

<p style="text-align: center;"><b>Form 5500</b></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><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-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 style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></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><b>1a</b> Name of plan <u>MARY WASHINGTON HEALTHCARE DEFINED BENEFIT RETIREMENT PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> 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>MARY WASHINGTON HEALTHCARE</u></p> <p><u>1001 SAM PERRY BOULEVARD</u> <u>FREDERICKSBURG, VA 22401</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/1965</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>54-1240646</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>540-741-2500</u></p> <p><b>2d</b> 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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	09/18/2025	ANNE E JERNIGAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  THE RETIREMENT COMMITTEE MARY WASHINGTON HEALTHCARE  1001 SAM PERRY BOULEVARD FREDERICKSBURG, VA 22401	<b>3b</b> Administrator's EIN 54-1334742  <b>3c</b> Administrator's telephone number 540-741-2500
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<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1579
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<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	355
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	294
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	796
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	399
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	1489
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>	63
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	1552
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	0

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	
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**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 1A 1I

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<p><b>a Pension Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)</p>	<p><b>b General Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)</p> <p>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u></p> <p>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)</p> <p>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)</p>
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**  
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>MARY WASHINGTON HEALTHCARE DEFINED BENEFIT RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MARY WASHINGTON HEALTHCARE</u>	<b>D</b> Employer Identification Number (EIN) <u>54-1240646</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	<u>123900129</u>	
<b>b</b> Actuarial value .....	<b>2b</b>	<u>127998042</u>	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>835</u>	<u>86039417</u>	<u>86039417</u>
<b>b</b> For terminated vested participants .....	<u>389</u>	<u>19944813</u>	<u>19944813</u>
<b>c</b> For active participants .....	<u>355</u>	<u>22625276</u>	<u>22625276</u>
<b>d</b> Total .....	<u>1579</u>	<u>128609506</u>	<u>128609506</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	<u>5.09 %</u>	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>800000</u>	
<b>c</b> Target normal cost .....	<b>6c</b>	<u>800000</u>	

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

<b>SIGN HERE</b>  Signature of actuary  <u>BRIANNA ZAMBITO, F.S.A., E.A.</u> Type or print name of actuary  <u>FIDELITY INVESTMENTS</u> Firm name  <u>640 FIFTH AVENUE</u> <u>NEW YORK, NY 10019</u>  Address of the firm	<u>07/28/2025</u> Date  <u>23-08617</u> Most recent enrollment number  <u>212-335-5639</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	6853476
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	2943089
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	3910387
<b>10</b>	Interest on line 9 using prior year's actual return of <u>14.98</u> % .....	0	585776
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		2841384
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.23</u> % .....		0
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		425639
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		3267023
<b>d</b>	Portion of (c) to be added to prefunding balance .....		3267023
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	7763186

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	93.48 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	93.77 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	92.40 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>					
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			<b>Totals ▶</b>	<b>18(b)</b>	<b>18(c)</b>
				0	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b> 0	
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0	
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 0	
<b>20</b>	Quarterly contributions and liquidity shortfalls:		
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>b</b>	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>c</b>	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....			<b>21b</b> 4
<b>22</b> Weighted average retirement age .....			<b>22</b> 62
<b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>	
<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	800000	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	8374650	810698	
<b>b</b> Waiver amortization installment.....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	1610698	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	1610698	1610698
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	0	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	0	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>		
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>	
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021	

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>MARY WASHINGTON HEALTHCARE DEFINED BENEFIT RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MARY WASHINGTON HEALTHCARE</b>	<b>D</b> Employer Identification Number (EIN) <b>54-1240646</b>	

**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

**PRINCIPAL BANK**

**42-1466678**

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

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

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

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

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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)

FID INV INST OPS 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?
50 11	ACTUARY	329064	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)

PFM ASSET MANAGEMENT LLC

1 KEYSTONE PLAZA  
SUITE 300  
HARRISBURG, PA 17101

(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	INVESTMENT MANAGER	179835	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)

ONEDIGITAL INVEST ADVISORS LLC

43-1451524

(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	INV ADVISORY	25000	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"/>

**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)

BAKER TILLY US, LLP

30-1413443

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	16925	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)

PRINCIPAL BANK

42-1466678

(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?
14 12 28 38 50 59 61 62 63 64	RECORDKEEPER	14652	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)

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

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>MARY WASHINGTON HEALTHCARE DEFINED BENEFIT RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MARY WASHINGTON HEALTHCARE</b>	<b>D</b> Employer Identification Number (EIN) <b>54-1240646</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	12710	453
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	3000000	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	6288	3844
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	819199	1413564
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	120067141	126614433
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	4830	4830

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	123910168	128037124
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	123910168	128037124

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	94592	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		94592
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	37219	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		37219
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	3839775	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		3839775
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	11770272	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	11770272	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		0
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	2	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		2

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		9800331
<b>c</b> Other income .....	<b>2c</b>		6529
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		13778448

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	8702052	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		8702052
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	204835	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	329064	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	415541	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		949440
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		9651492

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		4126956
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		10000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 543289.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>MARY WASHINGTON HEALTHCARE DEFINED BENEFIT RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>MARY WASHINGTON HEALTHCARE</u>	<b>D</b> Employer Identification Number (EIN) <u>54-1240646</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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**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): 13-3689044

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	0
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<b>Part II</b>	<b>Funding Information</b> (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.)
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**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b	
<b>c</b> 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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

<b>Part IV</b>	<b>ESOPs</b> (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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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: 65.0 % Private Equity: \_\_\_\_\_ % Investment-Grade Debt and Interest Rate Hedging Assets: 22.0 %  
 High-Yield Debt: 12.0 % Real Assets: \_\_\_\_\_ % Cash or Cash Equivalents: \_\_\_\_\_ % Other: 1.0 %

**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 \_\_\_\_\_.

# **Mary Washington Healthcare Defined Benefit Plan**

Financial Statements and  
Supplementary Information

December 31, 2024 and 2023

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## Independent Auditors' Report

To the Plan Participants and Plan Administrator of the  
Mary Washington Healthcare Defined Benefit Plan

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

We have performed audits of the financial statements of the Mary Washington Healthcare Defined Benefit Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of December 31, 2023, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Mary Washington Healthcare Defined Benefit Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) 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 DOL'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 for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

### Opinion

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

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

## **Basis for Opinion**

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

## **Responsibilities of Management for the Financial Statements**

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

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

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

## **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.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

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

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

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

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

#### **Other Matter - Supplemental Schedules Required by ERISA**

The supplemental schedules, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year), and Schedule H, Line 4(j) - Schedule of Reportable Transactions as of or for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The 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).

*Baker Tilly US, LLP*

New Castle, Pennsylvania  
September 16, 2025

## Mary Washington Healthcare Defined Benefit Plan

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	2024	2023
<b>Assets</b>		
Cash and cash equivalents	\$ 453	\$ 12,710
<b>Investments</b>		
Investments at fair value	128,032,827	120,891,170
<b>Receivables</b>		
Employer contributions	-	3,000,000
Other receivables	3,844	6,288
<b>Total receivables</b>	3,844	3,006,288
<b>Total assets</b>	128,037,124	123,910,168
<b>Net assets available for benefits</b>	\$ 128,037,124	\$ 123,910,168

See notes to financial statements

## Mary Washington Healthcare Defined Benefit Plan

### Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and 2023

	2024	2023
<b>Additions</b>		
<b>Investment income</b>		
Interest and dividends	\$ 3,876,994	\$ 3,851,949
Net appreciation in fair value of investments	9,800,333	13,971,939
<b>Total investment income</b>	<b>13,677,327</b>	<b>17,823,888</b>
<b>Contributions</b>		
Employer contributions	94,592	3,056,168
Other revenue	6,529	9,500
<b>Total additions</b>	<b>13,778,448</b>	<b>20,889,556</b>
<b>Deductions</b>		
Benefits paid to participants	8,702,052	21,128,030
Administrative expenses	949,440	2,117,360
Purchase of annuity contract	-	6,024,819
<b>Total deductions</b>	<b>9,651,492</b>	<b>29,270,209</b>
<b>Net increase (decrease)</b>	<b>4,126,956</b>	<b>(8,380,653)</b>
Net assets available for benefits		
Beginning of year	123,910,168	132,290,821
<b>End of year</b>	<b>\$ 128,037,124</b>	<b>\$ 123,910,168</b>

See notes to financial statements

# Mary Washington Healthcare Defined Benefit Plan

## Statement of Accumulated Plan Benefits

December 31, 2023

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**Actuarial present value of accumulated plan benefits****Vested benefits**

Participants currently receiving payments	\$ 72,314,773
Participants entitled to deferred benefits	15,667,912
Other participants	16,516,403
<b>Total vested benefits</b>	<b>104,499,088</b>

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<b>Total actuarial present value of accumulated plan benefits</b>	<b>\$ 104,499,088</b>
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See notes to financial statements

## Mary Washington Healthcare Defined Benefit Plan

### Statement of Changes in Accumulated Plan Benefits

Year Ended December 31, 2023

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Actuarial present value of accumulated plan benefits at beginning of year	\$ 120,318,223
<b>Increase (decrease) during the year attributable to:</b>	
Additional benefits earned, including experience gains and losses	3,251,435
Increase for interest due to discount period	8,026,111
Benefits paid	(27,096,681)
<b>Net decrease</b>	<b>(15,819,135)</b>
<hr/>	
<b>Actuarial present value of accumulated plan benefits at end of year</b>	<b>\$ 104,499,088</b>

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See notes to financial statements

# Mary Washington Healthcare Defined Benefit Plan

Notes to Financial Statements

December 31, 2024 and 2023

## 1. Description of Plan

The following description of the Mary Washington Healthcare Defined Benefit Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

### General

The Plan is a noncontributory defined benefit plan established effective January 1, 1965, as restated January 1, 2020. Prior to the plan freeze, the Plan covered all employees of Mary Washington Healthcare (the Organization), excluding all employees except existing employees of record, effective December 31, 2003. No additional employees were added to the Plan on or after January 1, 2005. Existing participants continued to be eligible for plan benefits as outlined in the plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Board of Directors is responsible for oversight of the Plan. The Plan's investment committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Directors.

On February 9, 2010, the Plan Sponsor elected to fully freeze the Plan effective May 22, 2010. All benefits earned as of that date will continue to be paid through the Plan, but no future benefits will be accrued.

The Plan was amended on August 16, 2023 to provide an optional window benefit program in an effort to derisk the Plan by allowing certain eligible plan participants to opt for a lump sum payments. The Plan also went through a retiree annuity purchase from an insurance company during 2023 totaling \$6,024,819 which transfers a portion of the obligation to make annuity payments to certain participants to the insurance company.

### Funding Policy

The Plan's funding policy is for the Organization to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The minimum funding requirements of ERISA were met in 2024. Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

### Pension Benefits

Plan participants are entitled to their plan benefits after terminating employment with vested rights. Participants become vested in the Plan upon completion of at least five years of service or attainment of the normal retirement age (65), although the Plan does allow for early retirement at the age of 55. If employees terminate before rendering the required years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Organization's contributions. Upon becoming vested, participants are entitled to Benefits, which are based upon credited years of service and a fixed percentage of a participant's average earnings over the highest paid five consecutive years, are paid when an employee reaches retirement age (normally age 65 or as early as age 55). Benefits are normally paid monthly for life in the form of a joint-survivor annuity; however, an election may be made by a retiree to receive payments in the form of a sum certain annuity in addition to other options. Upon termination of employment, pension payments are normally paid in the form of a monthly annuity payable for their lifetime or, if married, in the form of a qualified joint or survivor annuity.

# Mary Washington Healthcare Defined Benefit Plan

Notes to Financial Statements

December 31, 2024 and 2023

## Death and Disability Benefits

If an active employee dies at age 55 or older, a death benefit equal to the value of the employee's accumulated pension benefit is paid to the employee's beneficiary. Active employees who become totally disabled receive annual disability benefits that are equal to the equivalent normal retirement benefit they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age, at which time disabled participants will receive the normal retirement benefit computed as though they had been employed to normal retirement age, with their annual compensation remaining the same as at the time they became disabled.

## 2. Summary of Accounting Policies

### Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

### Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management 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, and changes therein. Actual results could differ from those estimates.

### Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investment committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 4 for discussion of fair value measurements.

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

### Payment of Benefits

Benefits payments to participants are recorded upon distribution.

### Administrative Expenses

The Plan's expenses are paid either by the Plan or the Organization, as provided by the plan document. Expenses that are paid directly by the Organization 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 deductions in the statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments in the statements of changes in net assets available for benefits.

# Mary Washington Healthcare Defined Benefit Plan

Notes to Financial Statements

December 31, 2024 and 2023

## Reclassifications

Certain reclassifications have been made to the 2023 financial statement to conform to the 2024 presentation.

## Recent Regulatory Update

The SECURE 2.0 Act of 2022 was signed into law on December 29, 2022. This legislation includes a vast array of provisional changes to retirement plans, becoming effective in 2023 and beyond. Plan management adopted mandatory provisions effective for the year ended December 31, 2024, and continues to evaluate the impact of the adoption and implementation of this legislation on the Plan. The application of SECURE 2.0 Act did not have a material effect on the Plan's financial statements.

## Subsequent Events

Subsequent events were evaluated through September 16, 2025, the date the financial statements were available to be issued.

## 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 based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death, disability and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

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

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024 and 2023. Had the valuations been performed as of December 31, 2023, there would be no material differences. The significant actuarial assumptions used in the valuations were:

1. Discount rate: 7.50% (no changes from the prior year)
2. Mortality: Pri-2012 Mortality with MP-2021
3. Retirement age: Normal retirement age ranges from 55 to 70 or age on the valuation date, if greater

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

# Mary Washington Healthcare Defined Benefit Plan

Notes to Financial Statements

December 31, 2024 and 2023

## 4. Fair Value Measurements

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

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

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

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

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 techniques used for assets measured at fair value. There have been no changes in the techniques used at December 31, 2024 and 2023.

*Money market fund:* Valued at the quoted net asset value (NAV) of shares held by the Plan at year-end.

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

*Exchange Traded Funds:* Valued at the closing price reported on the active markets on which the individual securities are traded.

## Mary Washington Healthcare Defined Benefit Plan

Notes to Financial Statements

December 31, 2024 and 2023

*Limited Partnership:* A limited partnership is an investment that is not traded on a national exchange or over-the-counter markets. In the absence of any independent quotations, securities will be valued by the fund managers on the basis of data obtained from the best available sources. Although the various fund managers use their professional judgment at estimating the fair value of the alternative investments, there are inherent limitations in any valuation technique. Therefore, the value determined by fund managers is not necessarily indicative of the amount that could be realized in a current transaction. Future events will also affect the estimates of fair value, and the effect of such events on the estimates of the fair value could be material. Disclosure of unobservable inputs to fair value measurement has not been included for the limited partnership because quantitative unobservable inputs are not developed by the Plan when measuring fair value and have not been made available to the Plan by the fund managers.

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

<b>Assets at Fair Value as of December 31, 2024</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Money market fund	\$ 1,413,564	\$ -	\$ -	\$ 1,413,564
Mutual funds	88,284,397	-	-	88,284,397
Exchange traded funds	38,330,036	-	-	38,330,036
Limited partnerships	-	-	4,830	4,830
<b>Total assets in the fair value hierarchy</b>	<b>\$ 128,027,997</b>	<b>\$ -</b>	<b>\$ 4,830</b>	<b>\$ 128,032,827</b>

<b>Assets at Fair Value as of December 31, 2023</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Money market fund	\$ 819,199	\$ -	\$ -	\$ 819,199
Mutual funds	35,104,363	-	-	35,104,363
Exchange traded funds	84,962,778	-	-	84,962,778
Limited partnerships	-	-	4,830	4,830
<b>Total assets in the fair value hierarchy</b>	<b>\$ 120,886,340</b>	<b>\$ -</b>	<b>\$ 4,830</b>	<b>\$ 120,891,170</b>

### Changes in Fair Value of Level 3 Assets

There were no purchases or sales of the Level 3 investment during the years ended December 31, 2024 and 2023. Unrealized gains amounted to \$0 and \$942 for the years ended December 31, 2024 and 2023, respectively. There were no transfers into or out of the Level 3 investment category during the years ended December 31, 2024 and 2023.

## Mary Washington Healthcare Defined Benefit Plan

Notes to Financial Statements

December 31, 2024 and 2023

### Quantitative Information About Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table presents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments as of December 31, 2024 and 2023, the significant unobservable inputs and the quantitative information about those inputs.

Instrument	Fair Value December 31, 2024	Fair Value December 31, 2023	Principal Valuation Technique	Significant Unobservable Inputs	Quantitative Information About Significant Unobservable Inputs
FARALLON CAPITAL MANAGEMENT LLC	\$ 4,830	\$ 4,830	Discounted cash flows	Discount rate	N/A

### 5. Concentrations

A concentration is defined as an investment representing 10% or more of the net assets available for benefits value as of December 31, 2024 and 2023. There were three individual investments that represented a concentration of investments as of December 31, 2024 and 2023.

### 6. Information Certified by Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2024 and 2023. Accordingly, Principal Bank, the Trustee of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023, and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024, and the related investment activity reported in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2024 and 2023 and the information reported in the supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2024. Such information was obtained by management and agreed to or derived from information certified as complete and accurate by a qualified institution.

# Mary Washington Healthcare Defined Benefit Plan

Notes to Financial Statements

December 31, 2024 and 2023

## 7. Related-Party and Party in Interest Transactions

The Plan's investments are administered under a contract with Principal Bank, the Trustee of the Plan. Contributions are held and managed by Principal Bank who invests cash received, interest and dividend income and makes distributions to participants. These transactions are party in interest transactions under ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Organization. No such officer or employee receives compensation from the Plan. These transactions are party in interest transactions under ERISA.

## 8. Plan Termination

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

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government 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 benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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

## 9. Tax Status

The Plan adopted a volume submitter plan offered by Document Agility, Inc. The volume submitter plan received an IRS Opinion Letter dated March 30, 2018, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since the date of the IRS Opinion Letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

# Mary Washington Healthcare Defined Benefit Plan

Notes to Financial Statements

December 31, 2024 and 2023

## 10. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market 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 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.

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

## Mary Washington Healthcare Defined Benefit Plan

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

EIN: 54-1240646 Plan Number: 001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Mutual Fund	Fidelity Total Market Index Fund	\$ 44,519,924	\$ 49,617,239
	Mutual Fund	Baird Core Bond Fund Class I	13,871,243	13,673,874
	Mutual Fund	PGIM Total Return Bond Fund Class R6	11,432,232	11,243,914
	Mutual Fund	Voya Intermediate Bond Fund	6,226,070	6,116,590
	Mutual Fund	Doubleline Core Fixed Income Fund Class I	5,588,034	5,473,112
	Mutual Fund	NYLI Mackay High Yield CBF	2,147,591	2,159,668
	Exchange Traded Fund	I Shares Core International Stock ETF	24,246,891	23,483,602
	Exchange Traded Fund	I Shares Core U.S. Aggregate ETF	10,115,272	9,884,188
	Exchange Traded Fund	Vanguard Real Estate ETF	2,687,426	2,488,272
	Exchange Traded Fund	I Shares Trust I-Shares 5-10 Year Corp Bond ETF	2,495,534	2,473,974
	Limited Partnership	Farallon Capital Management, LLC	4,830	4,830
	Money Market Fund	Allspring Government Money Market Fund	1,413,564	1,413,564
*	Cash	Cash	453	453
<b>Total</b>			<b>\$ 124,749,064</b>	<b>\$ 128,033,280</b>

\*A party in interest as defined by ERISA.

**Mary Washington Healthcare Defined Benefit Retirement Plan**

Schedule H, Line 4(j) – Schedule of Reportable Transactions

EIN: 54-1240646 Plan Number: 001

Year Ended December 31, 2024

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
	BEGINNING MARKET VALUE		120,910,168.46			
	COMPARATIVE VALUE (5%)		6,045,508.42			
ISSUE: 315911693 - FIDELITY TOTAL MKT IDX-FAI #2361						
05/29/24 B	343,897	144.520	0	49,700,000-*	49,700,000	
ISSUE: 46432F834 - ISHARES CORE INTL STOCK ETF						
05/29/24 B	384,948	68.300	3,849	26,295,798-*	26,295,798	
ISSUE: 921909768 - VANGUARD TOTAL INTL STOCK ETF						
05/29/24 S	345,798	60.670	4,041	20,975,558 *	19,541,595	1,433,963
ISSUE: 922908769 - VANGUARD TOTAL STOCK MKT ETF						
05/29/24 S	180,538	260.160	3,111	46,965,655 *	36,398,786	10,566,869
GRAND TOTAL			11,001	143,937,011	131,936,179	12,000,832

FOOTNOTES

\* = SINGLE TRANSACTION IS 5% REPORTABLE  
 B = BUY TRANSACTION  
 S = SELL TRANSACTION  
 R = REINVESTMENT TRANSACTION

**Mary Washington Healthcare Defined Benefit Retirement Plan**

Schedule H, Line 4(j) – Schedule of Reportable Transactions

EIN: 54-1240646 Plan Number: 001

Year Ended December 31, 2024

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	SERIES / BY BROKER UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
	BEGINNING MARKET VALUE		120,910,168.46			
	COMPARATIVE VALUE (5%)		6,045,508.42			
	-----		-----			
	BROKER: JANE STREET					
02/20/24 B	ISSUE: 464287226 - ISHARES CORE U.S. AGGREGATE ETF 4,630	97.310	46	450,592-	450,592	
02/20/24 B	ISSUE: 464288638 - ISHARES 5-10Y INV GRADE CORP ETF 2,407	51.170	24	123,190-	123,190	
04/17/24 S	ISSUE: 921909768 - VANGUARD TOTAL INTL STOCK ETF 1,380	57.750	14	79,681	80,965	-1,284
05/17/24 S	ISSUE: 922908769 - VANGUARD TOTAL STOCK MKT ETF 954	262.110	12	250,041	179,924	70,117
05/17/24 S	ISSUE: 921909768 - VANGUARD TOTAL INTL STOCK ETF 8,061	62.210	85	501,390	472,939	28,451
05/29/24 S	ISSUE: 46432F339 - ISHARES MSCI USA QUALITY FAC ETF 15,245	165.860	223	2,528,313	1,754,637	773,676
05/29/24 S	ISSUE: 922908769 - VANGUARD TOTAL STOCK MKT ETF 180,538	260.160	3,111	46,965,655 *	36,398,786	10,566,869
05/29/24 S	ISSUE: 921909768 - VANGUARD TOTAL INTL STOCK ETF 345,798	60.670	4,041	20,975,558 *	19,541,595	1,433,963
05/29/24 S	ISSUE: 921943858 - VANGUARD FTSE DEVELOPED ETF 80,548	49.920	917	4,020,039	4,012,096	7,943
05/29/24 B	ISSUE: 46432F834 - ISHARES CORE INTL STOCK ETF 384,948	68.300	3,849	26,295,798-*	26,295,798	
	SUB-TOTAL		12,322	102,190,257	89,310,522	12,879,736
	GRAND TOTAL		12,322	102,190,257	89,310,522	12,879,736

**Mary Washington Healthcare Defined Benefit Retirement Plan**

Schedule H, Line 4(j) – Schedule of Reportable Transactions

EIN: 54-1240646 Plan Number: 001

Year Ended December 31, 2024

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DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	SERIES / BY BROKER		PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
		UNIT PRICE -----	EXPENSE INCURRED -----			

F O O T N O T E S  
-----

\* = SINGLE TRANSACTION IS 5% REPORTABLE  
B = BUY TRANSACTION  
S = SELL TRANSACTION  
R = REINVESTMENT TRANSACTION

**Mary Washington Healthcare Defined Benefit Retirement Plan**

Schedule H, Line 4(j) – Schedule of Reportable Transactions

EIN: 54-1240646 Plan Number: 001

Year Ended December 31, 2024

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
	BEGINNING MARKET VALUE		120,910,168.46			
	COMPARATIVE VALUE (5%)		6,045,508.42			
	-----		-----			
ISSUE: VP4560000 - ALLSPRING GOVT MM FD-INSTL #1751						
01/02/24 B	17,434	1.000	0	17,434-	17,434	
01/03/24 B	1,536	1.000	0	1,536-	1,536	
01/04/24 B	1,564	1.000	0	1,564-	1,564	
01/19/24 B	298,781	1.000	0	298,781-	298,781	
01/25/24 B	3,000,000	1.000	0	3,000,000-	3,000,000	
02/01/24 B	24,876	1.000	0	24,876-	24,876	
02/01/24 B	0	1.000	0	0-	0	
02/06/24 B	330	1.000	0	330-	330	
02/07/24 B	37,752	1.000	0	37,752-	37,752	
03/01/24 B	13,845	1.000	0	13,845-	13,845	
03/07/24 B	38,966	1.000	0	38,966-	38,966	
03/19/24 B	548,332	1.000	0	548,332-	548,332	
03/20/24 B	89,463	1.000	0	89,463-	89,463	
03/27/24 B	175,572	1.000	0	175,572-	175,572	
03/27/24 B	1,443	1.000	0	1,443-	1,443	
04/01/24 B	3,384	1.000	0	3,384-	3,384	
04/05/24 B	45,575	1.000	0	45,575-	45,575	
04/08/24 B	2,665	1.000	0	2,665-	2,665	
04/19/24 B	342,672	1.000	0	342,672-	342,672	
04/24/24 B	340	1.000	0	340-	340	
05/01/24 B	3,353	1.000	0	3,353-	3,353	
05/02/24 B	1,342	1.000	0	1,342-	1,342	
05/07/24 B	39,629	1.000	0	39,629-	39,629	
05/08/24 B	29,920	1.000	0	29,920-	29,920	
05/21/24 B	751,432	1.000	0	751,432-	751,432	
05/22/24 B	1,060	1.000	0	1,060-	1,060	
06/03/24 B	1,422	1.000	0	1,422-	1,422	
06/04/24 B	771	1.000	0	771-	771	
06/07/24 B	40,645	1.000	0	40,645-	40,645	
06/17/24 B	392,342	1.000	0	392,342-	392,342	
06/18/24 B	700,000	1.000	0	700,000-	700,000	
06/28/24 B	469	1.000	0	469-	469	
07/01/24 B	1,733	1.000	0	1,733-	1,733	
07/02/24 B	1,293	1.000	0	1,293-	1,293	
07/05/24 B	40,614	1.000	0	40,614-	40,614	

Mary Washington Healthcare Defined Benefit Retirement Plan

Schedule H, Line 4(j) – Schedule of Reportable Transactions

EIN: 54-1240646 Plan Number: 001

Year Ended December 31, 2024

SERIES / BY ISSUE						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
07/16/24 B	299	1.000	0	299-	299	
07/18/24 B	500,000	1.000	0	500,000-	500,000	
07/31/24 B	738	1.000	0	738-	738	
08/01/24 B	2,518	1.000	0	2,518-	2,518	
08/06/24 B	41,006	1.000	0	41,006-	41,006	
08/13/24 B	1,254	1.000	0	1,254-	1,254	
08/20/24 B	750,093	1.000	0	750,093-	750,093	
08/26/24 B	1,326	1.000	0	1,326-	1,326	
09/03/24 B	1,730	1.000	0	1,730-	1,730	
09/03/24 B	1,056	1.000	0	1,056-	1,056	
09/06/24 B	9,224	1.000	0	9,224-	9,224	
09/06/24 B	31,819	1.000	0	31,819-	31,819	
09/09/24 B	1,636	1.000	0	1,636-	1,636	
09/18/24 B	700,000	1.000	0	700,000-	700,000	
10/01/24 B	2,191	1.000	0	2,191-	2,191	
10/01/24 B	553	1.000	0	553-	553	
10/02/24 B	1,317	1.000	0	1,317-	1,317	
10/03/24 B	11,033	1.000	0	11,033-	11,033	
10/04/24 B	364,108	1.000	0	364,108-	364,108	
10/21/24 B	696,174	1.000	0	696,174-	696,174	
11/01/24 B	1,880	1.000	0	1,880-	1,880	
11/01/24 B	678	1.000	0	678-	678	
11/06/24 B	9,311	1.000	0	9,311-	9,311	
11/06/24 B	20,546	1.000	0	20,546-	20,546	
11/06/24 B	31,648	1.000	0	31,648-	31,648	
11/18/24 B	2,088	1.000	0	2,088-	2,088	
11/19/24 B	700,000	1.000	0	700,000-	700,000	
12/02/24 B	1,517	1.000	0	1,517-	1,517	
12/02/24 B	362	1.000	0	362-	362	
12/05/24 B	41,048	1.000	0	41,048-	41,048	
12/06/24 B	1,596	1.000	0	1,596-	1,596	
12/10/24 B	700,000	1.000	0	700,000-	700,000	
12/18/24 B	600,000	1.000	0	600,000-	600,000	
12/20/24 B	419,590	1.000	0	419,590-	419,590	
12/23/24 B	41,846	1.000	0	41,846-	41,846	
12/27/24 B	23,897	1.000	0	23,897-	23,897	
SUB-TOTAL OF BUYS # 71			0	12,364,637	12,364,637	
01/04/24 S	64,913	1.000	0	64,913	64,913	0
01/04/24 S	23,855	1.000	0	23,855	23,855	0
01/10/24 S	29,596	1.000	0	29,596	29,596	0
01/22/24 S	3,831	1.000	0	3,831	3,831	0
01/23/24 S	791,329	1.000	0	791,329	791,329	0

Mary Washington Healthcare Defined Benefit Retirement Plan

Schedule H, Line 4(j) – Schedule of Reportable Transactions

EIN: 54-1240646 Plan Number: 001

Year Ended December 31, 2024

SERIES / BY ISSUE						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
01/25/24 S	2,500	1.000	0	2,500	2,500	0
01/29/24 S	14,219	1.000	0	14,219	14,219	0
02/07/24 S	56,663	1.000	0	56,663	56,663	0
02/07/24 S	25,065	1.000	0	25,065	25,065	0
02/12/24 S	14,849	1.000	0	14,849	14,849	0
02/21/24 S	800,000	1.000	0	800,000	800,000	0
02/21/24 S	710,918	1.000	0	710,918	710,918	0
02/22/24 S	1,166,765	1.000	0	1,166,765	1,166,765	0
03/06/24 S	27,532	1.000	0	27,532	27,532	0
03/20/24 S	15,053	1.000	0	15,053	15,053	0
03/20/24 S	707,007	1.000	0	707,007	707,007	0
04/04/24 S	15,744	1.000	0	15,744	15,744	0
04/10/24 S	2,886	1.000	0	2,886	2,886	0
04/16/24 S	14,200	1.000	0	14,200	14,200	0
04/22/24 S	3,756	1.000	0	3,756	3,756	0
04/22/24 S	706,637	1.000	0	706,637	706,637	0
05/10/24 S	31,919	1.000	0	31,919	31,919	0
05/16/24 S	15,350	1.000	0	15,350	15,350	0
05/22/24 S	708,282	1.000	0	708,282	708,282	0
05/30/24 S	161,158	1.000	0	161,158	161,158	0
06/12/24 S	30,197	1.000	0	30,197	30,197	0
06/20/24 S	734,732	1.000	0	734,732	734,732	0
06/27/24 S	14,454	1.000	0	14,454	14,454	0
07/15/24 S	15,207	1.000	0	15,207	15,207	0
07/22/24 S	3,811	1.000	0	3,811	3,811	0
07/23/24 S	707,198	1.000	0	707,198	707,198	0
07/26/24 S	48,483	1.000	0	48,483	48,483	0
08/07/24 S	459	1.000	0	459	459	0
08/14/24 S	14,788	1.000	0	14,788	14,788	0
08/22/24 S	705,210	1.000	0	705,210	705,210	0
09/11/24 S	3,761	1.000	0	3,761	3,761	0
09/13/24 S	24,498	1.000	0	24,498	24,498	0
09/24/24 S	702,418	1.000	0	702,418	702,418	0
09/25/24 S	15,427	1.000	0	15,427	15,427	0
10/09/24 S	382,351	1.000	0	382,351	382,351	0
10/11/24 S	20,433	1.000	0	20,433	20,433	0
10/23/24 S	704,292	1.000	0	704,292	704,292	0
11/06/24 S	1,061	1.000	0	1,061	1,061	0
11/20/24 S	723,484	1.000	0	723,484	723,484	0
11/22/24 S	36,016	1.000	0	36,016	36,016	0
12/09/24 S	30,733	1.000	0	30,733	30,733	0
12/11/24 S	18,901	1.000	0	18,901	18,901	0
12/20/24 S	702,775	1.000	0	702,775	702,775	0
12/30/24 S	15,556	1.000	0	15,556	15,556	0

**Mary Washington Healthcare Defined Benefit Retirement Plan**

Schedule H, Line 4(j) – Schedule of Reportable Transactions

EIN: 54-1240646 Plan Number: 001

Year Ended December 31, 2024

SERIES / BY ISSUE						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
	SUB-TOTAL OF SALES # 49		0	11,770,272	11,770,272	0
	SUB-TOTAL		0	24,134,909	24,134,909	0
ISSUE: 315911693 - FIDELITY TOTAL MKT IDX-FAI #2361						
12/20/24 R	3,093	162.650	0	503,153-	503,153	
	SUB-TOTAL OF REINVS # 1		0	503,153	503,153	
05/29/24 B	343,897	144.520	0	49,700,000-*	49,700,000	
	SUB-TOTAL OF BUYS # 1		0	49,700,000	49,700,000	
06/17/24 S	4,683	149.490	0	700,000	676,727	23,273
07/17/24 S	3,255	153.620	0	500,000	470,382	29,618
08/19/24 S	3,247	154.010	0	500,000	469,190	30,810
09/17/24 S	2,578	155.150	0	400,000	372,594	27,406
10/18/24 S	4,326	161.810	0	700,000	625,202	74,798
11/15/24 S	9,222	162.660	0	1,500,000	1,332,719	167,282
11/18/24 S	4,286	163.340	0	700,000	619,346	80,654
12/09/24 S	4,157	168.390	0	700,000	600,772	99,228
12/17/24 S	3,572	167.950	0	600,000	516,297	83,703
	SUB-TOTAL OF SALES # 9		0	6,300,000	5,683,229	616,771
	SUB-TOTAL		0	56,503,153	55,886,382	616,771
ISSUE: 46432F834 - ISHARES CORE INTL STOCK ETF						
05/29/24 B	384,948	68.300	3,849	26,295,798-*	26,295,798	
11/15/24 B	11,786	67.690	118	797,912-	797,912	
	SUB-TOTAL OF BUYS # 2		3,967	27,093,710	27,093,710	
10/02/24 S	37,175	72.600	447	2,698,458	2,539,424	159,034
10/03/24 S	4,500	71.890	99	323,406	307,395	16,011
	SUB-TOTAL OF SALES # 2		546	3,021,864	2,846,819	175,045

Mary Washington Healthcare Defined Benefit Retirement Plan

Schedule H, Line 4(j) – Schedule of Reportable Transactions

EIN: 54-1240646 Plan Number: 001

Year Ended December 31, 2024

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
SUB-TOTAL			4,513	30,115,574	29,940,529	175,045
ISSUE: 921909768 - VANGUARD TOTAL INTL STOCK ETF						
02/20/24 B	10,166	58.320	102	592,983-	592,983	
SUB-TOTAL OF BUYS # 1			102	592,983	592,983	
04/03/24 S	45,045	60.050	472	2,704,480	2,642,790	61,690
04/17/24 S	1,380	57.750	14	79,681	80,965	-1,284
05/17/24 S	8,061	62.210	85	501,390	472,939	28,451
05/29/24 S	345,798	60.670	4,041	20,975,558 *	19,541,595	1,433,963
SUB-TOTAL OF SALES # 4			4,612	24,261,109	22,738,289	1,522,820
SUB-TOTAL			4,714	24,854,092	23,331,272	1,522,820
ISSUE: 921943858 - VANGUARD FTSE DEVELOPED ETF						
04/03/24 B	80,548	49.800	805	4,012,096-	4,012,096	
SUB-TOTAL OF BUYS # 1			805	4,012,096	4,012,096	
05/29/24 S	80,548	49.920	917	4,020,039	4,012,096	7,943
SUB-TOTAL OF SALES # 1			917	4,020,039	4,012,096	7,943
SUB-TOTAL			1,722	8,032,135	8,024,192	7,943
ISSUE: 922908769 - VANGUARD TOTAL STOCK MKT ETF						
01/17/24 S	1,278	233.800	15	298,781	241,031	57,750
03/15/24 S	2,164	253.410	48	548,332	408,130	140,201
04/03/24 S	4,664	258.080	56	1,203,629	879,630	323,998
05/17/24 S	954	262.110	12	250,041	179,924	70,117
05/29/24 S	180,538	260.160	3,111	46,965,655 *	36,398,786	10,566,869
SUB-TOTAL OF SALES # 5			3,242	49,266,438	38,107,501	11,158,936

**Mary Washington Healthcare Defined Benefit Retirement Plan**

Schedule H, Line 4(j) – Schedule of Reportable Transactions

EIN: 54-1240646    Plan Number: 001

Year Ended December 31, 2024

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	SERIES / BY ISSUE		PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
		UNIT PRICE -----	EXPENSE INCURRED -----			
			3,242	49,266,438	38,107,501	11,158,936
	SUB-TOTAL					
			14,191	192,906,301	179,424,785	13,481,516
	GRAND TOTAL					

F O O T N O T E S  
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\* = SINGLE TRANSACTION IS 5% REPORTABLE  
 B = BUY TRANSACTION  
 S = SELL TRANSACTION  
 R = REINVESTMENT TRANSACTION

**Mary Washington Healthcare Defined Benefit Retirement Plan**

Schedule H, Line 4(j) – Schedule of Reportable Transactions

EIN: 54-1240646 Plan Number: 001

Year Ended December 31, 2024

SINGLE / BY BROKER						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
	BEGINNING MARKET VALUE		120,910,168.46			
	COMPARATIVE VALUE (5%)		6,045,508.42			
	-----		-----			
BROKER: JANE STREET						
ISSUE: 464287226 - ISHARES CORE U.S. AGGREGATE ETF						
02/20/24 B	4,630	97.310	46	450,592-	450,592	
ISSUE: 464288638 - ISHARES 5-10Y INV GRADE CORP ETF						
02/20/24 B	2,407	51.170	24	123,190-	123,190	
ISSUE: 921909768 - VANGUARD TOTAL INTL STOCK ETF						
04/17/24 S	1,380	57.750	14	79,681	80,965	-1,284
ISSUE: 922908769 - VANGUARD TOTAL STOCK MKT ETF						
05/17/24 S	954	262.110	12	250,041	179,924	70,117
ISSUE: 921909768 - VANGUARD TOTAL INTL STOCK ETF						
05/17/24 S	8,061	62.210	85	501,390	472,939	28,451
ISSUE: 46432F339 - ISHARES MSCI USA QUALITY FAC ETF						
05/29/24 S	15,245	165.860	223	2,528,313	1,754,637	773,676
ISSUE: 922908769 - VANGUARD TOTAL STOCK MKT ETF						
05/29/24 S	180,538	260.160	3,111	46,965,655 *	36,398,786	10,566,869
ISSUE: 921909768 - VANGUARD TOTAL INTL STOCK ETF						
05/29/24 S	345,798	60.670	4,041	20,975,558 *	19,541,595	1,433,963
ISSUE: 921943858 - VANGUARD FTSE DEVELOPED ETF						
05/29/24 S	80,548	49.920	917	4,020,039	4,012,096	7,943
ISSUE: 46432F834 - ISHARES CORE INTL STOCK ETF						
05/29/24 B	384,948	68.300	3,849	26,295,798-*	26,295,798	
			-----		-----	-----
	SUB-TOTAL		12,322	102,190,257	89,310,522	12,879,736
	GRAND TOTAL		12,322	102,190,257	89,310,522	12,879,736

**Mary Washington Healthcare Defined Benefit Retirement Plan**

Schedule H, Line 4(j) – Schedule of Reportable Transactions

EIN: 54-1240646 Plan Number: 001

Year Ended December 31, 2024

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DATE	SHARES/	SINGLE / BY BROKER		PRINCIPAL	TRANSACTION	REALIZED
BOUGHT/SOLD	PAR VALUE	UNIT	EXPENSE	CASH	COST	GAIN/LOSS
-----	-----	PRICE	INCURRED	-----	-----	-----

F O O T N O T E S

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\* = SINGLE TRANSACTION IS 5% REPORTABLE  
B = BUY TRANSACTION  
S = SELL TRANSACTION  
R = REINVESTMENT TRANSACTION

2024 Form 5500 Schedule SB Attachments  
 Schedule SB, Line 26a – Schedule of Active Participant Data  
 Mary Washington Healthcare Defined Benefit Retirement Plan  
 EIN 54-1240646 / PN 001

**Age and Service Distribution of Active Members**

**Completed Years of Credited Service on January 1, 2024**

<b>Attained Age</b>	<b>&lt;1</b>	<b>1-4</b>	<b>5-9</b>	<b>10-14</b>	<b>15-19</b>	<b>20-24</b>	<b>25-29</b>	<b>30-34</b>	<b>35-39</b>	<b>40+</b>	<b>Total</b>
<b>Under 25</b>	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>25-29</b>	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>30-34</b>	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>35-39</b>	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>40-44</b>	0	1	18	1	0	0	0	0	0	0	<b>20</b>
<b>45-49</b>	0	4	35	19	0	0	0	0	0	0	<b>58</b>
<b>50-54</b>	0	8	34	34	20	4	0	0	0	0	<b>100</b>
<b>55-59</b>	0	5	38	21	20	21	3	0	0	0	<b>108</b>
<b>60-64</b>	0	4	13	16	13	7	3	0	0	0	<b>56</b>
<b>65-69</b>	0	0	5	5	1	0	0	2	0	0	<b>13</b>
<b>Over 69</b>	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>Total</b>	<b>0</b>	<b>22</b>	<b>143</b>	<b>96</b>	<b>54</b>	<b>32</b>	<b>6</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>355</b>

2024 Form 5500 Schedule SB Attachments  
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods  
Mary Washington Healthcare Defined Benefit Retirement Plan  
EIN 54-1240646 / PN 001

### **Actuarial Assumptions and Methods**

**Interest Rates** for PPA funding liability and normal cost for the minimum required contribution: Segment rates provided by ARPA: 4.75% for the first 5 years, 4.87% for the next 15 years, and 5.59% thereafter. (Previously, 4.75% for the first 5 years, 5.00% for the next 15 years and 5.74% thereafter).

**Salary Scale:** N/A.

**Increase in Consumer Price Index (CPI):** 2.50%. This is based on long-term historical inflation rates of about 3.00%, adjusted lower by 0.50% to reflect the current long term forward-looking inflation forecasts.

**Increase in Social Security Taxable Wage Base:** 3.00%. This is based on the CPI assumption, increased 0.50% based on the historical difference between the CPI and TWB of 0.50% - 1.00%.

### **Administrative Expenses:**

\$800,000. Estimated based on the average of the non-investment related administrative expenses paid from the Trust (net of PBGC premium payments from Trust) in the prior three years plus estimated PBGC premiums for the current year.

**Actuarial Assumptions and Methods** (continued)

**Mortality:**

*ERISA*: IRS 2024 Generational Mortality Table as prescribed by IRC Section 430 for plans with more than 500 participants.

**Retirement Rates (Actives):** Active retirement rates varying by age, as determined by the prior actuary for the plan.

<u>Age</u>	<u>Rates</u>
55-58	5.00%
59-61	10.00%
62-64	15.00%
65	40.00%
66-69	35.00%
70+	100.00%

**Retirement Rates (Future Terminated Vested):** Age 65

**Retirement Rates (Current Terminated Vested):** Age 62

**Termination:** Rates varying by age, as determined by the prior actuary for the plan. Sample rates are shown below:

<u>Age</u>	<u>Rates</u>
25	13.750%
30	9.125%
35	8.000%
40	6.875%
45+	5.375%

2024 Form 5500 Schedule SB Attachments  
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods  
Mary Washington Healthcare Defined Benefit Retirement Plan  
EIN 54-1240646 / PN 001

**Actuarial Assumptions and Methods** (continued)

**Marital Status:** 80% of males and 70% of females are assumed married, with females 3 years younger than males.

**Maximum Benefit:** \$275,000 for 2024.

**Maximum Salary:** N/A

**Form of Payment:** It has been assumed benefits will be paid in the normal annuity form applicable to the particular benefit. To the extent optional forms of payment are elected and conversions are determined under an actuarial basis, which differs from the basis funded in the valuation, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method.

**Actuarial Assumptions and Methods** (continued)

**Actuarial Value of Plan Assets for Funding Purposes:** The actuarial value of assets is equal to:

- a) the market value of assets, including discounted receivables, on the valuation date, less
- b) the following percentages of prior years' investment gains (losses):
  - i) 67% of the prior year, and
  - ii) 33% of the second prior year,

Investment gains and losses are defined as the excess or deficiency of the expected return on the market value (not to exceed the third segment rate for that year) over the actual return on the market value of assets, including discounted receivables, for any given year.

- c) The actuarial value of assets can be neither less than 90% nor greater than 110% of the market value of assets, including discounted receivables.

**Actuarial Assumptions and Methods** (continued)

**Shortfall Amortization Charge for ERISA Funding Purposes:** Per IRC Section 430(c), the shortfall amortization charge for any plan year is the aggregate total (not less than zero) of the shortfall amortization installments for such plan year with respect to any shortfall amortization base which has not been fully amortized. The shortfall amortization installments are the amounts necessary to amortize the shortfall amortization base of the plan for any plan year in level annual installments over the 15-year period beginning with such plan year.

**Actuarial Cost Method:** The unit credit cost method is used for ERISA funding target (FT) purposes. Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits (PVAB) for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

**Mary Washington Healthcare Defined Benefit Retirement Plan**

Schedule H, Line 4(j) – Schedule of Reportable Transactions

EIN: 54-1240646 Plan Number: 001

Year Ended December 31, 2024

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
	BEGINNING MARKET VALUE		120,910,168.46			
	COMPARATIVE VALUE (5%)		6,045,508.42			
ISSUE: 315911693 - FIDELITY TOTAL MKT IDX-FAI #2361						
05/29/24 B	343,897	144.520	0	49,700,000-*	49,700,000	
ISSUE: 46432F834 - ISHARES CORE INTL STOCK ETF						
05/29/24 B	384,948	68.300	3,849	26,295,798-*	26,295,798	
ISSUE: 921909768 - VANGUARD TOTAL INTL STOCK ETF						
05/29/24 S	345,798	60.670	4,041	20,975,558 *	19,541,595	1,433,963
ISSUE: 922908769 - VANGUARD TOTAL STOCK MKT ETF						
05/29/24 S	180,538	260.160	3,111	46,965,655 *	36,398,786	10,566,869
GRAND TOTAL			11,001	143,937,011	131,936,179	12,000,832

FOOTNOTES

\* = SINGLE TRANSACTION IS 5% REPORTABLE  
 B = BUY TRANSACTION  
 S = SELL TRANSACTION  
 R = REINVESTMENT TRANSACTION

**Mary Washington Healthcare Defined Benefit Retirement Plan**

Schedule H, Line 4(j) – Schedule of Reportable Transactions

EIN: 54-1240646 Plan Number: 001

Year Ended December 31, 2024

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	SERIES / BY BROKER UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
	BEGINNING MARKET VALUE		120,910,168.46			
	COMPARATIVE VALUE (5%)		6,045,508.42			
	-----		-----			
	BROKER: JANE STREET					
ISSUE: 464287226 - ISHARES CORE U.S. AGGREGATE ETF						
02/20/24 B	4,630	97.310	46	450,592-	450,592	
ISSUE: 464288638 - ISHARES 5-10Y INV GRADE CORP ETF						
02/20/24 B	2,407	51.170	24	123,190-	123,190	
ISSUE: 921909768 - VANGUARD TOTAL INTL STOCK ETF						
04/17/24 S	1,380	57.750	14	79,681	80,965	-1,284
ISSUE: 922908769 - VANGUARD TOTAL STOCK MKT ETF						
05/17/24 S	954	262.110	12	250,041	179,924	70,117
ISSUE: 921909768 - VANGUARD TOTAL INTL STOCK ETF						
05/17/24 S	8,061	62.210	85	501,390	472,939	28,451
ISSUE: 46432F339 - ISHARES MSCI USA QUALITY FAC ETF						
05/29/24 S	15,245	165.860	223	2,528,313	1,754,637	773,676
ISSUE: 922908769 - VANGUARD TOTAL STOCK MKT ETF						
05/29/24 S	180,538	260.160	3,111	46,965,655 *	36,398,786	10,566,869
ISSUE: 921909768 - VANGUARD TOTAL INTL STOCK ETF						
05/29/24 S	345,798	60.670	4,041	20,975,558 *	19,541,595	1,433,963
ISSUE: 921943858 - VANGUARD FTSE DEVELOPED ETF						
05/29/24 S	80,548	49.920	917	4,020,039	4,012,096	7,943
ISSUE: 46432F834 - ISHARES CORE INTL STOCK ETF						
05/29/24 B	384,948	68.300	3,849	26,295,798-*	26,295,798	
			-----		-----	-----
	SUB-TOTAL		12,322	102,190,257	89,310,522	12,879,736
	GRAND TOTAL		12,322	102,190,257	89,310,522	12,879,736

**Mary Washington Healthcare Defined Benefit Retirement Plan**

Schedule H, Line 4(j) – Schedule of Reportable Transactions

EIN: 54-1240646 Plan Number: 001

Year Ended December 31, 2024

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DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	SERIES / BY BROKER		PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
		UNIT PRICE -----	EXPENSE INCURRED -----			

F O O T N O T E S  
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\* = SINGLE TRANSACTION IS 5% REPORTABLE  
B = BUY TRANSACTION  
S = SELL TRANSACTION  
R = REINVESTMENT TRANSACTION

**Mary Washington Healthcare Defined Benefit Retirement Plan**

Schedule H, Line 4(j) – Schedule of Reportable Transactions

EIN: 54-1240646 Plan Number: 001

Year Ended December 31, 2024

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
	BEGINNING MARKET VALUE		120,910,168.46			
	COMPARATIVE VALUE (5%)		6,045,508.42			
	-----		-----			
ISSUE: VP4560000 - ALLSPRING GOVT MM FD-INSTL #1751						
01/02/24 B	17,434	1.000	0	17,434-	17,434	
01/03/24 B	1,536	1.000	0	1,536-	1,536	
01/04/24 B	1,564	1.000	0	1,564-	1,564	
01/19/24 B	298,781	1.000	0	298,781-	298,781	
01/25/24 B	3,000,000	1.000	0	3,000,000-	3,000,000	
02/01/24 B	24,876	1.000	0	24,876-	24,876	
02/01/24 B	0	1.000	0	0-	0	
02/06/24 B	330	1.000	0	330-	330	
02/07/24 B	37,752	1.000	0	37,752-	37,752	
03/01/24 B	13,845	1.000	0	13,845-	13,845	
03/07/24 B	38,966	1.000	0	38,966-	38,966	
03/19/24 B	548,332	1.000	0	548,332-	548,332	
03/20/24 B	89,463	1.000	0	89,463-	89,463	
03/27/24 B	175,572	1.000	0	175,572-	175,572	
03/27/24 B	1,443	1.000	0	1,443-	1,443	
04/01/24 B	3,384	1.000	0	3,384-	3,384	
04/05/24 B	45,575	1.000	0	45,575-	45,575	
04/08/24 B	2,665	1.000	0	2,665-	2,665	
04/19/24 B	342,672	1.000	0	342,672-	342,672	
04/24/24 B	340	1.000	0	340-	340	
05/01/24 B	3,353	1.000	0	3,353-	3,353	
05/02/24 B	1,342	1.000	0	1,342-	1,342	
05/07/24 B	39,629	1.000	0	39,629-	39,629	
05/08/24 B	29,920	1.000	0	29,920-	29,920	
05/21/24 B	751,432	1.000	0	751,432-	751,432	
05/22/24 B	1,060	1.000	0	1,060-	1,060	
06/03/24 B	1,422	1.000	0	1,422-	1,422	
06/04/24 B	771	1.000	0	771-	771	
06/07/24 B	40,645	1.000	0	40,645-	40,645	
06/17/24 B	392,342	1.000	0	392,342-	392,342	
06/18/24 B	700,000	1.000	0	700,000-	700,000	
06/28/24 B	469	1.000	0	469-	469	
07/01/24 B	1,733	1.000	0	1,733-	1,733	
07/02/24 B	1,293	1.000	0	1,293-	1,293	
07/05/24 B	40,614	1.000	0	40,614-	40,614	

Mary Washington Healthcare Defined Benefit Retirement Plan

Schedule H, Line 4(j) – Schedule of Reportable Transactions

EIN: 54-1240646 Plan Number: 001

Year Ended December 31, 2024

SERIES / BY ISSUE						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
07/16/24 B	299	1.000	0	299-	299	
07/18/24 B	500,000	1.000	0	500,000-	500,000	
07/31/24 B	738	1.000	0	738-	738	
08/01/24 B	2,518	1.000	0	2,518-	2,518	
08/06/24 B	41,006	1.000	0	41,006-	41,006	
08/13/24 B	1,254	1.000	0	1,254-	1,254	
08/20/24 B	750,093	1.000	0	750,093-	750,093	
08/26/24 B	1,326	1.000	0	1,326-	1,326	
09/03/24 B	1,730	1.000	0	1,730-	1,730	
09/03/24 B	1,056	1.000	0	1,056-	1,056	
09/06/24 B	9,224	1.000	0	9,224-	9,224	
09/06/24 B	31,819	1.000	0	31,819-	31,819	
09/09/24 B	1,636	1.000	0	1,636-	1,636	
09/18/24 B	700,000	1.000	0	700,000-	700,000	
10/01/24 B	2,191	1.000	0	2,191-	2,191	
10/01/24 B	553	1.000	0	553-	553	
10/02/24 B	1,317	1.000	0	1,317-	1,317	
10/03/24 B	11,033	1.000	0	11,033-	11,033	
10/04/24 B	364,108	1.000	0	364,108-	364,108	
10/21/24 B	696,174	1.000	0	696,174-	696,174	
11/01/24 B	1,880	1.000	0	1,880-	1,880	
11/01/24 B	678	1.000	0	678-	678	
11/06/24 B	9,311	1.000	0	9,311-	9,311	
11/06/24 B	20,546	1.000	0	20,546-	20,546	
11/06/24 B	31,648	1.000	0	31,648-	31,648	
11/18/24 B	2,088	1.000	0	2,088-	2,088	
11/19/24 B	700,000	1.000	0	700,000-	700,000	
12/02/24 B	1,517	1.000	0	1,517-	1,517	
12/02/24 B	362	1.000	0	362-	362	
12/05/24 B	41,048	1.000	0	41,048-	41,048	
12/06/24 B	1,596	1.000	0	1,596-	1,596	
12/10/24 B	700,000	1.000	0	700,000-	700,000	
12/18/24 B	600,000	1.000	0	600,000-	600,000	
12/20/24 B	419,590	1.000	0	419,590-	419,590	
12/23/24 B	41,846	1.000	0	41,846-	41,846	
12/27/24 B	23,897	1.000	0	23,897-	23,897	
	SUB-TOTAL OF BUYS	# 71	0	12,364,637	12,364,637	
01/04/24 S	64,913	1.000	0	64,913	64,913	0
01/04/24 S	23,855	1.000	0	23,855	23,855	0
01/10/24 S	29,596	1.000	0	29,596	29,596	0
01/22/24 S	3,831	1.000	0	3,831	3,831	0
01/23/24 S	791,329	1.000	0	791,329	791,329	0

Mary Washington Healthcare Defined Benefit Retirement Plan

Schedule H, Line 4(j) – Schedule of Reportable Transactions

EIN: 54-1240646 Plan Number: 001

Year Ended December 31, 2024

SERIES / BY ISSUE						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
01/25/24 S	2,500	1.000	0	2,500	2,500	0
01/29/24 S	14,219	1.000	0	14,219	14,219	0
02/07/24 S	56,663	1.000	0	56,663	56,663	0
02/07/24 S	25,065	1.000	0	25,065	25,065	0
02/12/24 S	14,849	1.000	0	14,849	14,849	0
02/21/24 S	800,000	1.000	0	800,000	800,000	0
02/21/24 S	710,918	1.000	0	710,918	710,918	0
02/22/24 S	1,166,765	1.000	0	1,166,765	1,166,765	0
03/06/24 S	27,532	1.000	0	27,532	27,532	0
03/20/24 S	15,053	1.000	0	15,053	15,053	0
03/20/24 S	707,007	1.000	0	707,007	707,007	0
04/04/24 S	15,744	1.000	0	15,744	15,744	0
04/10/24 S	2,886	1.000	0	2,886	2,886	0
04/16/24 S	14,200	1.000	0	14,200	14,200	0
04/22/24 S	3,756	1.000	0	3,756	3,756	0
04/22/24 S	706,637	1.000	0	706,637	706,637	0
05/10/24 S	31,919	1.000	0	31,919	31,919	0
05/16/24 S	15,350	1.000	0	15,350	15,350	0
05/22/24 S	708,282	1.000	0	708,282	708,282	0
05/30/24 S	161,158	1.000	0	161,158	161,158	0
06/12/24 S	30,197	1.000	0	30,197	30,197	0
06/20/24 S	734,732	1.000	0	734,732	734,732	0
06/27/24 S	14,454	1.000	0	14,454	14,454	0
07/15/24 S	15,207	1.000	0	15,207	15,207	0
07/22/24 S	3,811	1.000	0	3,811	3,811	0
07/23/24 S	707,198	1.000	0	707,198	707,198	0
07/26/24 S	48,483	1.000	0	48,483	48,483	0
08/07/24 S	459	1.000	0	459	459	0
08/14/24 S	14,788	1.000	0	14,788	14,788	0
08/22/24 S	705,210	1.000	0	705,210	705,210	0
09/11/24 S	3,761	1.000	0	3,761	3,761	0
09/13/24 S	24,498	1.000	0	24,498	24,498	0
09/24/24 S	702,418	1.000	0	702,418	702,418	0
09/25/24 S	15,427	1.000	0	15,427	15,427	0
10/09/24 S	382,351	1.000	0	382,351	382,351	0
10/11/24 S	20,433	1.000	0	20,433	20,433	0
10/23/24 S	704,292	1.000	0	704,292	704,292	0
11/06/24 S	1,061	1.000	0	1,061	1,061	0
11/20/24 S	723,484	1.000	0	723,484	723,484	0
11/22/24 S	36,016	1.000	0	36,016	36,016	0
12/09/24 S	30,733	1.000	0	30,733	30,733	0
12/11/24 S	18,901	1.000	0	18,901	18,901	0
12/20/24 S	702,775	1.000	0	702,775	702,775	0
12/30/24 S	15,556	1.000	0	15,556	15,556	0

Mary Washington Healthcare Defined Benefit Retirement Plan

Schedule H, Line 4(j) – Schedule of Reportable Transactions

EIN: 54-1240646 Plan Number: 001

Year Ended December 31, 2024

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
SUB-TOTAL OF SALES # 49			0	11,770,272	11,770,272	0
SUB-TOTAL			0	24,134,909	24,134,909	0
ISSUE: 315911693 - FIDELITY TOTAL MKT IDX-FAI #2361						
12/20/24 R	3,093	162.650	0	503,153-	503,153	
SUB-TOTAL OF REINVS # 1			0	503,153	503,153	
05/29/24 B	343,897	144.520	0	49,700,000-*	49,700,000	
SUB-TOTAL OF BUYS # 1			0	49,700,000	49,700,000	
06/17/24 S	4,683	149.490	0	700,000	676,727	23,273
07/17/24 S	3,255	153.620	0	500,000	470,382	29,618
08/19/24 S	3,247	154.010	0	500,000	469,190	30,810
09/17/24 S	2,578	155.150	0	400,000	372,594	27,406
10/18/24 S	4,326	161.810	0	700,000	625,202	74,798
11/15/24 S	9,222	162.660	0	1,500,000	1,332,719	167,282
11/18/24 S	4,286	163.340	0	700,000	619,346	80,654
12/09/24 S	4,157	168.390	0	700,000	600,772	99,228
12/17/24 S	3,572	167.950	0	600,000	516,297	83,703
SUB-TOTAL OF SALES # 9			0	6,300,000	5,683,229	616,771
SUB-TOTAL			0	56,503,153	55,886,382	616,771
ISSUE: 46432F834 - ISHARES CORE INTL STOCK ETF						
05/29/24 B	384,948	68.300	3,849	26,295,798-*	26,295,798	
11/15/24 B	11,786	67.690	118	797,912-	797,912	
SUB-TOTAL OF BUYS # 2			3,967	27,093,710	27,093,710	
10/02/24 S	37,175	72.600	447	2,698,458	2,539,424	159,034
10/03/24 S	4,500	71.890	99	323,406	307,395	16,011
SUB-TOTAL OF SALES # 2			546	3,021,864	2,846,819	175,045

Mary Washington Healthcare Defined Benefit Retirement Plan

Schedule H, Line 4(j) – Schedule of Reportable Transactions

EIN: 54-1240646 Plan Number: 001

Year Ended December 31, 2024

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
SUB-TOTAL			4,513	30,115,574	29,940,529	175,045
ISSUE: 921909768 - VANGUARD TOTAL INTL STOCK ETF						
02/20/24 B	10,166	58.320	102	592,983-	592,983	
SUB-TOTAL OF BUYS # 1			102	592,983	592,983	
04/03/24 S	45,045	60.050	472	2,704,480	2,642,790	61,690
04/17/24 S	1,380	57.750	14	79,681	80,965	-1,284
05/17/24 S	8,061	62.210	85	501,390	472,939	28,451
05/29/24 S	345,798	60.670	4,041	20,975,558 *	19,541,595	1,433,963
SUB-TOTAL OF SALES # 4			4,612	24,261,109	22,738,289	1,522,820
SUB-TOTAL			4,714	24,854,092	23,331,272	1,522,820
ISSUE: 921943858 - VANGUARD FTSE DEVELOPED ETF						
04/03/24 B	80,548	49.800	805	4,012,096-	4,012,096	
SUB-TOTAL OF BUYS # 1			805	4,012,096	4,012,096	
05/29/24 S	80,548	49.920	917	4,020,039	4,012,096	7,943
SUB-TOTAL OF SALES # 1			917	4,020,039	4,012,096	7,943
SUB-TOTAL			1,722	8,032,135	8,024,192	7,943
ISSUE: 922908769 - VANGUARD TOTAL STOCK MKT ETF						
01/17/24 S	1,278	233.800	15	298,781	241,031	57,750
03/15/24 S	2,164	253.410	48	548,332	408,130	140,201
04/03/24 S	4,664	258.080	56	1,203,629	879,630	323,998
05/17/24 S	954	262.110	12	250,041	179,924	70,117
05/29/24 S	180,538	260.160	3,111	46,965,655 *	36,398,786	10,566,869
SUB-TOTAL OF SALES # 5			3,242	49,266,438	38,107,501	11,158,936

**Mary Washington Healthcare Defined Benefit Retirement Plan**

Schedule H, Line 4(j) – Schedule of Reportable Transactions

EIN: 54-1240646    Plan Number: 001

Year Ended December 31, 2024

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	SERIES / BY ISSUE		PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
		UNIT PRICE -----	EXPENSE INCURRED -----			
			3,242	49,266,438	38,107,501	11,158,936
	SUB-TOTAL					
			14,191	192,906,301	179,424,785	13,481,516
	GRAND TOTAL					

F O O T N O T E S  
-----

\* = SINGLE TRANSACTION IS 5% REPORTABLE  
 B = BUY TRANSACTION  
 S = SELL TRANSACTION  
 R = REINVESTMENT TRANSACTION

**Mary Washington Healthcare Defined Benefit Retirement Plan**

Schedule H, Line 4(j) – Schedule of Reportable Transactions

EIN: 54-1240646 Plan Number: 001

Year Ended December 31, 2024

SINGLE / BY BROKER						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
	BEGINNING MARKET VALUE		120,910,168.46			
	COMPARATIVE VALUE (5%)		6,045,508.42			
	-----		-----			
BROKER: JANE STREET						
ISSUE: 464287226 - ISHARES CORE U.S. AGGREGATE ETF						
02/20/24 B	4,630	97.310	46	450,592-	450,592	
ISSUE: 464288638 - ISHARES 5-10Y INV GRADE CORP ETF						
02/20/24 B	2,407	51.170	24	123,190-	123,190	
ISSUE: 921909768 - VANGUARD TOTAL INTL STOCK ETF						
04/17/24 S	1,380	57.750	14	79,681	80,965	-1,284
ISSUE: 922908769 - VANGUARD TOTAL STOCK MKT ETF						
05/17/24 S	954	262.110	12	250,041	179,924	70,117
ISSUE: 921909768 - VANGUARD TOTAL INTL STOCK ETF						
05/17/24 S	8,061	62.210	85	501,390	472,939	28,451
ISSUE: 46432F339 - ISHARES MSCI USA QUALITY FAC ETF						
05/29/24 S	15,245	165.860	223	2,528,313	1,754,637	773,676
ISSUE: 922908769 - VANGUARD TOTAL STOCK MKT ETF						
05/29/24 S	180,538	260.160	3,111	46,965,655 *	36,398,786	10,566,869
ISSUE: 921909768 - VANGUARD TOTAL INTL STOCK ETF						
05/29/24 S	345,798	60.670	4,041	20,975,558 *	19,541,595	1,433,963
ISSUE: 921943858 - VANGUARD FTSE DEVELOPED ETF						
05/29/24 S	80,548	49.920	917	4,020,039	4,012,096	7,943
ISSUE: 46432F834 - ISHARES CORE INTL STOCK ETF						
05/29/24 B	384,948	68.300	3,849	26,295,798-*	26,295,798	
			-----		-----	-----
	SUB-TOTAL		12,322	102,190,257	89,310,522	12,879,736
	GRAND TOTAL		12,322	102,190,257	89,310,522	12,879,736

**Mary Washington Healthcare Defined Benefit Retirement Plan**

Schedule H, Line 4(j) – Schedule of Reportable Transactions

EIN: 54-1240646 Plan Number: 001

Year Ended December 31, 2024

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DATE	SHARES/	SINGLE / BY BROKER		PRINCIPAL	TRANSACTION	REALIZED
BOUGHT/SOLD	PAR VALUE	UNIT	EXPENSE	CASH	COST	GAIN/LOSS
-----	-----	PRICE	INCURRED	-----	-----	-----

F O O T N O T E S

-----  
\* = SINGLE TRANSACTION IS 5% REPORTABLE  
B = BUY TRANSACTION  
S = SELL TRANSACTION  
R = REINVESTMENT TRANSACTION

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

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

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

OMB No. 1210-0110

**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

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

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


<b>A</b> Name of plan MARY WASHINGTON HEALTHCARE DEFINED BENEFIT RETIREMENT PLAN		<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MARY WASHINGTON HEALTHCARE		<b>D</b> Employer Identification Number (EIN) 54-1240646	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	123,900,129	
<b>b</b> Actuarial value .....	<b>2b</b>	127,998,042	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	835	86,039,417	86,039,417
<b>b</b> For terminated vested participants .....	389	19,944,813	19,944,813
<b>c</b> For active participants .....	355	22,625,276	22,625,276
<b>d</b> Total .....	1,579	128,609,506	128,609,506
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	5.09%	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	0	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	800,000	
<b>c</b> Target normal cost .....	<b>6c</b>	800,000	

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>		<b>Brianna Zambito</b>	<b>07/28/2025</b>
	Signature of actuary		Date
BRIANNA ZAMBITO, F.S.A., E.A.	Type or print name of actuary		2308617
FIDELITY INVESTMENTS	Firm name		Most recent enrollment number
640 FIFTH AVENUE	Address of the firm		212-335-5639
NEW YORK NY 10019	Address of the firm		Telephone number (including area code)

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2024  
v. 240311**



<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 62
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>				
<b>28</b> Unpaid minimum required contributions for all prior years .....				<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....				<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c).....				<b>31a</b> 800,000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	8,374,650		810,698	
<b>b</b> Waiver amortization installment .....	0		0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....				<b>34</b> 1,610,698
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	1,610,698	1,610,698	
<b>36</b> Additional cash requirement (line 34 minus line 35).....				<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				<b>37</b> 0
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....				<b>38b</b>
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021				

2024 Form 5500 Schedule SB Attachments  
 Schedule SB, Line 22 – Description of Weighted Average Retirement Age  
 Mary Washington Healthcare Defined Benefit Retirement Plan  
 EIN 54-1240646 / PN 001

(1) <u>Age</u>	(2) <u>Total Exposure</u>	(3) <u>Retirement Percent</u>	(4) <u>Retirements (2) * (3)</u>	(5) <u>(1)*(4)</u>
55	1,000,000	5.00%	50,000	2,750,000
56	950,000	5.00%	47,500	2,660,000
57	902,500	5.00%	45,125	2,572,125
58	857,375	5.00%	42,869	2,486,402
59	814,506	10.00%	81,451	4,805,609
60	733,055	10.00%	73,306	4,398,360
61	659,749	10.00%	65,975	4,024,475
62	593,774	15.00%	89,066	5,522,092
63	504,708	15.00%	75,706	4,769,478
64	429,002	15.00%	64,350	4,118,400
65	364,652	40.00%	145,861	9,480,965
66	218,791	35.00%	76,577	5,054,082
67	142,214	35.00%	49,775	3,334,925
68	92,439	35.00%	32,354	2,200,072
69	60,085	35.00%	21,030	1,451,070
70	39,055	100.00%	39,055	2,733,850
			1,000,000	62,361,905

Total of (5) Divided by Age 55 Exposure  
 (Rounded to the Nearest Whole Year)

$$62,361,905 / 1,000,000 = 62$$

2024 Form 5500 Schedule SB Attachments  
Schedule SB, Part V – Summary of Plan Provisions  
Mary Washington Healthcare Defined Benefit Retirement Plan  
EIN 54-1240646 / PN 001

## **Plan Provisions**

**Name of Plan:** The Mary Washington Healthcare Defined Benefit Retirement Plan.

**Employer Identification Number / Plan Number:** 54-1240646/001.

**Effective Date:** January 1, 1965. Most recently amended December 1, 2023.

**Covered Employees:** All members as of December 31, 1988 with at least one year of qualifying service and over age twenty-one.

**Participation Date:** Date of becoming a covered employee. Those hired on or after January 1, 2005 will not enter the Plan.

## **Definitions:**

*Vesting service:* The greater of years and months of credited service as calculated under any Affiliated Employer or one year of vesting service for each year during which 1,000 or more hours were completed. Any Participant who was an eligible employee on May 22, 2010 shall be fully vested.

*Benefit service:* One year of benefit service is credited if 2,000 or more hours of service are completed. If under 2,000 hours, then a partial year is credited equal to the ratio of hours worked over 2,000. No further service is credited under the Plan after May 22, 2010.

*Pensionable pay:* Total wages as defined in Code Section 3401(a).

*Average monthly compensation:* The average of the highest five consecutive calendar years of pensionable pay.

*Normal retirement date (NRD):* The later of the participant's 65<sup>th</sup> birthday and the fifth anniversary of participation.

2024 Form 5500 Schedule SB Attachments  
Schedule SB, Part V – Summary of Plan Provisions  
Mary Washington Healthcare Defined Benefit Retirement Plan  
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**Plan Provisions** (continued)

*Monthly accrued benefit:* Amount based on Average Monthly Compensation, as follows:

- i. For participants both vested and at least age 60 as of December 31, 1997, the greater of:
  - a. The Pre 98 Accrued Benefit Formula, or
  - b. The Post 97 Accrued Benefit Formula of 1% of average compensation multiplied by credited service post January 1, 1997.
- ii. For vested participants under age 60 as of December 31, 1997, the greater of:
  - a. The Pre 98 Accrued Benefit Formula plus the Post 97 Accrued Benefit Formula of 1% of average compensation multiplied by credited service post January 1, 1997, or
  - b. The Post 97 Accrued Benefit Formula of 1% of average compensation multiplied by credited service post January 1, 1997.

All benefit accruals were frozen effective May 22, 2010.

*Monthly pre-retirement spouse death benefit:* The spouse of an active married participant will receive the actuarial present value of the survivor portion of the 100% joint and survivor annuity that the deceased participant would have been entitled to had they terminated employment on the day before their death, survived to their early retirement date, and elected to retire immediately. The spouse of a terminated vested married participant will receive the actuarial present value of the survivor portion of the 50% joint and survivor annuity that the deceased participant would have been entitled to had they survived to their early retirement date and elected to retire immediately.

The pre-retirement spouse death benefit is paid in the form of a single life annuity, payable monthly, for the life of the surviving spouse. The commencement date shall be payable on or after the first of the month following the date of the participant's death.

2024 Form 5500 Schedule SB Attachments  
Schedule SB, Part V – Summary of Plan Provisions  
Mary Washington Healthcare Defined Benefit Retirement Plan  
EIN 54-1240646 / PN 001

**Plan Provisions** (continued)

**Eligibility for Benefits:**

*NRD:* Retirement on NRD.

*Early retirement:* Age 55 and five years of Vesting Service

*Postponed retirement:* Retirement after NRD.

*Deferred vested:* Terminations for reasons other than death, disability, or retirement. All employed participants are 100% vested at May 22, 2010.

*Pre-retirement spouse benefit:* Death while eligible for Normal, Early, Postponed, or Deferred Vested Retirement benefits, with a surviving spouse.

*Disability:* N/A.

**Monthly Benefits Paid Upon the Following Events:**

*Normal retirement:* Monthly Accrued Benefit determined as of NRD.

*Early retirement:* The Monthly Accrued Benefit payable at age 65 reduced 1/20 per year benefit commencement precedes age 65.

*Postponed retirement:* Greater of (a) the participant's Monthly Accrued Benefit determined as of actual retirement date and (b) Monthly Accrued Benefit on NRD actuarially increased to late retirement date.

*Termination with deferred vested benefit:* Monthly Accrued Benefit determined as of termination date payable at NRD.

*Death with pre-retirement spouse benefit:* Monthly pre-retirement spouse benefit is payable. If the participant was eligible for early retirement, the benefit is payable immediately. Otherwise, the benefit is payable when the participant would have been eligible for early retirement.

*Disability:* N/A.

2024 Form 5500 Schedule SB Attachments  
Schedule SB, Part V – Summary of Plan Provisions  
Mary Washington Healthcare Defined Benefit Retirement Plan  
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**Plan Provisions** (continued)

**Forms of Payment:**

*Normal form (single participants):* Single life annuity.

*Normal form (married participants):* Actuarially equivalent 50% joint and survivor annuity with spouse as beneficiary.

*Optional forms:* Participants who retire under the plan may elect a ten-year certain and continuous annuity, life annuity, social security level income option, joint and survivor annuity (50%, 75% or 100%), or, if the present value of their benefit is \$5,000 or less, a lump sum distribution.

*Description of optional form conversion factors:* 7.00% Interest, the mortality tables set forth in Code Section 417(e)(3).

**Maximum on Benefits and Pay:** All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

**Future Plan Changes:** No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

## Mary Washington Healthcare Defined Benefit Plan

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

EIN: 54-1240646 Plan Number: 001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Mutual Fund	Fidelity Total Market Index Fund	\$ 44,519,924	\$ 49,617,239
	Mutual Fund	Baird Core Bond Fund Class I	13,871,243	13,673,874
	Mutual Fund	PGIM Total Return Bond Fund Class R6	11,432,232	11,243,914
	Mutual Fund	Voya Intermediate Bond Fund	6,226,070	6,116,590
	Mutual Fund	Doubleline Core Fixed Income Fund Class I	5,588,034	5,473,112
	Mutual Fund	NYLI Mackay High Yield CBF	2,147,591	2,159,668
	Exchange Traded Fund	I Shares Core International Stock ETF	24,246,891	23,483,602
	Exchange Traded Fund	I Shares Core U.S. Aggregate ETF	10,115,272	9,884,188
	Exchange Traded Fund	Vanguard Real Estate ETF	2,687,426	2,488,272
	Exchange Traded Fund	I Shares Trust I-Shares 5-10 Year Corp Bond ETF	2,495,534	2,473,974
	Limited Partnership	Farallon Capital Management, LLC	4,830	4,830
	Money Market Fund	Allspring Government Money Market Fund	1,413,564	1,413,564
*	Cash	Cash	453	453
<b>Total</b>			<b>\$ 124,749,064</b>	<b>\$ 128,033,280</b>

\*A party in interest as defined by ERISA.

2024 Form 5500 Schedule SB Attachments  
 Schedule SB, Line 32 – Schedule of Amortization Bases  
 Mary Washington Healthcare Defined Benefit Retirement Plan  
 EIN 54-1240646 / PN 001

**Schedule of Shortfall Amortization Bases**

<u>Valuation Date</u>	<u>Years Remaining</u>	<u>Present Value of Any Remaining Installments</u>	<u>Amortization Installment</u>
January 1, 2024	15	\$ (2,554,297)	\$ (232,391)
January 1, 2023	14	\$ 10,928,947	\$ 1,043,089
		\$ 8,374,650	\$ 810,698