. Investments are stated at fair value which approximates the amount the Plan expects to collect.

As of December 31, 2024, the Plan accrued the reversion of excess assets to the Plan sponsor of \$14,335,413. As of December 31, 2023, the Plan accrued expenses of \$393,788 expected to be incurred, and accrued net investment losses of \$2,776,515 expected to be recognized through the end of its liquidation as there is a reasonable basis for estimation.

Use of Estimates

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

DIMENSIONS HEALTH CORPORATION PENSION PLAN B
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition

Investments held by the Plan are reported at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). Commingled funds are stated at fair value based upon the net asset value (NAV) or its equivalent, as a practical expedient. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. 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.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Plan's expenses are paid by either the Plan or the Corporation as provided by the Plan document. Expenses that are paid directly by the Corporation are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as administrative expenses in the accompanying statements of changes in net assets available for benefits in liquidation. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits in liquidation.

Subsequent Events

The Plan has evaluated subsequent events through August 19, 2025, the date the financial statements were available to be issued.

DIMENSIONS HEALTH CORPORATION PENSION PLAN B
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. 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 under the Plan are accumulated based on the employees' compensation during each year of credited service. Benefits payable under all circumstances – retirement, death, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to January 1, 2008. Benefits to be provided through annuity contracts are excluded from plan assets and are also excluded from accumulated Plan benefits. The Plan's actuary estimated the actuarial present value of accumulated Plan benefits, which amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between January 1, 2008 and the expected date of payment.

The computations of the actuarial present value of accumulated plan benefits in liquidation were made as of December 31, 2023 and August 30, 2023, respectively, using actual lump sum distributions and annuity purchase amounts resulting from the Plan termination discounted to the benefit information date using an assumed 4% interest rate.

Subsequent to the benefit information date, all benefit obligations were fully satisfied as further described in Note 1.

NOTE 4 CERTIFICATION OF INVESTMENT INFORMATION

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedules, including investments held as of December 31, 2024 and December 31, 2023, and net appreciation in fair value of investments, interest and dividends for the year ended December 31, 2024 and for the period August 30, 2023 to December 31, 2023, was obtained or derived from information provided to the plan administrator and certified as complete and accurate by Wilmington Trust, the qualified institution of the Plan.

DIMENSIONS HEALTH CORPORATION PENSION PLAN B
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 5 FAIR VALUE MEASUREMENTS

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

Level 1 – Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

Level 2 – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the assets or liabilities. Level 2 inputs include the following:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in markets that are not active;
- Observable inputs other than quoted prices that are used in the valuation of the assets or liabilities (e.g. interest rate and yield curve quotes at commonly quoted intervals);
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 – Significant unobservable inputs for the asset or liability (i.e. supported by little or no market activity). Level 3 inputs include management’s own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

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

Following is a description of the valuation methodologies used for assets measured at fair value. There are no changes in the valuation methodologies used as of December 31, 2024 and 2023.

Money Market Funds: Valued and traded on an active market at a stable \$1.00 NAV. Investments are considered liquid assets because they can be readily liquidated.

Fixed Income Fund: Valued at the daily closing price as reported by the fund. These funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The funds held by the Plan are deemed to be actively traded.

DIMENSIONS HEALTH CORPORATION PENSION PLAN B
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 5 FAIR VALUE MEASUREMENTS (CONTINUED)

Commingled: These funds are stated at fair value based upon NAV, as a practical expedient, which is based on the unit values of interests as determined by the issuer sponsoring such interest dividing the fund's net assets at fair value by its units outstanding at the value date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31 2024 and 2023:

	2024			
	Level 1	Level 2	Level 3	Total
Money Market Fund	\$ 14,306,038	\$ -	\$ -	\$ 14,306,038
Total Investments at Fair Value	<u>\$ 14,306,038</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 14,306,038</u>
	2023			
	Level 1	Level 2	Level 3	Total
Money Market Fund	\$ 2,427,388	\$ -	\$ -	\$ 2,427,388
Fixed Income Funds	27,747,664	-	-	27,747,664
Total Investments in the Fair Value Hierarchy	<u>\$ 30,175,052</u>	<u>\$ -</u>	<u>\$ -</u>	30,175,052
Investments Measured at Net Asset Value				142,126,740
Total Investments at Fair Value				<u>\$ 172,301,792</u>

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31 2024 and 2023.

Investment Type	Fair Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period	Redemption Restriction
	2024	2023				
Commingled Funds						
FIAM 8-10 Year Corporate A	N/A	\$ 80,852,178	-	Daily	Daily	None
FIAM Short Duration Commingled Pool	N/A	29,168,007	-	Daily	Daily	None
FIAM Long Corporate A	N/A	23,875,885	-	Daily	Daily	None
FIAM Long Duration Commingled Pool	N/A	8,230,670	-	Daily	Daily	None
		<u>\$ 142,126,740</u>				

N/A - Plan did not hold investment in the year indicated

The investments listed above are fixed income, liability-driven investments intended to match the duration of the pension liabilities. They focus on the preservation of capital while achieving returns comparable with major bond market indices. The fair value of the investments have been estimated by using the NAV per share of the funds.

DIMENSIONS HEALTH CORPORATION PENSION PLAN B
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 6 PLAN TERMINATION

Effective August 31, 2023, the Plan was terminated. As of the effective date of termination, all participants became fully vested and the net assets of the Plan were allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits former employees, or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

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

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

There were sufficient assets in the Plan to fully satisfy participants benefits in their entirety as further described in Note 1.

NOTE 7 TAX STATUS

The Plan has applied for a determination letter stating that the Plan and related trust are designed in accordance with the applicable requirements of the Internal Revenue Code (IRC). A letter has not been received, however, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan administrator believe that the Plan is qualified, and the related trust is tax-exempt.

DIMENSIONS HEALTH CORPORATION PENSION PLAN B
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 7 TAX STATUS (CONTINUED)

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

NOTE 8 RISK AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities 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 in liquidation.

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

NOTE 9 PARTY-IN-INTEREST TRANSACTIONS

The Plan investments were managed by Wilmington Trust (Wilmington), during the year ended December 31, 2024 and for the period August 30, 2023 to December 31, 2023. Wilmington is the qualified institution as defined by the Plan and, therefore, the investment transactions qualify as party-in-interest transactions. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

NOTE 10 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits in liquidation per the financial statements to Form 5500 as of December 31:

	2024	2023
Net Assets Available for Benefits per Financial Statements in Liquidation	\$ 23,515	\$ 169,131,489
Accrued Interest Income Expected to be Earned in Liquidation	(48,463)	(946,358)
Accrued Investment Loss Expected to be Incurred in Liquidation	-	3,756,526
Accrued Expenses Expected to be Incurred in Liquidation	49,130	393,788
Payable to the University of Maryland Medical System Corporation	14,335,413	-
Net Assets Available for Benefits per Form 5500	\$ 14,359,595	\$ 172,335,445

DIMENSIONS HEALTH CORPORATION PENSION PLAN B
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 10 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

The following is a reconciliation of the net increase (decrease) in net assets available for benefits in liquidation per the financial statements to Form 5500 for the year ended December 31, 2024 and the period August 30, 2023 to December 31, 2023:

	<u>2024</u>	<u>2023</u>
Net Decrease Before Transfer in Net Assets Available for		
Benefits in Liquidation per Financial Statements	\$ (169,107,974)	\$ (36,428,793)
Accrued Interest Income Expected to be Earned in Liquidation	897,895	(946,358)
Accrued Investment Loss Expected to be Incurred in Liquidation	(3,756,526)	3,756,526
Accrued Expenses Expected to be Incurred in Liquidation	(344,658)	393,788
Payable to the University of Maryland Medical System Corporation	<u>14,335,413</u>	<u>-</u>
Net Decrease Before Transfer in Net Assets Available for		
Benefits per Form 5500	<u>\$ (157,975,850)</u>	<u>\$ (33,224,837)</u>

DIMENSIONS HEALTH CORPORATION PENSION PLAN B
E.I.N. 52-1362793 PLAN NO. 009
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
Federated Hermes	Federated Hermes Treasury Obl Is	<u>\$ 14,306,038</u>	<u>\$ 14,306,038</u>	
Total Assets Held for Investment Purposes		<u>\$ 14,306,038</u>	<u>\$ 14,306,038</u>	

* A party-in-interest investment as defined by ERISA

DIMENSIONS HEALTH CORPORATION PENSION PLAN B
E.I.N. 52-1362793 PLAN NO. 009
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
Federated Hermes	Federated Hermes Treasury Obl Is	\$ 2,427,388	\$ 2,427,388	
Fidelity	FIAM 8-10 Year Corporate A	74,688,467	80,852,178	
Fidelity	FIAM Short Duration Commingled Pool	27,767,960	29,168,006	
Fidelity	FIAM Long Corporate A	22,480,857	23,875,885	
Fidelity	FIAM Long Duration Commingled Pool	8,020,465	8,230,671	
Fidelity	Fidelity Lt Treasury Bd Index F	28,717,759	27,747,664	
Total Assets Held for Investment Purposes		<u>\$ 164,102,896</u>	<u>\$ 172,301,792</u>	

* A party-in-interest investment as defined by ERISA

DIMENSIONS HEALTH CORPORATION PENSION PLAN B
E.I.N. 52-1362793 PLAN NO. 009
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Leased Rental	Expense Incurred With Transaction	Cost	Current Value	Net Gain (Loss)
<u>Category (i) - A Single Transaction in Excess of 5% of Plan Assets</u>								
Federated Hermes	Federated Hermes Treasury Obl Is	\$ 165,745,562	\$ -	\$ -	\$ -	\$ 165,745,562	\$ 165,745,562	\$ -
Federated Hermes	Federated Hermes Treasury Obl Is	-	151,165,645	-	-	151,165,645	151,165,645	-
Fidelity	FIAM 8-10 Year Corporate A	-	79,604,031	-	-	80,852,178	79,604,031	(1,248,147)
Fidelity	FIAM Short Duration Commingled Pool	-	29,213,825	-	-	29,168,007	29,213,825	45,818
Fidelity	Fidelity Lt Treasury Bd Index F	-	26,472,974	-	-	27,903,780	26,472,974	(1,430,806)
Fidelity	FIAM Long Corporate A	-	23,065,725	-	-	23,875,885	23,065,725	(810,160)
<u>Category (ii) - Series of Transactions with Same Broker in Excess of 5% of Plan Assets</u>								
Fidelity	FIAM 8-10 Year Corporate A	\$ -	\$ 79,604,031	\$ -	\$ -	\$ 80,852,178	\$ 79,604,031	\$ (1,248,147)
Fidelity	FIAM Short Duration Commingled Pool	-	29,213,825	-	-	29,168,007	29,213,825	45,818
Fidelity	Fidelity Lt Treasury Bd Index F	-	26,472,974	-	-	27,903,780	26,472,974	(1,430,806)
Fidelity	FIAM Long Corporate A	-	23,065,725	-	-	23,875,885	23,065,725	(810,160)
Fidelity	FIAM Long Duration Commingled Pool	-	7,917,439	-	-	8,230,671	7,917,439	(313,232)
<u>Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets</u>								
Federated Hermes	Federated Hermes Treasury Obl Is							
	38 Purchase	\$ 170,692,390	\$ -	\$ -	\$ -	\$ 170,692,390	\$ 170,692,390	\$ -
	39 Sale	-	158,813,740	-	-	158,813,740	158,813,740	-
Fidelity	FIAM 8-10 Year Corporate A							
	1 Sale	-	79,604,031	-	-	80,852,178	79,604,031	(1,248,147)
Fidelity	FIAM Short Duration Commingled Pool							
	1 Sale	-	29,213,825	-	-	29,168,007	29,213,825	45,818

DIMENSIONS HEALTH CORPORATION PENSION PLAN B
E.I.N. 52-1362793 PLAN NO. 009
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Leased Rental	Expense Incurred With Transaction	Cost	Current Value	Net Gain (Loss)
<u>Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets (Continued)</u>								
Fidelity	Fidelity Lt Treasury Bd Index F							
	2 Purchases	\$ 156,116	\$ -	\$ -	\$ -	\$ 156,116	\$ 156,116	\$ -
	1 Sale	-	26,472,974	-	-	27,903,780	26,472,974	(1,430,806)
Fidelity	FIAM Long Corporate A							
	1 Sale	-	23,065,725	-	-	23,875,885	23,065,725	(810,160)
<u>Category (iv) - Single Transaction with one Broker in Excess of 5% of Plan Assets</u>								
Fidelity	FIAM Long Duration Commingled Pool	\$ -	\$ 7,917,439	\$ -	\$ -	\$ 8,230,671	\$ 7,917,439	\$ (313,232)
Fidelity	FIAM 8-10 Year Corporate A	-	79,604,031	-	-	80,852,178	79,604,031	(1,248,147)
Fidelity	FIAM Short Duration Commingled Pool	-	29,213,825	-	-	29,168,007	29,213,825	45,818
Fidelity	Fidelity Lt Treasury Bd Index F	-	26,472,974	-	-	27,903,780	26,472,974	(1,430,806)
Fidelity	FIAM Long Corporate A	-	23,065,725	-	-	23,875,885	23,065,725	(810,160)

* Indicates party-in-interest

DIMENSIONS HEALTH CORPORATION PENSION PLAN B
E.I.N. 52-1362793 PLAN NO. 009
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE PERIOD AUGUST 30, 2023 TO DECEMBER 31, 2023

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Leased Rental	Expense Incurred With Transaction	Cost	Current Value	Net Gain (Loss)
Category (i) - A Single Transaction in Excess of 5% of Plan Assets								
Federated Hermes	Federated Hermes Treasury Obl Is	\$ 41,744,110	\$ -	\$ -	\$ -	\$ 41,744,110	\$ 41,744,110	\$ -
Federated Hermes	Federated Hermes Treasury Obl Is	-	1,029,760	-	-	1,029,760	1,029,760	-
Federated Hermes	Federated Hermes Treasury Obl Is	11,918	-	-	-	11,918	11,918	-
Federated Hermes	Federated Hermes Treasury Obl Is	-	1,177	-	-	1,177	1,177	-
Federated Hermes	Federated Hermes Treasury Obl Is	7,221	-	-	-	7,221	7,221	-
Federated Hermes	Federated Hermes Treasury Obl Is	488	-	-	-	488	488	-
Federated Hermes	Federated Hermes Treasury Obl Is	-	2,246	-	-	2,246	2,246	-
Federated Hermes	Federated Hermes Treasury Obl Is	-	1,026,535	-	-	1,026,535	1,026,535	-
Federated Hermes	Federated Hermes Treasury Obl Is	174,141	-	-	-	174,141	174,141	-
Federated Hermes	Federated Hermes Treasury Obl Is	-	2,031	-	-	2,031	2,031	-
Federated Hermes	Federated Hermes Treasury Obl Is	-	3,493	-	-	3,493	3,493	-
Federated Hermes	Federated Hermes Treasury Obl Is	715	-	-	-	715	715	-
Federated Hermes	Federated Hermes Treasury Obl Is	-	1,030,351	-	-	1,030,351	1,030,351	-
Federated Hermes	Federated Hermes Treasury Obl Is	176,669	-	-	-	176,669	176,669	-
Federated Hermes	Federated Hermes Treasury Obl Is	-	10,116	-	-	10,116	10,116	-
Federated Hermes	Federated Hermes Treasury Obl Is	304	-	-	-	304	304	-
Federated Hermes	Federated Hermes Treasury Obl Is	-	304	-	-	304	304	-
Federated Hermes	Federated Hermes Treasury Obl Is	-	236	-	-	236	236	-
Federated Hermes	Federated Hermes Treasury Obl Is	-	28,753,809	-	-	28,753,810	28,753,809	(1)
Federated Hermes	Federated Hermes Treasury Obl Is	167,491	-	-	-	167,491	167,491	-
Federated Hermes	Federated Hermes Treasury Obl Is	75,664	-	-	-	75,664	75,664	-
Federated Hermes	Federated Hermes Treasury Obl Is	-	75,664	-	-	75,664	75,664	-
Federated Hermes	Federated Hermes Treasury Obl Is	4,249	-	-	-	4,249	4,249	-
Federated Hermes	Federated Hermes Treasury Obl Is	-	1,948,690	-	-	1,948,690	1,948,690	-
Federated Hermes	Federated Hermes Treasury Obl Is	-	3,581	-	-	3,581	3,581	-
Federated Hermes	Federated Hermes Treasury Obl Is	-	4,442,388	-	-	4,442,388	4,442,388	-
Federated Hermes	Federated Hermes Treasury Obl Is	-	1,605,201	-	-	1,605,201	1,605,201	-
Federated Hermes	Federated Hermes Treasury Obl Is	1	-	-	-	1	1	-
Federated Hermes	Federated Hermes Treasury Obl Is	-	1	-	-	-	1	1

DIMENSIONS HEALTH CORPORATION PENSION PLAN B
E.I.N. 52-1362793 PLAN NO. 009
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE PERIOD AUGUST 30, 2023 TO DECEMBER 31, 2023

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Leased Rental	Expense Incurred With Transaction	Cost	Current Value	Net Gain (Loss)
<u>Category (i) - A Single Transaction in Excess of 5% of Plan Assets (Continued)</u>								
Fidelity	Fidelity Lt Treasury Bd Index F	\$ 81,280	\$ -	\$ -	\$ -	\$ 81,280	\$ 81,280	\$ -
Fidelity	Fidelity Lt Treasury Bd Index F	72,881	-	-	-	72,881	72,881	-
Fidelity	Fidelity Lt Treasury Bd Index F	75,664	-	-	-	75,664	75,664	-
Fidelity	Fidelity Lt Treasury Bd Index F	74,343	-	-	-	74,343	74,343	-
<u>Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets</u>								
Federated Hermes	Federated Hermes Treasury Obl Is							
	12 Purchase	\$ 42,362,971	\$ -	\$ -	\$ -	\$ 42,362,971	\$ 42,362,971	\$ -
	17 Sale	-	39,935,583	-	-	39,935,584	39,935,583	(1)
Fidelity	Fidelity Lt Treasury Bd Index F							
	4 Purchases	304,168	-	-	-	304,168	304,168	-

There were no category (ii) or (iv) reportable transactions for the period of June 1, 2023 to December 31, 2023

* Indicates party-in-interest



CLA (CliftonLarsonAllen LLP) is a network member of CLA Global. See CLAGlobal.com/disclaimer. Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.

DIMENSIONS HEALTH CORPORATION PENSION PLAN B
E.I.N. 52-1362793 PLAN NO. 009
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Leased Rental	Expense Incurred With Transaction	Cost	Current Value	Net Gain (Loss)
<u>Category (i) - A Single Transaction in Excess of 5% of Plan Assets</u>								
Federated Hermes	Federated Hermes Treasury Obl Is	\$ 165,745,562	\$ -	\$ -	\$ -	\$ 165,745,562	\$ 165,745,562	\$ -
Federated Hermes	Federated Hermes Treasury Obl Is	-	151,165,645	-	-	151,165,645	151,165,645	-
Fidelity	FIAM 8-10 Year Corporate A	-	79,604,031	-	-	80,852,178	79,604,031	(1,248,147)
Fidelity	FIAM Short Duration Commingled Pool	-	29,213,825	-	-	29,168,007	29,213,825	45,818
Fidelity	Fidelity Lt Treasury Bd Index F	-	26,472,974	-	-	27,903,780	26,472,974	(1,430,806)
Fidelity	FIAM Long Corporate A	-	23,065,725	-	-	23,875,885	23,065,725	(810,160)
<u>Category (ii) - Series of Transactions with Same Broker in Excess of 5% of Plan Assets</u>								
Fidelity	FIAM 8-10 Year Corporate A	\$ -	\$ 79,604,031	\$ -	\$ -	\$ 80,852,178	\$ 79,604,031	\$ (1,248,147)
Fidelity	FIAM Short Duration Commingled Pool	-	29,213,825	-	-	29,168,007	29,213,825	45,818
Fidelity	Fidelity Lt Treasury Bd Index F	-	26,472,974	-	-	27,903,780	26,472,974	(1,430,806)
Fidelity	FIAM Long Corporate A	-	23,065,725	-	-	23,875,885	23,065,725	(810,160)
Fidelity	FIAM Long Duration Commingled Pool	-	7,917,439	-	-	8,230,671	7,917,439	(313,232)
<u>Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets</u>								
Federated Hermes	Federated Hermes Treasury Obl Is							
	38 Purchase	\$ 170,692,390	\$ -	\$ -	\$ -	\$ 170,692,390	\$ 170,692,390	\$ -
	39 Sale	-	158,813,740	-	-	158,813,740	158,813,740	-
Fidelity	FIAM 8-10 Year Corporate A							
	1 Sale	-	79,604,031	-	-	80,852,178	79,604,031	(1,248,147)
Fidelity	FIAM Short Duration Commingled Pool							
	1 Sale	-	29,213,825	-	-	29,168,007	29,213,825	45,818

DIMENSIONS HEALTH CORPORATION PENSION PLAN B
E.I.N. 52-1362793 PLAN NO. 009
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Leased Rental	Expense Incurred With Transaction	Cost	Current Value	Net Gain (Loss)
<u>Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets (Continued)</u>								
Fidelity	Fidelity Lt Treasury Bd Index F							
	2 Purchases	\$ 156,116	\$ -	\$ -	\$ -	\$ 156,116	\$ 156,116	\$ -
	1 Sale	-	26,472,974	-	-	27,903,780	26,472,974	(1,430,806)
Fidelity	FIAM Long Corporate A							
	1 Sale	-	23,065,725	-	-	23,875,885	23,065,725	(810,160)
<u>Category (iv) - Single Transaction with one Broker in Excess of 5% of Plan Assets</u>								
Fidelity	FIAM Long Duration Commingled Pool	\$ -	\$ 7,917,439	\$ -	\$ -	\$ 8,230,671	\$ 7,917,439	\$ (313,232)
Fidelity	FIAM 8-10 Year Corporate A	-	79,604,031	-	-	80,852,178	79,604,031	(1,248,147)
Fidelity	FIAM Short Duration Commingled Pool	-	29,213,825	-	-	29,168,007	29,213,825	45,818
Fidelity	Fidelity Lt Treasury Bd Index F	-	26,472,974	-	-	27,903,780	26,472,974	(1,430,806)
Fidelity	FIAM Long Corporate A	-	23,065,725	-	-	23,875,885	23,065,725	(810,160)

* Indicates party-in-interest

DIMENSIONS HEALTH CORPORATION PENSION PLAN B
E.I.N. 52-1362793 PLAN NO. 009
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE PERIOD AUGUST 30, 2023 TO DECEMBER 31, 2023

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Leased Rental	Expense Incurred With Transaction	Cost	Current Value	Net Gain (Loss)
Category (i) - A Single Transaction in Excess of 5% of Plan Assets								
Federated Hermes	Federated Hermes Treasury Obl Is	\$ 41,744,110	\$ -	\$ -	\$ -	\$ 41,744,110	\$ 41,744,110	\$ -
Federated Hermes	Federated Hermes Treasury Obl Is	-	1,029,760	-	-	1,029,760	1,029,760	-
Federated Hermes	Federated Hermes Treasury Obl Is	11,918	-	-	-	11,918	11,918	-
Federated Hermes	Federated Hermes Treasury Obl Is	-	1,177	-	-	1,177	1,177	-
Federated Hermes	Federated Hermes Treasury Obl Is	7,221	-	-	-	7,221	7,221	-
Federated Hermes	Federated Hermes Treasury Obl Is	488	-	-	-	488	488	-
Federated Hermes	Federated Hermes Treasury Obl Is	-	2,246	-	-	2,246	2,246	-
Federated Hermes	Federated Hermes Treasury Obl Is	-	1,026,535	-	-	1,026,535	1,026,535	-
Federated Hermes	Federated Hermes Treasury Obl Is	174,141	-	-	-	174,141	174,141	-
Federated Hermes	Federated Hermes Treasury Obl Is	-	2,031	-	-	2,031	2,031	-
Federated Hermes	Federated Hermes Treasury Obl Is	-	3,493	-	-	3,493	3,493	-
Federated Hermes	Federated Hermes Treasury Obl Is	715	-	-	-	715	715	-
Federated Hermes	Federated Hermes Treasury Obl Is	-	1,030,351	-	-	1,030,351	1,030,351	-
Federated Hermes	Federated Hermes Treasury Obl Is	176,669	-	-	-	176,669	176,669	-
Federated Hermes	Federated Hermes Treasury Obl Is	-	10,116	-	-	10,116	10,116	-
Federated Hermes	Federated Hermes Treasury Obl Is	304	-	-	-	304	304	-
Federated Hermes	Federated Hermes Treasury Obl Is	-	304	-	-	304	304	-
Federated Hermes	Federated Hermes Treasury Obl Is	-	236	-	-	236	236	-
Federated Hermes	Federated Hermes Treasury Obl Is	-	28,753,809	-	-	28,753,810	28,753,809	(1)
Federated Hermes	Federated Hermes Treasury Obl Is	167,491	-	-	-	167,491	167,491	-
Federated Hermes	Federated Hermes Treasury Obl Is	75,664	-	-	-	75,664	75,664	-
Federated Hermes	Federated Hermes Treasury Obl Is	-	75,664	-	-	75,664	75,664	-
Federated Hermes	Federated Hermes Treasury Obl Is	4,249	-	-	-	4,249	4,249	-
Federated Hermes	Federated Hermes Treasury Obl Is	-	1,948,690	-	-	1,948,690	1,948,690	-
Federated Hermes	Federated Hermes Treasury Obl Is	-	3,581	-	-	3,581	3,581	-
Federated Hermes	Federated Hermes Treasury Obl Is	-	4,442,388	-	-	4,442,388	4,442,388	-
Federated Hermes	Federated Hermes Treasury Obl Is	-	1,605,201	-	-	1,605,201	1,605,201	-
Federated Hermes	Federated Hermes Treasury Obl Is	1	-	-	-	1	1	-
Federated Hermes	Federated Hermes Treasury Obl Is	-	1	-	-	-	1	1

DIMENSIONS HEALTH CORPORATION PENSION PLAN B
E.I.N. 52-1362793 PLAN NO. 009
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE PERIOD AUGUST 30, 2023 TO DECEMBER 31, 2023

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Leased Rental	Expense Incurred With Transaction	Cost	Current Value	Net Gain (Loss)
<u>Category (i) - A Single Transaction in Excess of 5% of Plan Assets (Continued)</u>								
Fidelity	Fidelity Lt Treasury Bd Index F	\$ 81,280	\$ -	\$ -	\$ -	\$ 81,280	\$ 81,280	\$ -
Fidelity	Fidelity Lt Treasury Bd Index F	72,881	-	-	-	72,881	72,881	-
Fidelity	Fidelity Lt Treasury Bd Index F	75,664	-	-	-	75,664	75,664	-
Fidelity	Fidelity Lt Treasury Bd Index F	74,343	-	-	-	74,343	74,343	-
<u>Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets</u>								
Federated Hermes	Federated Hermes Treasury Obl Is							
	12 Purchase	\$ 42,362,971	\$ -	\$ -	\$ -	\$ 42,362,971	\$ 42,362,971	\$ -
	17 Sale	-	39,935,583	-	-	39,935,584	39,935,583	(1)
Fidelity	Fidelity Lt Treasury Bd Index F							
	4 Purchases	304,168	-	-	-	304,168	304,168	-

There were no category (ii) or (iv) reportable transactions for the period of June 1, 2023 to December 31, 2023

* Indicates party-in-interest

DIMENSIONS HEALTH CORPORATION PENSION PLAN B
E.I.N. 52-1362793 PLAN NO. 009
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
Federated Hermes	Federated Hermes Treasury Obl Is	<u>\$ 14,306,038</u>	<u>\$ 14,306,038</u>	
Total Assets Held for Investment Purposes		<u>\$ 14,306,038</u>	<u>\$ 14,306,038</u>	

* A party-in-interest investment as defined by ERISA

DIMENSIONS HEALTH CORPORATION PENSION PLAN B
E.I.N. 52-1362793 PLAN NO. 009
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
Federated Hermes	Federated Hermes Treasury Obl Is	\$ 2,427,388	\$ 2,427,388	
Fidelity	FIAM 8-10 Year Corporate A	74,688,467	80,852,178	
Fidelity	FIAM Short Duration Commingled Pool	27,767,960	29,168,006	
Fidelity	FIAM Long Corporate A	22,480,857	23,875,885	
Fidelity	FIAM Long Duration Commingled Pool	8,020,465	8,230,671	
Fidelity	Fidelity Lt Treasury Bd Index F	28,717,759	27,747,664	
Total Assets Held for Investment Purposes		<u>\$ 164,102,896</u>	<u>\$ 172,301,792</u>	

* A party-in-interest investment as defined by ERISA