

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: SUBURBAN HOSPITAL, INC. 403(B) SAVINGS PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/1998
2a Plan sponsor's name, mailing address, city, state, and ZIP: 8600 OLD GEORGETOWN ROAD, BETHESDA, MD 20814
2b Employer Identification Number (EIN): 52-0610545
2c Plan Sponsor's telephone number: 301-896-3861
2d Business code: 622000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2722
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	2037
	6a(2)	2073
	6b	47
	6c	974
	6d	3094
	6e	16
	6f	3110
	6g(1)	1966
	6g(2)	2286
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2F 2G 2L 2M 2T 3H 3D

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	174728
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	490804

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

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

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

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ UNALLOCATED ANNUITY CONTRACT

b Balance at the end of the previous year **7b** 181663

c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)	7059	
	7c(4)		
	7c(5)	54	
▶ OTHER			

(6) Total additions **7c(6)** 7113

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 188776

e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account	7e(1)	14048	
	7e(2)		
	7e(3)		
	7e(4)		
▶			

(5) Total deductions **7e(5)** 14048

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 174728

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3))		9a(4)
b Benefit charges (1) Claims paid	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2))		9b(3)
(4) Claims charged		9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies	9c(1)(F)	
(G) Other retention charges	9c(1)(G)	
(H) Total retention		9c(1)(H)
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
(2) Claim reserves		9d(2)
(3) Other reserves		9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan SUBURBAN HOSPITAL, INC. 403(B) SAVINGS PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>002</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SUBURBAN HOSPITAL, INC.</p>	<p>D Employer Identification Number (EIN) 52-0610545</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
VARIABLE ANNUITY LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	43669	58780	140	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	373680
5	Current value of plan's interest under this contract in separate accounts at year end.....	2291121
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input checked="" type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 397928
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 9392
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶ TRANSFERS	7c(5) 41537
	(6) Total additions	7c(6) 50929
d	Total of balance and additions (add lines 7b and 7c(6))	7d 448857
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 74665
	(2) Administration charge made by carrier.....	7e(2) 22
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶ TRANSFERS	7e(4) 490
(5) Total deductions	7e(5) 75177	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 373680

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan SUBURBAN HOSPITAL, INC. 403(B) SAVINGS PLAN		B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 SUBURBAN HOSPITAL, INC.		D Employer Identification Number (EIN) 52-0610545	

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

1 Coverage Information:

(a) Name of insurance carrier

METLIFE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	TA069212	2172	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	11702472
5	Current value of plan's interest under this contract in separate accounts at year end.....	
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 14297396
c	Additions: (1) Contributions deposited during the year	7c(1) 714932
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 347531
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶ FORFEITURES, TRANSFERS AND LOAN PAYMENTS	7c(5) 2172494
	(6) Total additions	7c(6) 3234957
d	Total of balance and additions (add lines 7b and 7c(6))	7d 17532353
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 2154232
	(2) Administration charge made by carrier.....	7e(2) 44596
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶ TRANSFERS AND LOANS ISSUED	7e(4) 3631053
(5) Total deductions	7e(5) 5829881	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 11702472

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan SUBURBAN HOSPITAL, INC. 403(B) SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 SUBURBAN HOSPITAL, INC.	D Employer Identification Number (EIN) 52-0610545	

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

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

VOYA RETIREMENT AND ANNUITY CO

71-0294708

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

VARIABLE ANNUITY LIFE INS CO

74-1625348

(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

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)

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(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?
12 15 28 37 38 50 54 59 61 62 63 64 65	RECORDKEEPER	152813	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

NATIONAL FINANCIAL SERVICES

04-3523567

(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?
33 71	SECURITIES BROKER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

CREATIVE PLANNING, LLC

43-1270780

(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?
16 53	BROKER	9368	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)

SB & COMPANY, LLC

20-2153727

(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	14025	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"/>

(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.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY PO BOX 419200 KANSAS CITY, MO 64141	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIDELITY 100 CROSBY PARKWAY COVINGTON, KY 41015	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JANUS 53 STATE STREET-21ST FLOOR SUITE 2104 BOSTON, MA 02109	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MASS MUTUAL 1295 STATE STREET SPRINGFIELD, MA 01111	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SUBURBAN HOSPITAL, INC. 403(B) SAVINGS PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 SUBURBAN HOSPITAL, INC.	D Employer Identification Number (EIN) 52-0610545

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1676979	1801477
(2) Participant contributions	1b(2)		416565
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	2462323	2375267
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	128633474	145106294
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	14876987	12250880
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	147649763	161950483
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	147649763	161950483

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1801477	
(B) Participants.....	2a(1)(B)	10676791	
(C) Others (including rollovers).....	2a(1)(C)	923712	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		13401980
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	182115	
(F) Other.....	2b(1)(F)	363981	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		546096
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	3459969	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3459969
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		12814671
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		30222716

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	15689292	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		15689292
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		56015
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	153296	
(4) IQPA audit fees	2i(4)	14025	
(5) Investment advisory and investment management fees	2i(5)	9368	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		176689
j Total expenses. Add all expense amounts in column (b) and enter total	2j		15921996

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		14300720
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **SB & COMPANY, LLC**

(2) EIN: **20-2153727**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

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

A Name of plan <u>SUBURBAN HOSPITAL, INC. 403(B) SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SUBURBAN HOSPITAL, INC.</u>	D Employer Identification Number (EIN) <u>52-0610545</u>	

Part I	Distributions
---------------	----------------------

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 13-3689044 74-1625348

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3		102
---	--	-----

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500863A.

SUBURBAN HOSPITAL, INC. 403(b) SAVINGS PLAN

**Financial Statements and ERISA-Required Supplemental Schedule
Together with Report of Independent Public Accountants**

As of December 31, 2024 and 2023

SUBURBAN HOSPITAL, INC. 403(b) SAVINGS PLAN

**Financial Statements and ERISA-Required Supplemental Schedule
Together with Report of Independent Public Accountants**

DECEMBER 31, 2024 AND 2023

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Certified Public
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REPORT OF INDEPENDENT PUBLIC ACCOUNTANTS

To the Participants, Plan Administrator, and Pension Investment Review Committee of the Board of Trustees of Suburban Hospital, Inc. 403(b) Savings Plan

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

We have performed audits of the financial statements of the Suburban Hospital, Inc. 403(b) Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by the qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by the institutions 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 *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 controls. 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 audits.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal controls relevant to the audits in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal controls. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters – Supplemental Schedule Required by ERISA

The supplemental schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment



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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 schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

Owings Mills, Maryland
October 7, 2025

SBC Company, LLC

SUBURBAN HOSPITAL, INC. 403(b) SAVINGS PLAN

Statements of Net Assets Available for Benefits As of December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at fair value, participant-directed	\$ 145,106,294	\$ 128,633,472
Investments, at contract value, participant-directed:		
Insurance company annuity contracts	<u>12,250,880</u>	<u>14,876,988</u>
Total investments	<u>157,357,174</u>	<u>143,510,460</u>
Receivables:		
Employer contributions	1,801,477	1,676,979
Participant contributions	416,565	-
Notes receivable from participants	<u>2,375,266</u>	<u>2,462,324</u>
Total receivables	<u>4,593,308</u>	<u>4,139,303</u>
Net Assets Available for Benefits	<u><u>\$ 161,950,482</u></u>	<u><u>\$ 147,649,763</u></u>

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

SUBURBAN HOSPITAL, INC. 403(b) SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2024

ADDITIONS

Investment income:

Net appreciation of investments	\$ 12,810,015
Dividends and interest	3,823,951
Total investment income	<u>16,633,966</u>

Interest income on notes receivable from participants	<u>182,115</u>
---	----------------

Employer contributions	1,801,477
Participant contributions	10,676,791
Rollovers	923,712
Total contributions	<u>13,401,980</u>

Other income

Administrative fee reimbursement	76,968
Total Additions	<u>30,295,029</u>

DEDUCTIONS

Benefits paid to participants	15,745,309
Administrative expenses	249,001
Total Deductions	<u>15,994,310</u>

Net change	14,300,719
Net assets available for benefits, beginning of year	147,649,763
Net Assets Available for Benefits, End of Year	<u>\$ 161,950,482</u>

The accompanying notes are an integral part of this financial statement.

SUBURBAN HOSPITAL, INC. 403(b) SAVINGS PLAN

Notes to the Financial Statements December 31, 2024 and 2023

1. DESCRIPTION OF THE PLAN

The following brief description of the Suburban Hospital, Inc. 403(b) Savings Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution 403(b) plan which provides retirement, death and disability benefits for employees of Suburban Hospital (the Hospital). Participating employers include Suburban Foundation and Suburban Physician's Assistant Associates. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was most recently amended and restated on July 1, 2020.

Recent Legislation

The Setting Every Community Up for Retirement Enhancement (SECURE) Act 2.0 was signed into the 2023 Consolidations Appropriations Act under the Securing a Strong Retirement Act on December 29, 2022, with retirement provisions designed to increase retirement savings, facilitate access to retirement savings, encourage employees to save for retirement, and lower employers' cost of offering and funding retirement plans. The Plan's management and those charged with governance have a policy to incorporate these legislative changes in its Plan document by the prescribed deadlines.

Contributions

Eligible employees may elect to contribute through regular payroll deductions from 1% to 100% of their annual pre-tax compensation subject to Internal Revenue Code limitations. The Hospital makes employer matching contributions equal to 50% of the first 4% of employee contributions to the Plan, to the extent they have not exceeded 2% of compensation, for each participant who completes 1,000 hours of service during the Plan year and is employed on the last day of the Plan year (with the exception of termination of employment on account of death, disability or retirement).

Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also rollover distributions from other qualified plans, as defined by the Plan document.

Eligible employees may make in-service transfers from the Plan to another section 403(b) plan of another controlled group employer, as defined in the Plan document.

SUBURBAN HOSPITAL, INC. 403(b) SAVINGS PLAN

Notes to the Financial Statements December 31, 2024 and 2023

1. DESCRIPTION OF THE PLAN (continued)

Contributions (continued)

Upon enrollment, a participant may direct contributions into any of the Plan's investment options. Participants may change their investment options for future contributions as well as transfer existing account balances within the Plan's investment options at any time.

Participant Accounts

Each participant's account is credited with the participant's contribution, allocations of the Hospital's contribution and Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings, account balances, or specific transactions as defined. The participant is entitled to a benefit that cannot exceed their vested account.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in matching contributions is based on the following schedule.

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 3	0%
3 or more	100%

Payment of Benefits

Upon termination of service, a participant will receive a lump sum amount equal to the value of the participant's vested interest in his or her account. The Plan offers single, installment and partial cash payment options.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Notes are secured by the balance in the participants accounts. Note repayments are made by check or payroll deduction. Notes bear interest at prime rate plus 1%.

SUBURBAN HOSPITAL, INC. 403(b) SAVINGS PLAN

Notes to the Financial Statements December 31, 2024 and 2023

1. DESCRIPTION OF THE PLAN (continued)

Forfeited Accounts

Forfeitures represent the non-vested portion of a terminated participant's matching contributions. These amounts are used to reduce future employer contributions to the Plan. During the year ended December 31, 2024, \$21,233 were used to offset employer contributions. As of December 31, 2024 and 2023, the unused forfeiture balance was \$44,803 and \$25,454, respectively.

Plan Termination

Although it has not expressed any intent to do so, the Hospital has the right to discontinue its contributions and to terminate the Plan subject to the provisions of ERISA. If the Plan is terminated, all participants would become 100% vested in their accounts.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity 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, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are stated at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians, and insurance companies. See Note 4 for discussion of fair value measurements. See Note 5 for discussion of fully benefit-responsive investment contracts.

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/(depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

SUBURBAN HOSPITAL, INC. 403(b) SAVINGS PLAN

Notes to the Financial Statements December 31, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document; thus, no allowance for doubtful accounts has been recorded as of December 31, 2024 and 2023.

Contributions

Employee contributions are recorded in the period that the Hospital makes payroll deductions from the participant's earnings. The Hospital's matching contributions are recorded in the period in which they are earned and are typically funded after year-end.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Hospital. Expenses that are paid by the Hospital are excluded from these financial statements. Fees related to the administration of notes receivable from participants and benefit payments are charged directly to the participant's account balance and are included in administrative expenses. Investment related expenses are included in the net appreciation/(depreciation) of fair value of investments.

The Plan has an administrative budget account. Periodically, certain revenue sharing payments (e.g., 12b-1 fees, etc.) received from certain of the Plan's investment options are deposited into a dedicated administrative budget account in the Plan. Revenue sharing payments are reported as Administrative Fee Reimbursement in the statement of changes in net assets available for benefits. Amounts deposited in the administrative budget account may be used to pay on-going administrative expenses of the Plan or reallocated to participant accounts in accordance with ERISA and guidance issued by the U.S. Department of Labor. During the year ended December 31, 2024, \$78,636 was deposited into the dedicated account, and \$76,436 was used to pay for administrative expenses. As of December 31, 2024 and 2023, the dedicated account balance was \$138,966 and \$136,766, respectively.

Payment of Benefits

Benefit payments to participants are recorded when paid.

SUBURBAN HOSPITAL, INC. 403(b) SAVINGS PLAN

Notes to the Financial Statements December 31, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Subsequent Events

The Plan's management evaluated subsequent events and transactions through October 7, 2025, the date these financial statements were available for issue, and have determined that no material subsequent events have occurred that would affect the information presented or require additional disclosure.

3. CERTIFIED INVESTMENTS

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA required supplemental schedule, including investments and notes receivable from participants held as of December 31, 2024 and 2023, and net appreciation/(depreciation) in fair value of investments, interest and dividends and interest income on notes receivable from participants for the year ended December 31, 2024, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by State Street Bank and Trust Company, the Variable Annuity Life Insurance Company (VALIC), and VOYA Retirement Insurance and Annuity Company (VOYA), the custodians of the Plan.

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 are described below:

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

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets 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; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

SUBURBAN HOSPITAL, INC. 403(b) SAVINGS PLAN

Notes to the Financial Statements December 31, 2024 and 2023

4. FAIR VALUE MEASUREMENTS (continued)

The asset's 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.

The following is a description of the valuation methodologies used for investments measured at fair value.

Mutual funds and money market 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 Securities and Exchange Commission (SEC). These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded and are reported at Level 1.

Separate accounts: Valued at NAV of units held. The net asset value is determined using inputs that are derived principally from the underlying assets which are traded in active markets. As such, the separate accounts are reported at Level 2.

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

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds and money market funds	\$ 142,324,370	\$ -	\$ -	\$ 142,324,370
Separate accounts	-	2,781,924	-	2,781,924
Investments at fair value	<u>\$ 142,324,370</u>	<u>\$ 2,781,924</u>	<u>\$ -</u>	<u>\$ 145,106,294</u>

	December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds and money market funds	\$ 126,026,278	\$ -	\$ -	\$ 126,026,278
Separate accounts	-	2,607,194	-	2,607,194
Investments at fair value	<u>\$ 126,026,278</u>	<u>\$ 2,607,194</u>	<u>\$ -</u>	<u>\$ 128,633,472</u>

5. INSURANCE COMPANY ANNUITY CONTRACTS

The Plan entered into traditional fully benefit-responsive guaranteed investment contracts with certain insurance companies. Metropolitan Life Insurance Company (MetLife), VALIC, and VOYA are the service agents for these contracts. The portfolio of the contracts is maintained separately from the custodians' general assets. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals, and administrative expenses.

SUBURBAN HOSPITAL, INC. 403(b) SAVINGS PLAN

Notes to the Financial Statements December 31, 2024 and 2023

5. INSURANCE COMPANY ANNUITY CONTRACTS (continued)

The guaranteed investment contract issuers are contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than the following:

Contract Issuer	Minimum Interest Rate
MetLife	1.27%
VALIC	<ul style="list-style-type: none">• 1% during accumulation period• 1.5% during annuity period
VOYA	<ul style="list-style-type: none">• 4% for the Fixed Account• 3% for the Fixed Plus Account• 4% for the Long-Term GAA

The crediting rates are reviewed on a periodic basis for resetting. The contracts cannot be terminated before the scheduled maturity date.

These contracts meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan.

Contract value represents contributions made under each contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuers. These events may be different under each contract. Such events include the following:

1. Amendments to the Plan documents (including complete or partial Plan termination or merger with another Plan);
2. Changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions;
3. Bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan;
4. The failure of the trust to qualify for exemption from Federal income taxes or any required prohibited transaction exemption under ERISA; and/or
5. Premature termination of the contract.

SUBURBAN HOSPITAL, INC. 403(b) SAVINGS PLAN

Notes to the Financial Statements December 31, 2024 and 2023

5. INSURANCE COMPANY ANNUITY CONTRACTS (continued)

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines;
2. A breach of material obligation under the contract;
3. A material misrepresentation; and/or
4. A material amendment to the agreements without the consent of the issuer.

There are no reserves against contract value for credit risk of the contract issuers or otherwise. The contract value of the insurance company annuity contracts as of December 31, 2024 and 2023, was \$12,250,880 and \$14,876,988, respectively.

6. RELATED-PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

Transamerica Retirement Solutions, LLC, is the record-keeper of the Plan, as well as VOYA, and VALIC, are the custodians of the Plan, and therefore, these transactions qualify as party-in-interest transactions.

7. TAX STATUS

The Plan has adopted a pre-approved plan document that has received an opinion letter from the Internal Revenue Service dated March 31, 2017, stating that the form of the pre-approved plan document was in compliance with applicable requirements of the Internal Revenue Code (IRC). Although, the Plan has been amended since adopting the pre-approved plan document, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and, therefore, believes that the Plan is qualified.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2021.

SUBURBAN HOSPITAL, INC. 403(b) SAVINGS PLAN

Notes to the Financial Statements December 31, 2024 and 2023

8. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate risk, market risk and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such change could materially affect participants' account balances and the amount reported in the statements of net assets available for benefits.

SUPPLEMENTAL SCHEDULE

SUBURBAN HOSPITAL, INC. 403(b) SAVINGS PLAN

Schedule H, Line 4i – Schedule of Assets (Held At End of Year) As of December 31, 2024

EIN: 52-0610545

Plan Number: 002

(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Current Value	
Insurance Company Annuity Contracts			
Metlife	MetLife Guaranteed Account	\$ 11,702,472	
* Voya	Voya Fixed Account	164,591	
* Voya	Voya Long-Term GAA	10,137	
* VALIC	Fixed Account Plus	373,680	
Insurance Company Annuity Contracts Total			12,250,880
Money Market Funds			
American Century	American Century U.S. Government Money Market	183,769	
Vanguard	Vanguard Federal Money Market	2,425,143	
Money Market Funds Total			2,608,912
Mutual Funds			
American Beacon	American Century Equity Income R5		
American Century	American Century One Choice 2025 Institutional	10,439,980	
American Century	American Century One Choice 2030 Institutional	10,218,365	
American Century	American Century One Choice 2035 Institutional	11,351,073	
American Century	American Century One Choice 2040 Institutional	9,735,758	
American Century	American Century One Choice 2045 Institutional	7,051,354	
American Century	American Century One Choice 2050 Institutional	5,891,357	
American Century	American Century One Choice 2055 Institutional	4,042,069	
American Century	American Century One Choice 2060 Institutional	1,664,435	
American Century	American Century One Choice 2065 Institutional	180,156	
American Century	American Century One Choice Income Retirement Institutional	9,068,426	
American Funds	American Funds EuroPacific Growth R6	2,272,320	
American Funds	American Funds New World R6	1,332,130	
BlackRock	iShares MSCI International Index K	3,479,933	
BlackRock	iShares Russell Mid Cap Index K	2,190,560	
BlackRock	iShares U.S. Aggregate Bond Index K	7,379,904	
Fidelity	Fidelity Contrafund K6	10,933,080	
Fidelity	Fidelity Small Cap Value	1,772,446	
Janus Henderson	Janus Henderson Triton T	1,743,334	
John Hancock	John Hancock Disciplined Value Mid Cap R6	1,628,678	
MassMutual	MassMutual Select Mid Cap Growth Equity II R5	1,773,334	
PIMCO	PIMCO All Asset Institutional	294,745	
PIMCO	PIMCO Income A	7,412,507	
Putnam	Putnam Large Cap Value R6	6,712,482	
Vanguard	Vanguard Institutional Index Installment Plus	17,505,319	
Vanguard	Vanguard Small Cap Index Inst	3,641,713	
Mutual Funds Total			139,715,458

SUBURBAN HOSPITAL, INC. 403(b) SAVINGS PLAN

**Schedule H, Line 4i – Schedule of Assets (Held At End of Year) (continued)
As of December 31, 2024**

**EIN: 52-0610545
Plan Number: 002**

(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Current Value	
Separate Accounts			
* Voya	Voya Growth and Income Portfolio I	\$ 70,074	
* Voya	Voya Government Money Market Portfolio I	285	
* Voya	Voya Intermediate Bond Portfolio I	5,037	
* Voya	Voya Balanced Income Portfolio	897	
* Voya	Voya Index Plus Large Cap Value Portfolio I	29,785	
* Voya	Voya Index Plus MidCap Portfolio I	129	
* Voya	Voya Small Cap Opportunities Part I	2,805	
* Voya	Voya MidCap Opportunities Port I	387	
Calvert	Calvert VP SRI Balanced Portfolio	4,089	
Fidelity	Fidelity VIP Equity-Income Portfolio I	13,342	
Fidelity	Fidelity VIP Growth Portfolio I	46,834	
* Voya	VY T. Rowe Price Growth Equity Port I	1,884	
Fidelity	Fidelity VIP Contrafund Port I	43,371	
OppenheimerFunds	Invesco Oppenheimer Developing Markets Fund A	2,614	
* Voya	Voya Global Bond Port I	9,496	
* Voya	VY Global High Dividend Low Volatility Portfolio	7,229	
* Voya	VY Baron Growth Port Service	626	
* Voya	VY T.Rowe Price Diversified MidCap Growth Pt I	100,917	
* Voya	VY Invesco Equity and Income Port I	4,043	
American Funds	American Funds Growth Fund R4	40,048	
American Funds	American Funds EuroPacific R4	1,224	
* Voya	Voya Large Cap Growth Portfolio Institutional	26,954	
* Voya	VY Invesco Growth & Income Portfolio	937	
American Funds	American Funds New Perspective R4	5,295	
American Funds	American Funds Wash Mutual R4	7,112	
Wagner	Wanger Acorn	12,165	
OppenheimerFunds	Invesco Oppenheimer VI Main Street Small Cap Fund I	4,432	
* Voya	VY Clarion Real Estate Portfolio Service	304	
* Voya	Voya Large Cap Value Portfolio Institutional	3,226	
* Voya	Voya International High Dividend Low Volatility Fund	43	
* Voya	Voya Global Insights Portfolio Institutional	45,220	
* VALIC	VALIC Company II Aggressive Growth Lifestyle Fund	16,342	
Ariel Investments	Ariel Appreciation Fund	59,674	
Ariel Investments	Ariel Fund	78,329	

SUBURBAN HOSPITAL, INC. 403(b) SAVINGS PLAN

**Schedule H, Line 4i – Schedule of Assets (Held At End of Year) (continued)
As of December 31, 2024**

**EIN: 52-0610545
Plan Number: 002**

(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value		Current Value
Separate Accounts (continued)			
	Invesco Risk Commodity Strategy R5	\$	493
* VALIC	VALIC Company I Capital Appreciation Fund		372
* VALIC	VALIC Company II Core Bond Fund		14,134
* VALIC	VALIC Company I Dividend Value Fund		238
* VALIC	VALIC Company I Emerging Economies Fund		8,123
* VALIC	VALIC Company I International Value Fund		17,305
* VALIC	VALIC Company I Global Real Estate Fund		474
* VALIC	VALIC Company I Global Socially Responsible Fund		1,614
* VALIC	VALIC Company I Global Strategy		33,634
* VALIC	VALIC Company I Government Securities Fund		78
* VALIC	VALIC Company I Systematic Core Fund		9,798
* VALIC	VALIC Company I Growth Fund		243,118
* VALIC	VALIC Company II High Yield Bond Fund		3,378
* VALIC	VALIC Company I Inflation Protected Fund		9,395
* VALIC	VALIC Company I International Equities Fund		2,422
* VALIC	VALIC Company I International Government Bond		6,262
* VALIC	VALIC Company I International Growth Fund		936
* VALIC	VALIC Company I International Opportunities		6,607
* VALIC	VALIC Company I Large Capital Growth		182,550
* VALIC	VALIC Company I Mid Cap Index Fund		17,820
* VALIC	VALIC Company I Mid Cap Strategic Growth		120,914
* VALIC	VALIC Company I Mid Cap Value Fund		17,193
* VALIC	Goldman Sachs Variable Insurance Trust Money Market Fund		6,146
* VALIC	VALIC Company I Nasdaq-100 -R Index Fund		5,577
* VALIC	VALIC Company I Science & Technology Fund		594,066
* VALIC	VALIC Company II Small Cap Growth Fund		33,954
* VALIC	VALIC Company I Small Cap Index Fund		21,037
* VALIC	VALIC Company I Small Cap Special Value Fund		43,978
* VALIC	VALIC Company II Small Cap Value Fund		9,651
* VALIC	VALIC Company II International Socially Responsible Fund		28,135
* VALIC	VALIC Company I Stock Index Fund		84,372
* VALIC	VALIC Company I Systematic Growth Fund		117
* VALIC	VALIC Systematic Value Fund		22,024

SUBURBAN HOSPITAL, INC. 403(b) SAVINGS PLAN

**Schedule H, Line 4i – Schedule of Assets (Held At End of Year) (continued)
As of December 31, 2024**

**EIN: 52-0610545
Plan Number: 002**

(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value		Current Value
Separate Accounts (continued)			
Vanguard	Vanguard Lifestrategy Moderate Growth Fund Investor Shares		\$ 162,915
Vanguard	Vanguard Long-Term Treasury Fund Investor Shares		48,432
Vanguard	Vanguard LT Investment-Grade Fund Investor Shares		14,258
Vanguard	Vanguard Wellington Fund, Investor Shares		191,851
Vanguard	Vanguard Windsor II Fund Investor Shares		173,404
Separate Accounts Total			2,781,924
Notes Receivable from Participants			
* Participants	Notes Receivable from Participants**		2,375,266
Total Investments			\$ 159,732,440

Note: Historical cost has been omitted as all investments are participant-directed.

* Party-in-interest as defined by ERISA

** Interest rates range from 4.25% to 9.50%; maturity dates through 2034.

Schedule C, Line 2(h) Formula Descriptions

Suburban Hospital Inc. 403(b) Savings Plan

EIN No.: 52-0610545, Plan No. 002

Plan Year Ending: 12/31/2024

Indirect Compensation in the form of revenue sharing was paid to the following Service Providers:

NATIONAL FINANCIAL SERVICES

04-3523567

Revenue amounts are shown in annualized basis points of plan assets invested in applicable fund

Fund Family	Fund Name	Start Date	End Date	Revenue to National Financial Services
AMERICAN CENTURY	AMERICAN CENTURY EQUITY INCOME R5	1/1/2024	7/25/2024	0.495
AMERICAN CENTURY	AMERICAN CENTURY ONE CHOICE 2025 I	1/1/2024	12/31/2024	0.495
AMERICAN CENTURY	AMERICAN CENTURY ONE CHOICE 2030 I	1/1/2024	12/31/2024	0.495
AMERICAN CENTURY	AMERICAN CENTURY ONE CHOICE 2035 I	1/1/2024	12/31/2024	0.495
AMERICAN CENTURY	AMERICAN CENTURY ONE CHOICE 2040 I	1/1/2024	12/31/2024	0.495
AMERICAN CENTURY	AMERICAN CENTURY ONE CHOICE 2045 I	1/1/2024	12/31/2024	0.495
AMERICAN CENTURY	AMERICAN CENTURY ONE CHOICE 2050 I	1/1/2024	12/31/2024	0.495
AMERICAN CENTURY	AMERICAN CENTURY ONE CHOICE 2055 I	1/1/2024	12/31/2024	0.495
AMERICAN CENTURY	AMERICAN CENTURY ONE CHOICE 2060 I	1/1/2024	12/31/2024	0.495
AMERICAN CENTURY	AMERICAN CENTURY ONE CHOICE 2065 I	1/1/2024	12/31/2024	0.495
AMERICAN CENTURY	AMERICAN CENTURY ONE CHOICE INCOME I	1/1/2024	12/31/2024	0.495
FIDELITY	FIDELITY SMALL CAP VALUE	1/1/2024	12/31/2024	0.825
JANUS	JANUS HENDERSON TRITON T	1/1/2024	12/31/2024	1.155
MASS MUTUAL	MASSMUTUAL MID CAP GROWTH R5	1/1/2024	12/31/2024	0.495
PIMCO	PIMCO INCOME FUND A	1/1/2024	12/31/2024	1.485

SUBURBAN HOSPITAL, INC. 403(b) SAVINGS PLAN

Schedule H, Line 4i – Schedule of Assets (Held At End of Year) As of December 31, 2024

EIN: 52-0610545

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(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Current Value	
Insurance Company Annuity Contracts			
Metlife	MetLife Guaranteed Account	\$ 11,702,472	
* Voya	Voya Fixed Account	164,591	
* Voya	Voya Long-Term GAA	10,137	
* VALIC	Fixed Account Plus	373,680	
Insurance Company Annuity Contracts Total			12,250,880
Money Market Funds			
American Century	American Century U.S. Government Money Market	183,769	
Vanguard	Vanguard Federal Money Market	2,425,143	
Money Market Funds Total			2,608,912
Mutual Funds			
American Beacon	American Century Equity Income R5		
American Century	American Century One Choice 2025 Institutional	10,439,980	
American Century	American Century One Choice 2030 Institutional	10,218,365	
American Century	American Century One Choice 2035 Institutional	11,351,073	
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American Century	American Century One Choice 2065 Institutional	180,156	
American Century	American Century One Choice Income Retirement Institutional	9,068,426	
American Funds	American Funds EuroPacific Growth R6	2,272,320	
American Funds	American Funds New World R6	1,332,130	
BlackRock	iShares MSCI International Index K	3,479,933	
BlackRock	iShares Russell Mid Cap Index K	2,190,560	
BlackRock	iShares U.S. Aggregate Bond Index K	7,379,904	
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Fidelity	Fidelity Small Cap Value	1,772,446	
Janus Henderson	Janus Henderson Triton T	1,743,334	
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PIMCO	PIMCO Income A	7,412,507	
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Vanguard	Vanguard Institutional Index Installment Plus	17,505,319	
Vanguard	Vanguard Small Cap Index Inst	3,641,713	
Mutual Funds Total			139,715,458

SUBURBAN HOSPITAL, INC. 403(b) SAVINGS PLAN

**Schedule H, Line 4i – Schedule of Assets (Held At End of Year) (continued)
As of December 31, 2024**

**EIN: 52-0610545
Plan Number: 002**

(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Current Value	
Separate Accounts			
* Voya	Voya Growth and Income Portfolio I	\$ 70,074	
* Voya	Voya Government Money Market Portfolio I	285	
* Voya	Voya Intermediate Bond Portfolio I	5,037	
* Voya	Voya Balanced Income Portfolio	897	
* Voya	Voya Index Plus Large Cap Value Portfolio I	29,785	
* Voya	Voya Index Plus MidCap Portfolio I	129	
* Voya	Voya Small Cap Opportunities Part I	2,805	
* Voya	Voya MidCap Opportunities Port I	387	
Calvert	Calvert VP SRI Balanced Portfolio	4,089	
Fidelity	Fidelity VIP Equity-Income Portfolio I	13,342	
Fidelity	Fidelity VIP Growth Portfolio I	46,834	
* Voya	VY T. Rowe Price Growth Equity Port I	1,884	
Fidelity	Fidelity VIP Contrafund Port I	43,371	
OppenheimerFunds	Invesco Oppenheimer Developing Markets Fund A	2,614	
* Voya	Voya Global Bond Port I	9,496	
* Voya	VY Global High Dividend Low Volatility Portfolio	7,229	
* Voya	VY Baron Growth Port Service	626	
* Voya	VY T.Rowe Price Diversified MidCap Growth Pt I	100,917	
* Voya	VY Invesco Equity and Income Port I	4,043	
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American Funds	American Funds EuroPacific R4	1,224	
* Voya	Voya Large Cap Growth Portfolio Institutional	26,954	
* Voya	VY Invesco Growth & Income Portfolio	937	
American Funds	American Funds New Perspective R4	5,295	
American Funds	American Funds Wash Mutual R4	7,112	
Wagner	Wanger Acorn	12,165	
OppenheimerFunds	Invesco Oppenheimer VI Main Street Small Cap Fund I	4,432	
* Voya	VY Clarion Real Estate Portfolio Service	304	
* Voya	Voya Large Cap Value Portfolio Institutional	3,226	
* Voya	Voya International High Dividend Low Volatility Fund	43	
* Voya	Voya Global Insights Portfolio Institutional	45,220	
* VALIC	VALIC Company II Aggressive Growth Lifestyle Fund	16,342	
Ariel Investments	Ariel Appreciation Fund	59,674	
Ariel Investments	Ariel Fund	78,329	

SUBURBAN HOSPITAL, INC. 403(b) SAVINGS PLAN

**Schedule H, Line 4i – Schedule of Assets (Held At End of Year) (continued)
As of December 31, 2024**

**EIN: 52-0610545
Plan Number: 002**

(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value		Current Value
Separate Accounts (continued)			
	Invesco Risk Commodity Strategy R5	\$	493
* VALIC	VALIC Company I Capital Appreciation Fund		372
* VALIC	VALIC Company II Core Bond Fund		14,134
* VALIC	VALIC Company I Dividend Value Fund		238
* VALIC	VALIC Company I Emerging Economies Fund		8,123
* VALIC	VALIC Company I International Value Fund		17,305
* VALIC	VALIC Company I Global Real Estate Fund		474
* VALIC	VALIC Company I Global Socially Responsible Fund		1,614
* VALIC	VALIC Company I Global Strategy		33,634
* VALIC	VALIC Company I Government Securities Fund		78
* VALIC	VALIC Company I Systematic Core Fund		9,798
* VALIC	VALIC Company I Growth Fund		243,118
* VALIC	VALIC Company II High Yield Bond Fund		3,378
* VALIC	VALIC Company I Inflation Protected Fund		9,395
* VALIC	VALIC Company I International Equities Fund		2,422
* VALIC	VALIC Company I International Government Bond		6,262
* VALIC	VALIC Company I International Growth Fund		936
* VALIC	VALIC Company I International Opportunities		6,607
* VALIC	VALIC Company I Large Capital Growth		182,550
* VALIC	VALIC Company I Mid Cap Index Fund		17,820
* VALIC	VALIC Company I Mid Cap Strategic Growth		120,914
* VALIC	VALIC Company I Mid Cap Value Fund		17,193
* VALIC	Goldman Sachs Variable Insurance Trust Money Market Fund		6,146
* VALIC	VALIC Company I Nasdaq-100 -R Index Fund		5,577
* VALIC	VALIC Company I Science & Technology Fund		594,066
* VALIC	VALIC Company II Small Cap Growth Fund		33,954
* VALIC	VALIC Company I Small Cap Index Fund		21,037
* VALIC	VALIC Company I Small Cap Special Value Fund		43,978
* VALIC	VALIC Company II Small Cap Value Fund		9,651
* VALIC	VALIC Company II International Socially Responsible Fund		28,135
* VALIC	VALIC Company I Stock Index Fund		84,372
* VALIC	VALIC Company I Systematic Growth Fund		117
* VALIC	VALIC Systematic Value Fund		22,024

SUBURBAN HOSPITAL, INC. 403(b) SAVINGS PLAN

**Schedule H, Line 4i – Schedule of Assets (Held At End of Year) (continued)
As of December 31, 2024**

**EIN: 52-0610545
Plan Number: 002**

(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value		Current Value
Separate Accounts (continued)			
Vanguard	Vanguard Lifestrategy Moderate Growth Fund Investor Shares		\$ 162,915
Vanguard	Vanguard Long-Term Treasury Fund Investor Shares		48,432
Vanguard	Vanguard LT Investment-Grade Fund Investor Shares		14,258
Vanguard	Vanguard Wellington Fund, Investor Shares		191,851
Vanguard	Vanguard Windsor II Fund Investor Shares		173,404
Separate Accounts Total			2,781,924
Notes Receivable from Participants			
* Participants	Notes Receivable from Participants**		2,375,266
Total Investments			\$ 159,732,440

Note: Historical cost has been omitted as all investments are participant-directed.

* Party-in-interest as defined by ERISA

** Interest rates range from 4.25% to 9.50%; maturity dates through 2034.