

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>LUMINIS HEALTH RETIREMENT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>003</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER, INC.</u></p> <p><u>1997 ANNAPOLIS EXCHANGE PKWY SUITE</u> <u>ANNAPOLIS, MD 21401-2777</u></p>	<p>1c Effective date of plan <u>07/01/1983</u></p> <p>2b Employer Identification Number (EIN) <u>52-1169362</u></p> <p>2c Plan Sponsor's telephone number <u>443-481-1962</u></p> <p>2d Business code (see instructions) <u>622000</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	AMY BEALES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	10098
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)	5862
	6a(2)	5918
	6b	110
	6c	4218
	6d	10246
	6e	0
	6f	10246
	6g(1)	9626
6g(2)	10055	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply)	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>2</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 checked="" 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 _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: 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: 24pt;">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 LUMINIS HEALTH RETIREMENT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>003</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER, INC.</p>	<p>D Employer Identification Number (EIN) 52-1169362</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
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(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
84-0467907	7692	86204-04	1848	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

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	(c) Amount	(d) Purpose	

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(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	10487473
5	Current value of plan's interest under this contract in separate accounts at year end.....	0
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 type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ GROUP ANNUITY CONTRACT	
b	Balance at the end of the previous year	7b 10002399
c	Additions: (1) Contributions deposited during the year	7c(1) 751339
	(2) Dividends and credits.....	7c(2) 217709
	(3) Interest credited during the year.....	7c(3) 181748
	(4) Transferred from separate account	7c(4) 5663376
	(5) Other (specify below)..... ▶ LOAN PAYMENTS	7c(5) 61167
	(6) Total additions	7c(6) 6875339
d	Total of balance and additions (add lines 7b and 7c(6))	7d 16877738
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 2174099
	(2) Administration charge made by carrier.....	7e(2) 0
	(3) Transferred to separate account	7e(3) 4216166
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 6390265	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 10487473

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)	0
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)	0
(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)		0
(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 LUMINIS HEALTH RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER, INC.	D Employer Identification Number (EIN) 52-1169362

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
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(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
84-0467907	7692	86204-01	1220	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	

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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	

(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	10922322
5	Current value of plan's interest under this contract in separate accounts at year end.....	48508268
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 type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ GROUP ANNUITY CONTRACT	
b	Balance at the end of the previous year	7b 11559078
c	Additions: (1) Contributions deposited during the year	7c(1) 0
	(2) Dividends and credits.....	7c(2) 107145
	(3) Interest credited during the year.....	7c(3) 343265
	(4) Transferred from separate account	7c(4) 1192342
	(5) Other (specify below)..... ▶	7c(5) 0
	(6) Total additions	7c(6) 1642752
d	Total of balance and additions (add lines 7b and 7c(6))	7d 13201830
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 1477694
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3) 801814
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 2279508	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 10922322

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)		0
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)		0
	(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)		0
	(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 LUMINIS HEALTH RETIREMENT PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER, INC.	D Employer Identification Number (EIN) 52-1169362	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

EMPOWER ADVISORY GROUP, LLC

8515 E. ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	258085	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)

EMPOWER ANNUITY INSURANCE COMPANY

OF AMERICA
8515 E. ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	69705	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

SC&H ATTEST SERVICES, PC

52-1743645

(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	AUDITOR	8000	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)

HOLDER LAW GROUP, LLP

20-1537593

(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?
29	LEGAL	1880	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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<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 <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>LUMINIS HEALTH RETIREMENT PLAN</u>	B Three-digit plan number (PN) <u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER, INC.</u>	D Employer Identification Number (EIN) <u>52-1169362</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FUTURE FUNDS SERIES ACCOUNT II</u>		
b Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA</u>		
c EIN-PN <u>84-0467907-003</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>48508268</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan LUMINIS HEALTH RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER, INC.	D Employer Identification Number (EIN) 52-1169362

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	5643982	6720874
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	47884940	48508268
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	338811166	385688297
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	21561477	21409794
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	413901565	462327233
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	413901565	462327233

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)	0	
(B) Participants.....	2a(1)(B)	40194989	
(C) Others (including rollovers).....	2a(1)(C)	4146603	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		44341592
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	486921	
(F) Other.....	2b(1)(F)	525013	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1011934
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	40728692	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		40728692
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(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)	0	
(B) Other.....	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		6914705
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-2471384
c Other income	2c		474142
d Total income. Add all income amounts in column (b) and enter total	2d		90999681

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	41647677	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		41647677
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		588666
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	69705	
(4) IQPA audit fees	2i(4)	8000	
(5) Investment advisory and investment management fees	2i(5)	258085	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	1880	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		337670
j Total expenses. Add all expense amounts in column (b) and enter total	2j		42574013

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		48425668
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: **SC&H ATTEST SERVICES, P.C.**

(2) EIN: **52-1743645**

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		2000000
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.			

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.
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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 <u>LUMINIS HEALTH RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER, INC.</u>	D Employer Identification Number (EIN) <u>52-1169362</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): 20-3691708 84-0467907

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	
---	--

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 ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

LUMINIS HEALTH RETIREMENT PLAN

**Financial Statements
Together with Independent Auditors' Report**

For the Years Ended December 31, 2024 and 2023



INDEPENDENT AUDITORS' REPORT

To the Luminis Health Retirement Plan
and its Participants:

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

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

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

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023, and for the years then ended, 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report —

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with auditing standards generally accepted in the United States of America, we:

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

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

Our audits did not extend to the certified investment information, except for obtaining and reading the 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 audit, significant audit findings, and certain internal control-related matters that we identified during the audits.

Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024 is presented for the purpose 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 information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. 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 qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

SC + H Attest Services, P.C.

Sparks, MD
October 13, 2025

LUMINIS HEALTH RETIREMENT PLAN

Statements of Net Assets Available for Benefits

<i>As of December 31,</i>	<i>2024</i>	<i>2023</i>
Assets		
Investments		
Investments, at fair value	\$ 434,249,809	\$ 386,750,063
Investments, at contract value	21,356,550	21,507,520
Total Investments	455,606,359	408,257,583
Receivables		
Notes receivable from participants	6,720,874	5,643,982
Total Assets	462,327,233	413,901,565
Liabilities	-	-
Net Assets Available for Benefits	\$ 462,327,233	\$ 413,901,565

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

LUMINIS HEALTH RETIREMENT PLAN

Statements of Changes in Net Assets Available for Benefits

<i>For the Years Ended December 31,</i>	<i>2024</i>	<i>2023</i>
Changes in Net Assets Available for Benefits Attributable to:		
Contributions		
Participants	\$ 40,194,989	\$ 38,001,278
Other	-	2,824
Rollovers	4,146,603	5,456,593
Total Contributions	44,341,592	43,460,695
Investment Income		
Interest and dividends	41,253,705	27,506,510
Net appreciation in fair value of investments	4,917,463	26,425,044
Total Investment Income	46,171,168	53,931,554
Interest Income on Notes Receivable from Participants	486,921	364,702
Benefits Paid to Participants	(42,236,343)	(39,134,373)
Administrative Expenses	(337,670)	(380,680)
Net Increase in Net Assets Available for Benefits	48,425,668	58,241,898
Net Assets Available for Benefits:		
Beginning of Year	413,901,565	355,659,667
End of Year	\$ 462,327,233	\$ 413,901,565

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

LUMINIS HEALTH RETIREMENT PLAN

Notes to the Financial Statements For the Years Ended December 31, 2024 and 2023

1. DESCRIPTION OF THE PLAN

The following description of the Luminis Health Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established by Anne Arundel Medical Center, Inc. (the Company) effective July 1, 1983. All common law employees of the Company, in accordance with universal availability requirements, are eligible to participate in the Plan immediately upon commencement of employment. Effective January 1, 2022, the Plan was amended to change the name of the Plan to Luminis Health Retirement Plan and the name of the Plan sponsor to Luminis Health Anne Arundel Medical Center, Inc. The Plan was also amended to exclude eligibility into the Plan for those that make elective deferrals under a 401(k) or 403(b) plan sponsored by another employer in the controlled group and to exclude leased employees and independent contractors.

Participant contributions are made into the Plan, and the Company's related matching contributions are deposited into the Luminis Health Retirement Plan (Employer Contributions), formerly the Anne Arundel Medical Center Employees' Thrift Plan. As such, Company matching contributions are not assets of this Plan and are not reflected in the accompanying financial statements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective March 28, 2022, the Plan was amended to merge the Doctors Community Hospital Tax Deferred Savings Plan into the Plan and allow Luminis Health Doctors Community Medical Center, Inc. to become a participating employer in the Plan.

Participant Contributions

Under the terms of the Plan, an employee may contribute by making pre-tax contributions up to 90% of their compensation, as defined by the Plan, not to exceed the maximum allowable contribution under the Internal Revenue Code (the Code), which totaled \$23,000 and \$22,500 during the years ended December 31, 2024 and 2023, respectively. Participants are permitted to make Roth elective contributions to the Plan. The participants' Roth elective contributions are allocated to a separate account maintained for such contributions. Roth elective contributions are treated as elective contributions for all purposes under the Plan. Participants who have attained age 50 before the end of the Plan year may make additional catch-up contributions, subject to limitations imposed by the Code, which totaled \$7,500 during each of the years ended December 31, 2024 and 2023. Participants direct the investment of their contributions into various investment options offered by the Plan. Participants are permitted to roll over funds from other qualified plans into the Plan.

The Plan has an automatic enrollment feature whereby employees are automatically enrolled in the Plan on the second pay date following 30 days of employment at a contribution level of 6% of pre-tax annual compensation, unless they elect not to contribute or contribute a different amount.

LUMINIS HEALTH RETIREMENT PLAN

Notes to the Financial Statements For the Years Ended December 31, 2024 and 2023

1. DESCRIPTION OF THE PLAN – cont'd

Participant Accounts

Each participant's account is participant-directed and is credited with the participant's contributions and withdrawals. During the years ended December 31, 2024 and 2023, participants also had the option to have their account professionally managed by an investment adviser that is a wholly-owned subsidiary of Empower Annuity Insurance Company of America (Empower), the Custodian of the Plan. Allocations of earnings or losses and administrative expenses are based on the proportion of each participant's account balance to the total of all account balances within the respective fund. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their elective and rollover contributions to the Plan.

Payment of Benefits

Upon termination of service, death, disability, retirement (age 65), or attainment of age 59½, a participant or beneficiary, in the event of death, is entitled to a distribution of their vested account balance. Distributions are made in either a lump sum equal to the value of the participant's vested interest in their account, a single sum distribution of a portion of their vested balance, or installments for a specified term. Prior to retirement, distributions from the Plan are payable in the form of a lump sum payment. Upon proof to the satisfaction of the Plan administrator of an immediate and heavy financial need, amounts contributed by the participant may be withdrawn for a hardship purpose. Distributions are subject to the applicable provisions of the Plan agreement. Certain income tax penalties may apply to withdrawals or distributions prior to age 59½. As of December 31, 2024 and 2023, there were no net assets available for benefits of the Plan allocated to participants who had elected to withdraw from the Plan who had not received such distributions as of year-end.

Notes Receivable from Participants

Participants may borrow up to 50% of their vested account balance, not to exceed \$50,000, without regard to the intended use of the funds. The minimum note amount is \$1,000 and a participant can have no more than one note outstanding at any time. Notes are collateralized by the participant's account balance. Note repayments are made through payroll deductions and bear interest at a rate commensurate with local prevailing rates at the time of loan origination. Notes for reasons other than the purchase of a primary residence are to be repaid within five years. Notes for the purchase of a primary residence are to be repaid within fifteen years.

LUMINIS HEALTH RETIREMENT PLAN

Notes to the Financial Statements For the Years Ended December 31, 2024 and 2023

1. DESCRIPTION OF THE PLAN – cont'd.

Plan Expenses

All administrative expenses are paid with the assets of the Plan, unless paid by the Company, at its discretion. During the years ended December 31, 2024 and 2023, the Company elected to pay a portion of the Plan's direct expenses. Expenses that are paid directly by the Company are excluded from the Plan's financial statements. Fees related to the administration of notes receivable from participants and benefit payments are charged directly to participant accounts and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

The Plan entered into a revenue sharing arrangement with Empower whereby the Plan is to receive .25% of the revenue rate that is credited to the Plan's investment options, prorated quarterly, and based on account balances as of the calculation date. This revenue is credited by Empower into the Plan account. The funds credited to this account will be used by the Plan to pay recordkeeping fees or will be reallocated to Plan participants pro rata based on their account balances. As of December 31, 2024 and 2023, the balance in this account totaled \$803,150 and \$493,627 respectively. During the years ended December 31, 2024 and 2023, administrative fees paid through this arrangement totaled \$148,227 and \$335,380, respectively.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Investment contracts held by a defined contribution plan are required to be reported at fair value except for fully benefit-responsive investment contracts. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of Estimates

The preparation of the 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 and liabilities and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to net assets available for benefits and deductions from net assets available for benefits during the reporting period. Actual results could differ from those estimates and assumptions.

Risks and Uncertainties

The Plan provides for investments in assets that are exposed to risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities may occur and materially affect the amounts reported in the accompanying statements of net assets available for benefits.

LUMINIS HEALTH RETIREMENT PLAN

Notes to the Financial Statements For the Years Ended December 31, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – cont'd.

Investment Valuation and Income Recognition

Investments, except for fully benefit-responsive investment contracts, are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the Custodian and Trustee.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. No allowances for credit losses have been recorded as of December 31, 2024 and 2023. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent notes are treated as distributions based on the terms of the Plan agreement.

Payment of Benefits

Benefits are recorded when paid.

LUMINIS HEALTH RETIREMENT PLAN

Notes to the Financial Statements For the Years Ended December 31, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – cont'd.

Fair Value Measurement

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, defines fair value and establishes a framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 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;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value:

Interests in registered investment companies: Valued at the closing price reported in the active market in which the funds are traded.

Interests in pooled separate accounts: Valued at the net asset value (NAV) practical expedient of shares held by the Plan at year-end. The NAV practical expedient is based on the initial pricing unit of the quoted price obtained for the underlying mutual fund which is then adjusted to apply the expense factor disclosed in the annuity contract.

LUMINIS HEALTH RETIREMENT PLAN

Notes to the Financial Statements For the Years Ended December 31, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – cont'd.

Fair Value Measurement – cont'd.

Interest in guaranteed portfolio fund: Valued using the NAV practical expedient based on the unit value of the fund. The NAV practical expedient is based on unit values determined by the institution sponsoring such fund by dividing the fund's net assets at fair value by its units outstanding at the valuation date.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used at December 31, 2024 and 2023.

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

	Level 1	Level 2	Level 3	Total
Interests in registered investment companies	\$385,688,296	\$ -	\$ -	\$385,688,296
Total investments in the fair value hierarchy	385,688,296	-	-	385,688,296
Interests in pooled separate accounts ^(a)	n/a	n/a	n/a	48,508,268
Interest in guaranteed portfolio fund ^(a)	n/a	n/a	n/a	53,245
Total investments, at fair value	\$385,688,296	\$ -	\$ -	\$434,249,809

LUMINIS HEALTH RETIREMENT PLAN

Notes to the Financial Statements For the Years Ended December 31, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – cont'd.

Fair Value Measurement – cont'd.

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

	Level 1	Level 2	Level 3	Total
Interests in registered investment companies	\$338,811,166	\$ -	\$ -	\$338,811,166
Total investments in the fair value hierarchy	338,811,166	-	-	338,811,166
Interests in pooled separate accounts ^(a)	n/a	n/a	n/a	47,884,940
Interest in guaranteed portfolio fund ^(a)	n/a	n/a	n/a	53,957
Total investments, at fair value	\$338,811,166	\$ -	\$ -	\$386,750,063

(a) Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have been removed from the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts in the statements of net assets available for benefits.

The following table presents investments measured at fair value based on NAV practical expedient per share as of December 31,:

	2024	2023	Redemption Frequency	Redemption Notice Period	Unfunded Commitments
Guaranteed portfolio fund ^(b)	\$ 53,245	\$ 53,957	Daily	Daily	None
Pooled separate accounts ^(c)	48,508,268	47,884,940	Daily	Daily	None
Total investments, at fair value	\$ 48,561,513	\$ 47,938,897			

(b) Invests in investment grade quality fixed income bonds that provide a guarantee of principal and a guaranteed quarterly interest rate.

(c) Funds in this category invest in various types of domestic and international stocks, equities and fixed income securities, and debt securities to achieve a long-term rate of return while preserving capital.

LUMINIS HEALTH RETIREMENT PLAN

Notes to the Financial Statements For the Years Ended December 31, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – cont'd.

Subsequent Events

The Plan evaluated for disclosure any subsequent events through October 13, 2025, the date the financial statements were available to be issued, and determined there were no material events that warrant disclosure.

3. INVESTMENTS

All investment data contained in the accompanying financial statements and supplemental schedule, including assets held at December 31, 2024 and 2023, and interest and dividend income and net appreciation in fair value of investments for the years then ended was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by both Empower and Empower Trust Company, LLC, the Custodian and Trustee of the Plan, respectively.

4. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS

The Plan holds a portfolio of traditional investment contracts. 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. The following represents the disaggregation of traditional contract values held by the Plan as of December 31,:

	<u>2024</u>	<u>2023</u>
Guaranteed fixed fund	\$ 9,328,213	\$ 10,123,306
Guaranteed interest fund	<u>12,028,337</u>	<u>11,384,214</u>
Total investment contracts	<u>\$ 21,356,550</u>	<u>\$ 21,507,520</u>

With traditional investment contracts, the Plan owns only the contract itself, and not the underlying investments. Traditional investment contracts are designed to accrue interest based on crediting rates established by the contract issuers.

The traditional investment contracts held by the Plan are a guaranteed interest fund contract and a guaranteed fixed fund contract. The contract issuer is contractually obligated to repay the principal and interest at 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 zero percent.

LUMINIS HEALTH RETIREMENT PLAN

Notes to the Financial Statements For the Years Ended December 31, 2024 and 2023

4. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS – cont'd.

The crediting rate is reviewed on a periodic basis for resetting. The contract cannot be terminated by the issuer before the scheduled maturity date.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts 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 issuer. These events may be different under each contract. Examples of such events include the following:

1. The Plan's failure to qualify under Section 403(b) of the Code.
2. Premature termination of the contracts.
3. Plan termination or merger.
4. Changes to the Plan's prohibition on competing investment options.
5. Bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

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.
4. A material amendment to the agreements without the consent of the issuer.

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.

5. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Empower. Empower acts as the Custodian for the Plan and is a related entity to the Trustee of the Plan. The Plan allows for participants to take out notes against their vested account balances. The Company provides the Plan with certain accounting and administrative services for which no fees are charged. All such transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

LUMINIS HEALTH RETIREMENT PLAN

Notes to the Financial Statements For the Years Ended December 31, 2024 and 2023

6. INCOME TAX STATUS

The Plan sponsor and ERISA counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

ASC 740, *Income Taxes*, prescribes a recognition threshold and a measurement attribute for the financial statement recognition and measurement of tax positions taken or expected to be taken in a tax return as well as guidance on de-recognition, classification, interest and penalties and financial statement reporting disclosures. For these benefits to be recognized, a tax position must be more-likely-than-not to be sustained upon examination by taxing authorities. Given the Plan is tax exempt and has no unrelated business income, the provisions of ASC 740 do not have an impact on the Plan's financial statements. The Plan recognizes interest and penalties accrued on any unrecognized tax exposures as a component of income tax expense. The Plan does not have any amounts accrued relating to interest and penalties as of December 31, 2024 and 2023.

The Plan is subject to routine audits by the IRS and Department of Labor; however, there are currently no audits for any periods in progress.

7. PLAN TERMINATION

Although the Company has not expressed any intent to do so, it has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

8. OPERATIONAL FAILURES

During 2024, the Company became aware of certain operational failures with respect to missed required minimum distributions for certain Plan participants. Management is working with the Plan's Trustee and legal counsel to correct these matters in accordance with procedures under the IRS Employee Plans Compliance Resolution System to avoid any penalties to the Plan or Plan sponsor and preserve the tax status of the Plan. The Company does not expect that the correction of such operational failures will result in any material adjustments to the Plan's financial statements.

SUPPLEMENTAL SCHEDULE PROVIDED PURSUANT TO
THE DEPARTMENT OF LABOR'S RULES AND REGULATIONS

LUMINIS HEALTH RETIREMENT PLAN

Plan Sponsor EIN: 52-1169362

Plan Number: 003

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

As of December 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment (including maturity date, rate of interest, collateral, par, or maturity value)	(d) Cost	(e) Current Value
	* Empower Guaranteed Fixed Fund	Interest in guaranteed fixed fund	XX	\$ 9,328,213
	* Empower Guaranteed Interest Fund	Interest in guaranteed interest fund	XX	12,028,337
	* Banded Portfolio Fund	Interest in guaranteed portfolio fund	XX	53,245
	BlackRock Inflation Protected Bond Institutional Fund	Interest in registered investment companies	XX	3,866,435
	Columbia Contrarian Core Advanced Fund	Interest in registered investment companies	XX	4
	Columbia Contrarian Core Institutional Fund	Interest in registered investment companies	XX	4,314,194
	Columbia Dividend Opportunity Advanced Fund	Interest in registered investment companies	XX	4
	Columbia Dividend Opportunity Institutional Fund	Interest in registered investment companies	XX	3,052,237
	Delaware Small Cap Value Institutional Fund	Interest in registered investment companies	XX	1,735,214
	* Empower Lifetime 2015 Institutional Fund	Interest in registered investment companies	XX	14,856,567
	* Empower Lifetime 2025 Institutional Fund	Interest in registered investment companies	XX	58,545,708
	* Empower Lifetime 2035 Institutional Fund	Interest in registered investment companies	XX	74,996,084
	* Empower Lifetime 2045 Institutional Fund	Interest in registered investment companies	XX	52,866,853
	* Empower Lifetime 2055 Institutional Fund	Interest in registered investment companies	XX	46,775,896
	* Empower Secure Foundation Balanced G Fund	Interest in registered investment companies	XX	3,054,927
	Fidelity Contrafund	Interest in registered investment companies	XX	7,990,978
	Fidelity Growth Discovery Fund	Interest in registered investment companies	XX	6,883,779
	Janus Henderson Triton T Fund	Interest in registered investment companies	XX	2,587,345
	John Hancock Disciplined Value Mid Cap I Fund	Interest in registered investment companies	XX	2,494,091
	JP Morgan Large-Cap Growth I Fund	Interest in registered investment companies	XX	9,300,294
	Metropolitan West Total Return Bond M Fund	Interest in registered investment companies	XX	6,936,081
	MFS International Value R4 Fund	Interest in registered investment companies	XX	1,248,085
	Oakmark International Service Fund	Interest in registered investment companies	XX	646,132
	Oppenheimer International Growth Y Fund	Interest in registered investment companies	XX	2,308,458
	PIMCO Income Admin Fund	Interest in registered investment companies	XX	5,556,429
	Pioneer Equity Income Y Fund	Interest in registered investment companies	XX	982,267
	Principal Mid-Cap R5 Fund	Interest in registered investment companies	XX	4,722,777
	Principal Mid-Cap S&P 400 Index R5 Fund	Interest in registered investment companies	XX	5,619,867
	Principal Real Estate Securities R5 Fund	Interest in registered investment companies	XX	2,310,841
	T. Rowe Price U.S. Bond Enhanced Index Fund	Interest in registered investment companies	XX	7,751,755
	Templeton Global Total Return Fund	Interest in registered investment companies	XX	478,713
	TIAA-CREF International Equity Index Retirement Fund	Interest in registered investment companies	XX	13,068,904
	TIAA-CREF S&P 500 Index Retirement Fund	Interest in registered investment companies	XX	30,363,530
	TIAA-CREF Small-Cap Blend Index Retirement Fund	Interest in registered investment companies	XX	4,408,664
	Virtus Vontobel Emerging Markets Opportunities A Fund	Interest in registered investment companies	XX	5,965,183
				385,688,296

LUMINIS HEALTH RETIREMENT PLAN

Plan Sponsor EIN: 52-1169362

Plan Number: 003

**Schedule H, line 4i - Schedule of Assets (Held at End of Year) - cont'd.
As of December 31, 2024**

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment (including maturity date, rate of interest, collateral, par, or maturity value)	(d) Cost	(e) Current Value
	Empower:			
*	Alger Balanced I-2 Fund	Interest in pooled separate accounts	XX \$	181,015
*	Alger Mid Cap Growth I-2 Fund	Interest in pooled separate accounts	XX	506,449
*	American Century Equity Income Fund	Interest in pooled separate accounts	XX	997,152
*	American Funds Growth Fund R3	Interest in pooled separate accounts	XX	1,260,351
*	Artisan International Fund	Interest in pooled separate accounts	XX	756,361
*	ClearBridge Value Trust FI Fund	Interest in pooled separate accounts	XX	62,303
*	Columbia Select Mid Cap Value Fund R	Interest in pooled separate accounts	XX	100,003
*	Davis New York Venture Fund R	Interest in pooled separate accounts	XX	1,199,047
*	Empower Aggressive Profile Investment Fund	Interest in pooled separate accounts	XX	1,830,021
*	Empower Ariel Mid Cap Value Investment Fund	Interest in pooled separate accounts	XX	1,745,025
*	Empower Bond Index Investment Fund	Interest in pooled separate accounts	XX	1,488,242
*	Empower Conservative Profile Investment Fund	Interest in pooled separate accounts	XX	64,916
*	Empower Government Money Market Investment Fund	Interest in pooled separate accounts	XX	361,333
*	Empower International Value Fund	Interest in pooled separate accounts	XX	1,610,743
*	Empower Large Cap Value Investor II Fund	Interest in pooled separate accounts	XX	2,498,511
*	Empower Lifetime 2015 Investment Fund	Interest in pooled separate accounts	XX	4,499
*	Empower Lifetime 2025 Investment Fund	Interest in pooled separate accounts	XX	464,806
*	Empower Lifetime 2035 Investment Fund	Interest in pooled separate accounts	XX	916,841
*	Empower Lifetime 2045 Investment Fund	Interest in pooled separate accounts	XX	431,967
*	Empower Lifetime 2055 Investment Fund	Interest in pooled separate accounts	XX	254,727
*	Empower Moderate Aggressive Profile Investment Fund	Interest in pooled separate accounts	XX	1,895,735
*	Empower Moderate Conservative Profile Investment Fund	Interest in pooled separate accounts	XX	347,353
*	Empower Moderate Profile Investment Fund	Interest in pooled separate accounts	XX	3,458,641
*	Empower Multi-Sector Bond Investment Fund	Interest in pooled separate accounts	XX	1,157,865
*	Empower S&P 500 Index Investment Fund	Interest in pooled separate accounts	XX	9,128,948
*	Empower S&P Small Cap 600 Index Investment Fund	Interest in pooled separate accounts	XX	1,620,573
*	Empower T. Rowe Price Mid Cap Growth Investment Fund	Interest in pooled separate accounts	XX	2,630,011
*	Empower U.S. Government Securities Investment Fund	Interest in pooled separate accounts	XX	609,229
*	Federated Equity Income A Fund	Interest in pooled separate accounts	XX	133,468
*	Fidelity VIP Growth Portfolio Fund	Interest in pooled separate accounts	XX	5,131,364
*	Fidelity VIP II Contrafund	Interest in pooled separate accounts	XX	1,593,199
*	INVESCO American Franchise A Fund	Interest in pooled separate accounts	XX	3,121
*	INVESCO American Value R Fund	Interest in pooled separate accounts	XX	125,651
*	INVESCO Capital Appreciation Fund	Interest in pooled separate accounts	XX	171,659
*	INVESCO Comstock R Fund	Interest in pooled separate accounts	XX	36,363
*	INVESCO Global Appreciation Fund	Interest in pooled separate accounts	XX	1,309,441
*	INVESCO Mid Cap Growth A Fund	Interest in pooled separate accounts	XX	4,505
*	INVESCO Small Cap Growth A Fund	Interest in pooled separate accounts	XX	144
*	Janus Forty T Fund	Interest in pooled separate accounts	XX	660,320
*	Janus Global Research T Fund	Interest in pooled separate accounts	XX	3,276

LUMINIS HEALTH RETIREMENT PLAN

Plan Sponsor EIN: 52-1169362

Plan Number: 003

Schedule H, line 4i - Schedule of Assets (Held at End of Year) - cont'd. As of December 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment (including maturity date, rate of interest, collateral, par, or maturity value)	(d) Cost	(e) Current Value
	Empower:			
*	Jensen Quality Growth R Fund	Interest in pooled separate accounts	XX \$	208,818
*	Lord Abbett Value Opportunities A Fund	Interest in pooled separate accounts	XX	87,908
*	MFS Growth A Fund	Interest in pooled separate accounts	XX	1,952
*	PIMCO Total Return Admin Fund	Interest in pooled separate accounts	XX	469,797
*	Pioneer VCT Equity-Income Portfolio II Fund	Interest in pooled separate accounts	XX	95,446
*	Putnam High Yield R Fund	Interest in pooled separate accounts	XX	102,664
*	Putnam International Capital Opportunity R Fund	Interest in pooled separate accounts	XX	109,891
*	Royce Total Return Fund	Interest in pooled separate accounts	XX	65,719
*	Small Cap Value Fund	Interest in pooled separate accounts	XX	574,814
*	Victory RS Select Growth A Fund	Interest in pooled separate accounts	XX	14,059
*	Victory RS Small Cap Growth A Fund	Interest in pooled separate accounts	XX	22,022
				48,508,268
*	Participant Loans	Interest rates of 4.16% - 10.50%; maturing through October 2039	\$ -	6,720,874

* Denotes a party-in-interest, as defined by ERISA

XX Not required as investment is participant-directed

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

Anne Arundel Medical Center Employee Salary Reduction Plan - 01

01-JAN-24 to 31-DEC-24

11-JAN-25 14:26:13

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
12015AT			3,115.39	4,499.26
12025AT			307,045.94	464,805.93
12035AT			770,717.57	916,841.26
12045AT			226,684.15	431,966.62
12055AT			148,052.44	254,727.38
1MX5R			1,013,074.86	1,830,021.16
1MX1R			49,950.44	64,916.02
1MX4R			1,188,501.84	1,895,734.93
1MX2R			246,879.20	347,353.00
1MX3R			2,265,869.52	3,458,641.13
1AI			441,196.79	756,360.77
1IEF			1,257,741.15	1,610,742.84
1JW			1,009.48	3,276.02
1OGA			553,356.18	1,309,441.05
1PIO			71,778.36	109,890.69
1MR2			903,576.80	1,620,572.79
1LSA			245,875.59	574,814.13
1ASC			36.38	143.86
1RTK			20,671.32	65,719.58
1RSG			3,641.23	14,059.19
1RSE			6,735.58	22,021.77
1AAM			216,300.16	506,449.17
1CVR			47,372.14	100,003.17
1GF1			705,375.01	1,745,025.12
1TMC			773,884.39	2,630,011.23
1IDY			1,201.15	4,504.60
1LVP			55,826.57	87,907.71
1VAV			46,783.24	125,650.65
1EQI			450,256.95	997,152.23
1AFG			436,873.63	1,260,351.13
1DVR			799,711.90	1,199,047.42
1FCA			63,277.11	133,468.21
1FVG			1,443,911.83	5,131,363.58
1FCF			378,567.69	1,593,198.56
1LII			1,606,802.61	2,498,510.97
1IN5			4,659,456.11	9,128,947.80
1ABC			547.93	3,120.57
1VSR			13,221.64	36,363.28
1JFY			379,089.85	660,319.80
1JEN			42,091.62	208,817.90
1LMV			21,626.96	62,302.70
1MSC			309.39	1,952.25
1OCA			37,647.38	171,659.15
1PEI			43,205.22	95,446.04
1AAB			153,399.00	181,014.54
1BI			1,434,005.34	1,488,242.42
1CBF			1,065,976.26	1,157,865.08
1USG			573,702.45	609,229.02
1PTR			366,104.99	469,797.48
1PHA			88,155.74	102,663.80
1BPF		3.500	13,953.87	53,245.03

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

Anne Arundel Medical Center Employee Salary Reduction Plan - 01**01-JAN-24 to 31-DEC-24****11-JAN-25 14:26:13**

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1GFFL2		3.500	4,564,707.78	8,495,245.01
1GIFGFF		1.600	1,663,685.44	1,768,249.13
1GOSXX			352,421.88	361,332.98
			32,224,963.44	58,825,007.11
PARTICIPANT LOANS	VARIOUS	5.250-10.250	0.00	0.00
FORFEITURES			552,986.83	605,582.51

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 521646304

LEGEND

INVESTMENT OPTION:

12015AT	Empower Lifetime 2015 Fund Inv	12025AT	Empower Lifetime 2025 Fund Inv
12035AT	Empower Lifetime 2035 Fund Inv	12045AT	Empower Lifetime 2045 Fund Inv
12055AT	Empower Lifetime 2055 Fund Inv	1MX5R	Empower Aggressive Profile Fund Inv
1MX1R	Empower Conservative Profile Fund Inv	1MX4R	Empower Mod Aggr Profile Fund Inv
1MX2R	Empower Mod Cons Profile Fund Inv	1MX3R	Empower Moderate Profile Fund Inv
1AI	Artisan International Fund	1IEF	Empower International Value Inv
1JW	Janus Global Research T	1OGA	Invesco Global A
1PIO	Putnam International Capital Opp R	1MR2	Empower S&P SmCap 600 Index Fund Inv
1LSA	Empower Small Cap Value Inv	1ASC	INVESCO Small Cap Growth A
1RTK	Royce Small-Cap Total Return Service	1RSG	Victory RS Select Growth A
1RSE	Victory RS Small Cap Growth A	1AAM	Alger Mid Cap Growth I-2
1CVR	Columbia Select Mid Cap Value R	1GF1	Empower Mid Cap Value Inv
1TMC	Empower T Rowe Price MdCp Gr Fund Inv	1IDY	Invesco Discovery Mid Cap Growth Fund A
1LVP	Lord Abbett Value Opportunities A	1VAV	Invesco American Value R
1EQI	American Century Equity Income Fund	1AFG	American Funds Growth Fund R3
1DVR	Davis New York Venture Fund - R	1FCA	Federated Hermes Equity Income Fund A
1FVG	Fidelity VIP Growth Portfolio	1FCF	Fidelity VIP II ContraFund
1LII	Empower Large Cap Value Investor II	1INS	Empower S&P 500 Index Fund Inv
1ABC	Invesco American Franchise A	1VSR	Invesco Comstock R
1JFY	Janus Forty T	1JEN	Jensen Quality Growth R
1LMV	ClearBridge Value Fund FI	1MSC	MFS Growth A
1OCA	Invesco Discovery Large Cap A	1PEI	Pioneer VCT Equity-Income Portfolio II
1AAB	Alger Balanced I-2	1BI	Empower Bond Index Fund Inv
1CBF	Empower Multi-Sector Bond Inv	1USG	Empower US Govt Securities Fund Inv
1PTR	PIMCO Total Return Admin	1PHA	Putnam High Yield R
1BPF	Banded Portfolio Fund	1GFFL2	Empower Guaranteed Fixed Fund
1GIFGFF	Guaranteed Interest Fund	1GOSXX	Federated Hermes Govt Obligations Fd SS

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

Luminis Health Retirement Plan

01-JAN-24 to 31-DEC-24

11-JAN-25 15:04:08

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1MXSBLG			3,039,754.71	3,054,926.95
1MXNYX			17,470,584.94	14,856,567.29
1MXQBX			73,638,925.54	58,545,708.37
1MXTBX			96,686,462.05	74,996,084.27
1MXWEX			66,474,360.01	52,866,853.43
1MXZHX			59,853,636.01	46,775,895.59
1MINHX			1,419,690.38	1,248,084.83
1OAKIX			681,131.03	646,132.31
1OIGYX			2,631,925.18	2,308,457.62
1TRIEX			12,538,594.35	13,068,904.40
1HEMZX			6,527,116.64	5,965,183.19
1PREPX			2,306,377.21	2,310,841.04
1DEVIX			1,766,281.06	1,735,213.72
1JATTX			2,738,309.42	2,587,345.38
1TRBIX			4,219,971.79	4,408,663.97
1JVMIX			2,328,641.73	2,494,091.42
1PMBPX			3,786,410.79	4,722,777.36
1PMFPX			5,601,369.63	5,619,866.81
1SMGIX			4,694,599.43	4,314,193.62
1CDOZX			3,356,629.84	3,052,236.50
1CORRX			4.31	4.31
1CDORX1			4.31	4.31
1FDSVX			5,749,711.75	6,883,778.78
1FCNTX			6,360,568.64	7,990,977.65
1SEEGX			6,216,815.04	9,300,294.33
1PYEQX			1,294,788.06	982,267.19
1TRSPX			22,384,485.77	30,363,530.23
1BPRIX			4,150,729.69	3,866,435.31
1MWTRX			7,229,517.04	6,936,080.60
1PIINX			5,658,035.61	5,556,428.71
1PBDIX			8,067,794.71	7,751,754.54
1TTRZX			700,621.51	478,712.51
1GWGIFM		2.000	9,727,082.38	10,260,087.52
			449,300,930.56	395,948,384.06
PARTICIPANT LOANS	VARIOUS	4.160-10.500	6,716,240.14	6,720,874.28
FORFEITURES			199,665.44	227,385.15

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
LEGEND				
INVESTMENT OPTION:				
12015AT	Empower Lifetime 2015 Fund Inv		12025AT	Empower Lifetime 2025 Fund Inv
12035AT	Empower Lifetime 2035 Fund Inv		12045AT	Empower Lifetime 2045 Fund Inv
12055AT	Empower Lifetime 2055 Fund Inv		1MX5R	Empower Aggressive Profile Fund Inv
1MX1R	Empower Conservative Profile Fund Inv		1MX4R	Empower Mod Aggr Profile Fund Inv
1MX2R	Empower Mod Cons Profile Fund Inv		1MX3R	Empower Moderate Profile Fund Inv
1AI	Artisan International Fund		1IEF	Empower International Value Inv
1JW	Janus Global Research T		1OGA	Invesco Global A
1PIO	Putnam International Capital Opp R		1MR2	Empower S&P SmCap 600 Index Fund Inv
1LSA	Empower Small Cap Value Inv		1ASC	INVESCO Small Cap Growth A
1RTK	Royce Small-Cap Total Return Service		1RSG	Victory RS Select Growth A
1RSE	Victory RS Small Cap Growth A		1AAM	Alger Mid Cap Growth I-2
1CVR	Columbia Select Mid Cap Value R		1GF1	Empower Mid Cap Value Inv
1TMC	Empower T Rowe Price MdCp Gr Fund Inv		1IDY	Invesco Discovery Mid Cap Growth Fund A
1LVP	Lord Abbett Value Opportunities A		1VAV	Invesco American Value R
1EQI	American Century Equity Income Fund		1AFG	American Funds Growth Fund R3
1DVR	Davis New York Venture Fund - R		1FCA	Federated Hermes Equity Income Fund A
1FVG	Fidelity VIP Growth Portfolio		1FCF	Fidelity VIP II ContraFund
1LII	Empower Large Cap Value Investor II		1IN5	Empower S&P 500 Index Fund Inv
1ABC	Invesco American Franchise A		1VSR	Invesco Comstock R
1JFY	Janus Forty T		1JEN	Jensen Quality Growth R
1LMV	ClearBridge Value Fund FI		1MSC	MFS Growth A
1OCA	Invesco Discovery Large Cap A		1PEI	Pioneer VCT Equity-Income Portfolio II
1AAB	Alger Balanced I-2		1BI	Empower Bond Index Fund Inv
1CBF	Empower Multi-Sector Bond Inv		1USG	Empower US Govt Securities Fund Inv
1PTR	PIMCO Total Return Admin		1PHA	Putnam High Yield R
1BPF	Banded Portfolio Fund		1GFFL2	Empower Guaranteed Fixed Fund
1GIFGFF	Guaranteed Interest Fund		1GOSXX	Federated Hermes Govt Obligations Fd SS
1MXSBLG	Empower SecureFoundation Balanced Inv		1MXNYX	Empower Lifetime 2015 Fund Inst
1MXQBX	Empower Lifetime 2025 Fund Inst		1MXTBX	Empower Lifetime 2035 Fund Inst
1MXWEX	Empower Lifetime 2045 Fund Inst		1MXZHX	Empower Lifetime 2055 Fund Inst
1MINHX	MFS International Intrinsic Value R4		1OAKIX	Oakmark International Investor
1OIGYX	Invesco Oppenheimer Int'l Growth Y		1TRIEX	Nuveen International Equity Index Ret
1HEMZX	Virtus SGA Emerging Mrkts Eqty A		1PREPX	Principal Real Estate Securities R5
1DEVIX	Macquarie Small Cap Value Institutional		1JATTX	Janus Henderson Triton T
1TRBIX	Nuveen Small Cap Blend Index Retirement		1JVMIX	JHancock Disciplined Value Mid Cap I
1PMBPX	Principal MidCap R5		1PMFPX	Principal MidCap S&P 400 Index R5
1SMGIX	Columbia Contrarian Core Instl		1CDOZX	Columbia Dividend Opportunity Inst
1FDSVX	Fidelity Growth Discovery		1FCNTX	Fidelity Contrafund
1SEEGX	JPMorgan Large Cap Growth I		1PYEQX	Pioneer Equity Income Y
1TRSPX	Nuveen S&P 500 Index Retirement		1BPRIX	BlackRock Inflation Protected Bond Instl
1MWTRX	TCW MetWest Total Return Bond M		1PIINX	PIMCO Income Adm
1PBDIX	T. Rowe Price QM U.S. Bond Index		1TTRZX	Templeton Global Total Return Adv
1CORRX	Columbia Contrarian Core Adv		1CDORX1	Columbia Dividend Opportunity Adv
1GWGIFM	Guaranteed Interest Fund			

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year