

<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>PENSION PLAN OF ANNE ARUNDEL MEDICAL CENTER</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</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>2001 MEDICAL PARKWAY</u> <u>ANNAPOLIS, MD 21401</u></p>	<p>1c Effective date of plan <u>01/01/1970</u></p> <p>2b Employer Identification Number (EIN) <u>52-1169362</u></p> <p>2c Plan Sponsor's telephone number <u>443-481-3705</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	Filed with authorized/valid electronic signature.	10/14/2025	AMY BEALES
	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 type="checkbox"/> Same as Plan Sponsor LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER INC. 2001 MEDICAL PARKWAY ANNAPOLIS, MD 21401	3b Administrator's EIN 52-1169362 3c Administrator's telephone number 443-481-1973
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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
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5 Total number of participants at the beginning of the plan year	5	1833
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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	6a(1)	700
a(2) Total number of active participants at the end of the plan year	6a(2)	644
b Retired or separated participants receiving benefits	6b	309
c Other retired or separated participants entitled to future benefits	6c	735
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	1688
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	17
f Total. Add lines 6d and 6e	6f	1705
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 1C 1I 3H

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

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

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<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

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

A Name of plan <u>PENSION PLAN OF ANNE ARUNDEL MEDICAL CENTER</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER, INC.</u>	D Employer Identification Number (EIN) <u>52-1169362</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	<u>116123067</u>	
b Actuarial value	2b	<u>120203024</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>313</u>	<u>28307261</u>	<u>28307261</u>
b For terminated vested participants	<u>820</u>	<u>31683184</u>	<u>31683184</u>
c For active participants	<u>700</u>	<u>23685431</u>	<u>23689149</u>
d Total	<u>1833</u>	<u>83675876</u>	<u>83679594</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.16 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>0</u>	
b Expected plan-related expenses	6b	<u>418300</u>	
c Target normal cost	6c	<u>418300</u>	

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

SIGN HERE Signature of actuary <u>DAVID S. BOOMERSHINE</u> Type or print name of actuary <u>BOOMERSHINE CONSULTING GROUP, LLC</u> Firm name <u>3300 NORTH RIDGE ROAD</u> <u>SUITE 300</u> <u>ELLCOTT CITY, MD 21043</u> Address of the firm	<u>09/28/2025</u> Date <u>23-04446</u> Most recent enrollment number <u>410-418-5525</u> Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>10.09</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.25</u> %		
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	143.64 %
15	Adjusted funding target attainment percentage	15	143.64 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	144.48 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 66
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	418300	
b Excess assets, if applicable, but not greater than line 31a	31b	418300	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment			
b Waiver amortization installment.....			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37		
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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 PENSION PLAN OF ANNE ARUNDEL MEDICAL CENTER	B Three-digit plan number (PN) ▶	001
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)

BOOMERSHINE CONSULTING GROUP LLC

20-8714603

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	ACTUARY	113182	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)

TRUIST BANK

56-1074313

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	TRUSTEE	43785	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SC&H ATTEST SERVICES, P.C.

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 50	AUDITOR	27600	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

(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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.	OMB No. 1210-0110 <hr/> 2024 <hr/> 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>PENSION PLAN OF ANNE ARUNDEL MEDICAL CENTER</u>	B Three-digit plan number (PN) ▶ <u>001</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>MERCER ACTIVE INTERMED. CRED. FIXED</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>		
c EIN-PN <u>85-2621954-048</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>27501871</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER ACTIVE LONG CORP. FIXED INC.</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>		
c EIN-PN <u>45-6178743-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>26838072</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER EMERGING MARKETS EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>		
c EIN-PN <u>32-6219484-017</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1753683</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER LONG DURATION PASSIVE FIXED</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>		
c EIN-PN <u>51-0560117-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13534826</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER NON-US CORE EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>		
c EIN-PN <u>03-0566617-009</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4031597</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER OPPORTUNISTIC FIXED INCOME</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>		
c EIN-PN <u>36-7630030-020</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5550442</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER US LARGE CAP PASSIVE EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>		
c EIN-PN <u>03-0566613-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9078848</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: **MERCER US SMALL/MIDCAP EQUITY**

b Name of sponsor of entity listed in (a): **MERCER TRUST COMPANY**

c EIN-PN 03-0566611-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1399861
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a Name of MTIA, CCT, PSA, or 103-12 IE: **STATE STREET INTERM. US GOVT. BOND**

b Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST COMPANY**

c EIN-PN 04-6928347-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18768860
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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)
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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)
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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)
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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 PENSION PLAN OF ANNE ARUNDEL MEDICAL CENTER	B Three-digit plan number (PN) ▶ 001
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
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	270665	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1298748	2973615
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	1936638	0
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	0	108458060
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	106437258	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	6253220	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	116196529	111431675
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	73462	26905
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	73462	26905
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	116123067	111404770

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	91261	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		91261
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	862112	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	243241275	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	254128486	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	20827779	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-7580231
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		3313710

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7844553	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		7844553
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	27600	
(5) Investment advisory and investment management fees	2i(5)	1527	
(6) Bank or trust company trustee/custodial fees	2i(6)	43785	
(7) Actuarial fees	2i(7)	113182	
(8) Legal fees	2i(8)	1360	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		187454
j Total expenses. Add all expense amounts in column (b) and enter total	2j		8032007

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-4718297
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 563915.

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>PENSION PLAN OF ANNE ARUNDEL MEDICAL CENTER</u>	B Three-digit plan number (PN) ▶	<u>001</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
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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	
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): <u>56-1074313</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>128</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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
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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.
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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: 15.00 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 85.00 %
 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 _____.



INDEPENDENT AUDITORS' REPORT

To the Pension Plan of Anne Arundel Medical Center
Advisory (Retirement) Committee 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 Pension Plan of Anne Arundel Medical Center (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 a qualified institution as of December 31, 2024 and 2023, and for the years then ended (excluding the ending fair value for the limited partnerships), stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the 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 an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024 and the schedule of reportable transactions for the year ended December 31, 2024 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

DC+H Attest Services, P.C.

Sparks, MD
October 13, 2025

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

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


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

A Name of plan Pension Plan of Anne Arundel Medical Center	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Anne Arundel Medical Center, Inc. Benefits Department	D Employer Identification Number (EIN) 52-1169362	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a		116,123,067
b Actuarial value	2b		120,203,024
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	313	28,307,261	28,307,261
b For terminated vested participants	820	31,683,184	31,683,184
c For active participants	700	23,685,431	23,689,149
d Total	1,833	83,675,876	83,679,594
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		5.16 %
6 Target normal cost			
a Present value of current plan year accruals	6a		0
b Expected plan-related expenses	6b		418,300
c Target normal cost	6c		418,300

Statement by Enrolled Actuary

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

SIGN HERE		<u>9/28/2025</u>
	Signature of actuary	Date
	David S. Boomershine	23-04446
	Type or print name of actuary	Most recent enrollment number
	BOOMERSHINE CONSULTING GROUP, LLC	(410) 418-5525
	Firm name	Telephone number (including area code)
	3300 NORTH RIDGE ROAD SUITE 300 ELLCOTT CITY MD 21043	
	Address of the firm	

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

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

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>10.09</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.25</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	143.64%
15	Adjusted funding target attainment percentage	15	143.64%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	144.48%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 66

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29**

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	31a	418,300
b Excess assets, if applicable, but not greater than line 31a	31b	418,300

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment		
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)			0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

2024 Schedule SB

SPONSOR: ANNE ARUNDEL MEDICAL CENTER

EIN: 52-1169362

PLAN NAME: PENSION PLAN OF ANNE ARUNDEL MEDICAL CENTER

PLAN NO.: 001

"Schedule SB, Line 22 - Description of Weighted Average Retirement Age"

Age (Input)	Rate (Input)	Number Retiring (Calc)	Number Remaining (Calc)	Age- Weighted (Calc)
55	1.0%	0.010000	0.990000	0.550000
56	1.0%	0.009900	0.980100	0.554400
57	1.0%	0.009801	0.970299	0.558657
58	1.0%	0.009703	0.960596	0.562773
59	2.5%	0.024015	0.936581	1.416879
60	2.5%	0.023415	0.913167	1.404872
61	2.5%	0.022829	0.890337	1.392579
62	5.0%	0.044517	0.845821	2.760046
63	5.0%	0.042291	0.803530	2.664335
64	15.0%	0.120529	0.683000	7.713883
65	30.0%	0.204900	0.478100	13.318502
66	25.0%	0.119525	0.358575	7.888651
67	25.0%	0.089644	0.268931	6.006132
68	25.0%	0.067233	0.201698	4.571832
69	15.0%	0.030255	0.171444	2.087579
70	25.0%	0.042861	0.128583	3.000265
71	25.0%	0.032146	0.096437	2.282344
72	25.0%	0.024109	0.072328	1.735867
73	25.0%	0.018082	0.054246	1.319983
74	25.0%	0.013561	0.040684	1.003548
75	100.0%	0.040684	0.000000	3.051329

Sum = 65.844457 = weighted average retirement age

2024 Schedule SB

Plan Name: Pension Plan of Anne Arundel Medical Center

EIN: 52-1169362

Plan No.: 001

"Schedule SB, Line 24 - Change in Actuarial Assumptions"

The following changes were made in the non-prescribed actuarial assumptions for the current plan year:

Assumptions for Cash Balance Conversion - The mortality assumption used to convert cash balance accounts to annuities was changed from IRS 2023 417(e) mortality to IRS 2024 417(e) mortality. This change was made to reflect the actual assumption used for conversion in 2024. The interest rate used for conversion was increased from 2.50% to 2.75%. The 5-year average of actual 30-year Treasury rates, rounded up to the next 0.25%, is used.

Cash Balance Interest Crediting Rate - The interest crediting rate assumption for cash balance accounts was increased from 2.50% to 2.75%. The 5-year average of actual 30-year Treasury and interest crediting rates, rounded up to the next 0.25%, is used.

The effect of these changes reduced the Funding Shortfall by less than \$5,000,000 therefore no approval is required.

Plan Name: Pension Plan of Anne Arundel Medical Center
 EIN: 52-1169362
 PN: 001
 Schedule SB Attachment for Plan Year 1/1/2024 to 12/31/2024

"Schedule SB, Part V - Statement of Actuarial Assumptions/Methods"

1. ACTUARIAL ASSUMPTIONS:

(a) Interest Rates	<u>1/1/2024</u>	<u>1/1/2023</u>
ERISA funding - 1st segment (IIJA)	4.75%	4.75%
ERISA funding - 2nd segment (IIJA)	4.96%	5.00%
ERISA funding - 3rd segment (IIJA)	5.59%	5.74%
Effective Interest Rate	5.16%	5.25%

(b) Mortality Before and After Retirement: IRS 2024 M/F Annuitant/Non-Annuitant Mortality

(c) Salary Scale: N/A

(d) Wage Base increase: N/A

(e) Interest Rate for Cash Balance Account Interest Credits: 2.75%

(f) Assumptions for Converting Annuities to Lump Sums (lump sum valuation):
 IRS 2024 417(e) mortality; IIJA segment rates at 1/1/2024

(g) Assumptions for Converting Cash Balance accounts to Annuities (annuity valuation):
 IRS 2024 417(e) mortality; 2.75%

(h) Actuarial Equivalence for early retirement prior to age 55 and late retirement: UP84(-3); 7.50%

(i) Terminated Vested Benefits: Payable at age 65, or immediately if past age 65

(j) Retirement: Rates of retirement in active service:

<u>Age</u>	<u>Probability</u>	<u>Age</u>	<u>Probability</u>
55 - 58	1.0%	66 - 68	25%
59 - 61	2.5%	69	15%
62 - 63	5.0%	70-74	25%
64	15.0%	75+	100%
65	30.0%		

(k) Turnover Before Retirement:

<u>Service</u>	<u>Probability</u>
5-9	12.0%
10-14	8.0%
15-19	7.0%
20-24	5.5%
25+	4.0%

No service less than 13 years as of 1/1/2023 (plan frozen at 8/31/2009).

(l) Disablement: None

(m) Future Service Accruals for Vesting: Employees are assumed to work the same number of hours in future years as they worked during the prior plan year.

(n) Assumed Benefit Payment for non-death benefits: 80% paid as lump sum, 20% paid as annuity.
 Benefits are assumed to be paid immediately upon retirement and deferred to age 65 for vested terminations prior to retirement.

Plan Name: Pension Plan of Anne Arundel Medical Center
EIN: 52-1169362
PN: 001
Schedule SB Attachment for Plan Year 1/1/2024 to 12/31/2024

**"Schedule SB, Part V - Statement of Actuarial Assumptions/Methods"
(Continued)**

- (o) Assumed Benefit Payment and Beneficiary for Pre-Retirement Death Benefit: Each employee is assumed to have an eligible beneficiary to whom a pre-retirement death benefit is paid in a lump sum, based on the participant's age at the date of payment. Therefore, no assumption is required for the age of the beneficiary. Benefits are assumed to be paid immediately upon death of active participants and deferred to the participant's age 65 (immediately, if past age 65) for vested terminations prior to retirement.
- (p) Expenses: Plan-related expenses have been estimated to be equal to the total expenses, including investment-related fees, paid from Plan assets during the prior plan year, rounded to the nearest \$100.

2. ACTUARIAL COST METHOD AND DEFINITIONS:

The actuarial cost method used in the funding valuation is the Unit Credit method. The actuarial present value of the benefits accruing during the year is the Target Normal Cost for the participant. The Plan's Target Normal Cost is the sum of each participant's Target Normal Cost. The actuarial present value of the benefits accrued in prior years is the Funding Target of the participant. The Plan's Funding Target is the sum of each participant's Funding Target.

Funding Target (FT) is defined as the present value of all benefits that have been accrued as of the valuation date.

Target Normal Cost (TNC) is defined as the present value of all benefits that have accrued or are expected to be accrued during the plan year. Due to the plan freeze, no additional benefits will accrue under the plan after August 31, 2009.

Funding Shortfall is the excess (if any) of the Plan's Funding Target over the Plan's Asset Value, reduced by the Prefunding Balance and the Carryover Balance. Any experience gains or losses resulting from actual Plan experience, either more or less favorable than anticipated on the basis of the actuarial assumptions and asset valuation method, will result in a decrease or increase in the Funding Shortfall.

Funding Standard Account (FSA) Carryover Balance is initially equal to the remaining FSA credit balance at PPA '06 inception. It is increased with interest (actual return on assets) and reduced if used to satisfy the Minimum Required Contribution or to increase the Plan's funding status. This must be used before reductions in the Prefunding Balance.

Prefunding Balance may be increased annually by contributions made above the Minimum Required Contribution. It is increased with interest (actual return on assets) and reduced if used to satisfy the Minimum Required Contribution or to increase the Plan's funding status.

Effective Interest rate - This is the single interest rate that, if applied in calculating the present value of liabilities, would result in an amount equal to the FT. This interest rate is used to adjust contributions made on a date other than the valuation date.

3. ACTUARIAL ASSET METHOD:

Beginning January 1, 2009, the Plan Value of Assets is equal to a two-year smoothed average of the fair market value of assets in accordance with IRS Notice 2009-22. The average plan value cannot exceed 110% nor be less than 90% of the market value.

"Schedule SB, Part V - Summary of Plan Provisions"

1. EFFECTIVE DATE: January 1, 1970; amended and restated effective January 1, 1975, January 1, 1983, July 1, 1984, July 1, 1989, January 1, 1999, January 1, 2008, and January 1, 2013.
2. VALUATION DATE: January 1.
3. PLAN YEAR: January 1 through December 31.
4. ELIGIBILITY: Each employee shall be eligible to participate on the first day of the month following his date of hire provided he is accruing hours of service at the rate of 1,000 hours per Plan Year. An employee hired at a rate less than 1,000 hours per Plan Year who completes 1,000 hours in the 12-months following his date of hire enters retroactively to the first of the month following his date of hire. An employee who first works 1,000 hours in any subsequent plan year enters the plan on the first day of such plan year. No new participants will enter the plan after August 31, 2009.
5. COMPENSATION: Total Wages for the Plan Year include overtime, shift differential, bonuses, contributions under a salary reduction agreement, employer contributions to a deferred compensation plan or any distributions from a deferred compensation plan and amounts that receive special tax treatment, such as premiums for group term life or contributions from the employer for a salary reduction plan or purchase of an annuity. Compensation earned after August 31, 2009 will not be used in determining benefits earned under the plan.
6. RETIREMENT DATES:
 - (a) Normal Retirement: A participant's Normal Retirement Date is the first day of the month following or coincident with the attainment of age 65.
 - (b) Early Retirement: A participant who has reached age 55 and has completed 5 years of Credited Service is eligible for early retirement benefits.
 - (c) Disability Retirement: A participant who has completed 10 years of Credited Service and has reached age 45 and is permanently disabled in the opinion of a physician selected by the Committee, will be eligible for a disability benefit from the Pension Plan.
 - (d) Postponed Retirement: A participant may continue to work beyond his Normal Retirement Date. Payment of his retirement benefits will commence at his Actual Retirement Date.
7. CASH BALANCE ACCOUNT:

Participants who entered the plan on or after January 1, 1999 have an account balance equal to the sum of (a), (b) and (c) below.

 - (a) Opening Account Balance: The actuarial equivalent of the participant's accrued benefit (commencing at Normal Retirement Date) as of December 31, 1998, discounted to January 1, 1999.
 - (b) Base Credit: The sum of (i) and (ii) below for each Plan Year the participant works 1,000 hours or at a 1,000 hour rate in the year of hire or termination/retirement.

**"Schedule SB, Part V - Summary of Plan Provisions"
(Continued)**

(i) An allocation based on the following percent of Compensation for the Plan Year:

<u>Years of Benefits Service</u>	<u>Allocation %</u>
Less than 5	3%
5 - 9	4%
10 - 14	5%
15 - 19	6%
20 - 24	7%
25 or more	8%

(ii) An allocation based on the following percent of Compensation in excess of the Social Security Wage Base in effect for the Plan Year:

<u>Years of Benefits Service</u>	<u>Allocation %</u>
Less than 5	3%
5 - 9	4%
10 - 14	5%
15 - 19	6%
20 - 24	7%
25 or more	8%

(c) Interest Credit: Interest credited to (a) and (b) above as of the last day of each Plan Year at a rate equal to the lesser of (a) the yield of 26-week Treasury Bills as of the last day of the preceding Plan Year and (b) the annual rate of interest on a 30-year Treasury Security for the second calendar month preceding the Plan Year. The minimum interest credit is the lesser of 4% and the annual rate of interest on a 30-year Treasury Security for the second calendar month preceding the Plan Year.

No base or excess allocations will be made to participants accounts on compensation and service earned after August 31, 2009. Interest credits will continue to be credited to accounts until the date benefits commence.

8. PRIOR PLAN FORMULA (formula in effect on December 31, 1998):

Participants in the plan on December 31, 1998 have an accrued benefit, payable at Normal Retirement, equal to the sum of (a) and (b) below:

(a) Past Service Benefit: 1.3% of Past Service Compensation up to \$10,000 plus 2.3% of such compensation in excess of \$10,000 multiplied by his years of Credited Service prior to 1983 to a maximum of 25 years.

(b) Future Service Benefit: The sum of (i) and (ii) below:

(i) 1.5% of Compensation for each Year of Service earned after December 31, 1982, and prior to January 1, 1995.

(ii) The sum of (A) 1.5% of Compensation and (B) 0.6% of Compensation in excess of Covered Compensation for each Year of Service earned after December 31, 1994.

No additional benefits will accrue under the Prior Plan Formula after August 31, 2009.

9. AMOUNT OF RETIREMENT BENEFITS:

(a) Normal Retirement: A participant's annual Normal Retirement Benefit is equal to his Account Balance as of his Normal Retirement Date, converted to a single-life annuity. In no event shall the participant's Normal Retirement Benefit be less than the benefit he would have earned had the Plan in effect on December 31, 1998 continued.

**"Schedule SB, Part V - Summary of Plan Provisions"
(Continued)**

(b) Early Retirement: A participant's annual Early Retirement Benefit is equal to his Account Balance as of his Early Retirement Date, converted to a single-life annuity. In no event, shall the participant's Early Retirement Benefit be less than the benefit he would have earned had the Plan in effect on December 31, 1998 continued.

(c) Disability Retirement: A participant's annual Disability Retirement Benefit is equal to his Account Balance as of his Disability Retirement Date, converted to a single-life annuity. In no event, shall the participant's Disability Retirement Benefit be less than the benefit he would have earned had the Plan in effect on December 31, 1998 continued.

(d) Postponed Retirement: The greater of the accrued benefit as of Normal Retirement Date, actuarially increased for each month payment is deferred beyond Normal Retirement Date, or a benefit based on compensation and service to actual retirement date.

(e) Termination Prior to Retirement: A participant's cash balance account is projected to normal retirement, with interest only, and converted to a single-life annuity, commencing at Normal Retirement. In no event shall the participant's benefit be less than the benefit he would have earned had the Plan in effect on December 31, 1998 continued.

10. OPTIONAL METHODS OF RECEIVING BENEFIT PAYMENTS:

(a) Life Annuity: Monthly payments will be made to the participant during his lifetime. After his death, no further payments will be made.

(b) Certain and Continuous: Reduced monthly payments will be made to the participant for his lifetime. If he dies within the guaranteed period (5, 10 or 15 years) after commencement of his benefit, payments will continue to his designated beneficiary for the remainder of the guaranteed period.

(c) Joint and Survivor Option: Reduced monthly payments are made to the participant during his lifetime. After his death, payments of 100%, 75%, 66-2/3% or 50% will continue to his beneficiary for life.

(d) Lump Sum Payment: If eligible for retirement, a participant may receive the lump sum value of his retirement benefit. If a participant terminates employment prior to eligibility for retirement, he may receive the lump sum value of his benefit only if it is less than \$7,000. The lump sum value of the cash balance benefit is the greater of the account balance and present value of the accrued benefit. The lump sum value of the prior plan benefit is the greater of the present value of the benefit immediately payable and the present value of the benefit payable at Normal Retirement. Present values are determined using 417(e)(3) mortality in effect for the plan year and the 417(e)(3) interest rates as of the September preceding the plan year in which the lump sum is paid.

In the absence of any election, the Joint and 50% Survivor Option will be considered to have been elected by a married participant and the Life Annuity will be considered to have been elected by an unmarried participant. Conversion from the Life Annuity to optional forms is based on the factors listed in the plan document.

11. PRE-RETIREMENT DEATH BENEFIT: For a participant who is vested, the Plan provides a pre-retirement death benefit for the beneficiary should death occur prior to retirement equal to the present value of the participant's accrued benefit.

12. VESTING: A participant who terminates for reasons other than retirement or death shall be fully vested in his accrued benefit upon completing 3 years of Vesting Service. Participants will continue to earn service towards vesting after August 31, 2009.

13. CREDITED SERVICE: A participant earns a year of service for benefit accrual and vesting purposes for each Plan Year in which he is credited with 1,000 or more hours. No service for benefit accrual purposes will be earned after August 31, 2009.

14. CONTRIBUTIONS: The Employer pays the entire cost of the Plan.

2024 Schedule SB

SPONSOR: ANNE ARUNDEL MEDICAL CENTER

EIN: 52-1169362

PLAN NAME: PENSION PLAN OF ANNE ARUNDEL MEDICAL CENTER

PLAN NO.: 001

"Schedule SB, Line 22 - Description of Weighted Average Retirement Age"

Age (Input)	Rate (Input)	Number Retiring (Calc)	Number Remaining (Calc)	Age- Weighted (Calc)
55	1.0%	0.010000	0.990000	0.550000
56	1.0%	0.009900	0.980100	0.554400
57	1.0%	0.009801	0.970299	0.558657
58	1.0%	0.009703	0.960596	0.562773
59	2.5%	0.024015	0.936581	1.416879
60	2.5%	0.023415	0.913167	1.404872
61	2.5%	0.022829	0.890337	1.392579
62	5.0%	0.044517	0.845821	2.760046
63	5.0%	0.042291	0.803530	2.664335
64	15.0%	0.120529	0.683000	7.713883
65	30.0%	0.204900	0.478100	13.318502
66	25.0%	0.119525	0.358575	7.888651
67	25.0%	0.089644	0.268931	6.006132
68	25.0%	0.067233	0.201698	4.571832
69	15.0%	0.030255	0.171444	2.087579
70	25.0%	0.042861	0.128583	3.000265
71	25.0%	0.032146	0.096437	2.282344
72	25.0%	0.024109	0.072328	1.735867
73	25.0%	0.018082	0.054246	1.319983
74	25.0%	0.013561	0.040684	1.003548
75	100.0%	0.040684	0.000000	3.051329

Sum = 65.844457 = weighted average retirement age

2024 Schedule SB

Plan Name: Pension Plan of Anne Arundel Medical Center

EIN: 52-1169362

Plan No.: 001

"Schedule SB, Line 24 - Change in Actuarial Assumptions"

The following changes were made in the non-prescribed actuarial assumptions for the current plan year:

Assumptions for Cash Balance Conversion - The mortality assumption used to convert cash balance accounts to annuities was changed from IRS 2023 417(e) mortality to IRS 2024 417(e) mortality. This change was made to reflect the actual assumption used for conversion in 2024. The interest rate used for conversion was increased from 2.50% to 2.75%. The 5-year average of actual 30-year Treasury rates, rounded up to the next 0.25%, is used.

Cash Balance Interest Crediting Rate - The interest crediting rate assumption for cash balance accounts was increased from 2.50% to 2.75%. The 5-year average of actual 30-year Treasury and interest crediting rates, rounded up to the next 0.25%, is used.

The effect of these changes reduced the Funding Shortfall by less than \$5,000,000 therefore no approval is required.

Plan Name: Pension Plan of Anne Arundel Medical Center
 EIN: 52-1169362
 PN: 001
 Schedule SB Attachment for Plan Year 1/1/2024 to 12/31/2024

"Schedule SB, Part V - Statement of Actuarial Assumptions/Methods"

1. ACTUARIAL ASSUMPTIONS:

(a) Interest Rates	<u>1/1/2024</u>	<u>1/1/2023</u>
ERISA funding - 1st segment (IIJA)	4.75%	4.75%
ERISA funding - 2nd segment (IIJA)	4.96%	5.00%
ERISA funding - 3rd segment (IIJA)	5.59%	5.74%
Effective Interest Rate	5.16%	5.25%

(b) Mortality Before and After Retirement: IRS 2024 M/F Annuitant/Non-Annuitant Mortality

(c) Salary Scale: N/A

(d) Wage Base increase: N/A

(e) Interest Rate for Cash Balance Account Interest Credits: 2.75%

(f) Assumptions for Converting Annuities to Lump Sums (lump sum valuation):
 IRS 2024 417(e) mortality; IIJA segment rates at 1/1/2024

(g) Assumptions for Converting Cash Balance accounts to Annuities (annuity valuation):
 IRS 2024 417(e) mortality; 2.75%

(h) Actuarial Equivalence for early retirement prior to age 55 and late retirement: UP84(-3); 7.50%

(i) Terminated Vested Benefits: Payable at age 65, or immediately if past age 65

(j) Retirement: Rates of retirement in active service:

<u>Age</u>	<u>Probability</u>	<u>Age</u>	<u>Probability</u>
55 - 58	1.0%	66 - 68	25%
59 - 61	2.5%	69	15%
62 - 63	5.0%	70-74	25%
64	15.0%	75+	100%
65	30.0%		

(k) Turnover Before Retirement:

<u>Service</u>	<u>Probability</u>
5-9	12.0%
10-14	8.0%
15-19	7.0%
20-24	5.5%
25+	4.0%

No service less than 13 years as of 1/1/2023 (plan frozen at 8/31/2009).

(l) Disablement: None

(m) Future Service Accruals for Vesting: Employees are assumed to work the same number of hours in future years as they worked during the prior plan year.

(n) Assumed Benefit Payment for non-death benefits: 80% paid as lump sum, 20% paid as annuity.
 Benefits are assumed to be paid immediately upon retirement and deferred to age 65 for vested terminations prior to retirement.

Plan Name: Pension Plan of Anne Arundel Medical Center
EIN: 52-1169362
PN: 001
Schedule SB Attachment for Plan Year 1/1/2024 to 12/31/2024

**"Schedule SB, Part V - Statement of Actuarial Assumptions/Methods"
(Continued)**

- (o) Assumed Benefit Payment and Beneficiary for Pre-Retirement Death Benefit: Each employee is assumed to have an eligible beneficiary to whom a pre-retirement death benefit is paid in a lump sum, based on the participant's age at the date of payment. Therefore, no assumption is required for the age of the beneficiary. Benefits are assumed to be paid immediately upon death of active participants and deferred to the participant's age 65 (immediately, if past age 65) for vested terminations prior to retirement.
- (p) Expenses: Plan-related expenses have been estimated to be equal to the total expenses, including investment-related fees, paid from Plan assets during the prior plan year, rounded to the nearest \$100.

2. ACTUARIAL COST METHOD AND DEFINITIONS:

The actuarial cost method used in the funding valuation is the Unit Credit method. The actuarial present value of the benefits accruing during the year is the Target Normal Cost for the participant. The Plan's Target Normal Cost is the sum of each participant's Target Normal Cost. The actuarial present value of the benefits accrued in prior years is the Funding Target of the participant. The Plan's Funding Target is the sum of each participant's Funding Target.

Funding Target (FT) is defined as the present value of all benefits that have been accrued as of the valuation date.

Target Normal Cost (TNC) is defined as the present value of all benefits that have accrued or are expected to be accrued during the plan year. Due to the plan freeze, no additional benefits will accrue under the plan after August 31, 2009.

Funding Shortfall is the excess (if any) of the Plan's Funding Target over the Plan's Asset Value, reduced by the Prefunding Balance and the Carryover Balance. Any experience gains or losses resulting from actual Plan experience, either more or less favorable than anticipated on the basis of the actuarial assumptions and asset valuation method, will result in a decrease or increase in the Funding Shortfall.

Funding Standard Account (FSA) Carryover Balance is initially equal to the remaining FSA credit balance at PPA '06 inception. It is increased with interest (actual return on assets) and reduced if used to satisfy the Minimum Required Contribution or to increase the Plan's funding status. This must be used before reductions in the Prefunding Balance.

Prefunding Balance may be increased annually by contributions made above the Minimum Required Contribution. It is increased with interest (actual return on assets) and reduced if used to satisfy the Minimum Required Contribution or to increase the Plan's funding status.

Effective Interest rate - This is the single interest rate that, if applied in calculating the present value of liabilities, would result in an amount equal to the FT. This interest rate is used to adjust contributions made on a date other than the valuation date.

3. ACTUARIAL ASSET METHOD:

Beginning January 1, 2009, the Plan Value of Assets is equal to a two-year smoothed average of the fair market value of assets in accordance with IRS Notice 2009-22. The average plan value cannot exceed 110% nor be less than 90% of the market value.

"Schedule SB, Part V - Summary of Plan Provisions"

1. EFFECTIVE DATE: January 1, 1970; amended and restated effective January 1, 1975, January 1, 1983, July 1, 1984, July 1, 1989, January 1, 1999, January 1, 2008, and January 1, 2013.
2. VALUATION DATE: January 1.
3. PLAN YEAR: January 1 through December 31.
4. ELIGIBILITY: Each employee shall be eligible to participate on the first day of the month following his date of hire provided he is accruing hours of service at the rate of 1,000 hours per Plan Year. An employee hired at a rate less than 1,000 hours per Plan Year who completes 1,000 hours in the 12-months following his date of hire enters retroactively to the first of the month following his date of hire. An employee who first works 1,000 hours in any subsequent plan year enters the plan on the first day of such plan year. No new participants will enter the plan after August 31, 2009.
5. COMPENSATION: Total Wages for the Plan Year include overtime, shift differential, bonuses, contributions under a salary reduction agreement, employer contributions to a deferred compensation plan or any distributions from a deferred compensation plan and amounts that receive special tax treatment, such as premiums for group term life or contributions from the employer for a salary reduction plan or purchase of an annuity. Compensation earned after August 31, 2009 will not be used in determining benefits earned under the plan.
6. RETIREMENT DATES:
 - (a) Normal Retirement: A participant's Normal Retirement Date is the first day of the month following or coincident with the attainment of age 65.
 - (b) Early Retirement: A participant who has reached age 55 and has completed 5 years of Credited Service is eligible for early retirement benefits.
 - (c) Disability Retirement: A participant who has completed 10 years of Credited Service and has reached age 45 and is permanently disabled in the opinion of a physician selected by the Committee, will be eligible for a disability benefit from the Pension Plan.
 - (d) Postponed Retirement: A participant may continue to work beyond his Normal Retirement Date. Payment of his retirement benefits will commence at his Actual Retirement Date.
7. CASH BALANCE ACCOUNT:

Participants who entered the plan on or after January 1, 1999 have an account balance equal to the sum of (a), (b) and (c) below.

 - (a) Opening Account Balance: The actuarial equivalent of the participant's accrued benefit (commencing at Normal Retirement Date) as of December 31, 1998, discounted to January 1, 1999.
 - (b) Base Credit: The sum of (i) and (ii) below for each Plan Year the participant works 1,000 hours or at a 1,000 hour rate in the year of hire or termination/retirement.

**"Schedule SB, Part V - Summary of Plan Provisions"
(Continued)**

(i) An allocation based on the following percent of Compensation for the Plan Year:

<u>Years of Benefits Service</u>	<u>Allocation %</u>
Less than 5	3%
5 - 9	4%
10 - 14	5%
15 - 19	6%
20 - 24	7%
25 or more	8%

(ii) An allocation based on the following percent of Compensation in excess of the Social Security Wage Base in effect for the Plan Year:

<u>Years of Benefits Service</u>	<u>Allocation %</u>
Less than 5	3%
5 - 9	4%
10 - 14	5%
15 - 19	6%
20 - 24	7%
25 or more	8%

(c) Interest Credit: Interest credited to (a) and (b) above as of the last day of each Plan Year at a rate equal to the lesser of (a) the yield of 26-week Treasury Bills as of the last day of the preceding Plan Year and (b) the annual rate of interest on a 30-year Treasury Security for the second calendar month preceding the Plan Year. The minimum interest credit is the lesser of 4% and the annual rate of interest on a 30-year Treasury Security for the second calendar month preceding the Plan Year.

No base or excess allocations will be made to participants accounts on compensation and service earned after August 31, 2009. Interest credits will continue to be credited to accounts until the date benefits commence.

8. PRIOR PLAN FORMULA (formula in effect on December 31, 1998):

Participants in the plan on December 31, 1998 have an accrued benefit, payable at Normal Retirement, equal to the sum of (a) and (b) below:

(a) Past Service Benefit: 1.3% of Past Service Compensation up to \$10,000 plus 2.3% of such compensation in excess of \$10,000 multiplied by his years of Credited Service prior to 1983 to a maximum of 25 years.

(b) Future Service Benefit: The sum of (i) and (ii) below:

(i) 1.5% of Compensation for each Year of Service earned after December 31, 1982, and prior to January 1, 1995.

(ii) The sum of (A) 1.5% of Compensation and (B) 0.6% of Compensation in excess of Covered Compensation for each Year of Service earned after December 31, 1994.

No additional benefits will accrue under the Prior Plan Formula after August 31, 2009.

9. AMOUNT OF RETIREMENT BENEFITS:

(a) Normal Retirement: A participant's annual Normal Retirement Benefit is equal to his Account Balance as of his Normal Retirement Date, converted to a single-life annuity. In no event shall the participant's Normal Retirement Benefit be less than the benefit he would have earned had the Plan in effect on December 31, 1998 continued.

**"Schedule SB, Part V - Summary of Plan Provisions"
(Continued)**

(b) Early Retirement: A participant's annual Early Retirement Benefit is equal to his Account Balance as of his Early Retirement Date, converted to a single-life annuity. In no event, shall the participant's Early Retirement Benefit be less than the benefit he would have earned had the Plan in effect on December 31, 1998 continued.

(c) Disability Retirement: A participant's annual Disability Retirement Benefit is equal to his Account Balance as of his Disability Retirement Date, converted to a single-life annuity. In no event, shall the participant's Disability Retirement Benefit be less than the benefit he would have earned had the Plan in effect on December 31, 1998 continued.

(d) Postponed Retirement: The greater of the accrued benefit as of Normal Retirement Date, actuarially increased for each month payment is deferred beyond Normal Retirement Date, or a benefit based on compensation and service to actual retirement date.

(e) Termination Prior to Retirement: A participant's cash balance account is projected to normal retirement, with interest only, and converted to a single-life annuity, commencing at Normal Retirement. In no event shall the participant's benefit be less than the benefit he would have earned had the Plan in effect on December 31, 1998 continued.

10. OPTIONAL METHODS OF RECEIVING BENEFIT PAYMENTS:

(a) Life Annuity: Monthly payments will be made to the participant during his lifetime. After his death, no further payments will be made.

(b) Certain and Continuous: Reduced monthly payments will be made to the participant for his lifetime. If he dies within the guaranteed period (5, 10 or 15 years) after commencement of his benefit, payments will continue to his designated beneficiary for the remainder of the guaranteed period.

(c) Joint and Survivor Option: Reduced monthly payments are made to the participant during his lifetime. After his death, payments of 100%, 75%, 66-2/3% or 50% will continue to his beneficiary for life.

(d) Lump Sum Payment: If eligible for retirement, a participant may receive the lump sum value of his retirement benefit. If a participant terminates employment prior to eligibility for retirement, he may receive the lump sum value of his benefit only if it is less than \$7,000. The lump sum value of the cash balance benefit is the greater of the account balance and present value of the accrued benefit. The lump sum value of the prior plan benefit is the greater of the present value of the benefit immediately payable and the present value of the benefit payable at Normal Retirement. Present values are determined using 417(e)(3) mortality in effect for the plan year and the 417(e)(3) interest rates as of the September preceding the plan year in which the lump sum is paid.

In the absence of any election, the Joint and 50% Survivor Option will be considered to have been elected by a married participant and the Life Annuity will be considered to have been elected by an unmarried participant. Conversion from the Life Annuity to optional forms is based on the factors listed in the plan document.

11. PRE-RETIREMENT DEATH BENEFIT: For a participant who is vested, the Plan provides a pre-retirement death benefit for the beneficiary should death occur prior to retirement equal to the present value of the participant's accrued benefit.

12. VESTING: A participant who terminates for reasons other than retirement or death shall be fully vested in his accrued benefit upon completing 3 years of Vesting Service. Participants will continue to earn service towards vesting after August 31, 2009.

13. CREDITED SERVICE: A participant earns a year of service for benefit accrual and vesting purposes for each Plan Year in which he is credited with 1,000 or more hours. No service for benefit accrual purposes will be earned after August 31, 2009.

14. CONTRIBUTIONS: The Employer pays the entire cost of the Plan.

2024 Schedule SB, Line 26b - Schedule of Projection of Expected Benefit Payments

Plan Name: Pension Plan of Anne Arundel Medical Center

EIN: 52-1169362

Plan No.: 001

Plan Year	Retired Participants and Terminated Beneficiaries			Total
	Active Participants	Vested Participants	Receiving Payments	
2024	2,031,398	12,969,884	2,733,232	17,734,514
2025	2,015,850	1,266,547	2,673,948	5,956,345
2026	2,041,708	2,341,108	2,609,719	6,992,535
2027	2,018,982	1,340,399	2,540,379	5,899,760
2028	2,033,262	2,174,167	2,465,838	6,673,267
2029	2,007,423	1,612,910	2,379,311	5,999,644
2030	1,896,525	1,749,166	2,292,547	5,938,238
2031	1,859,396	1,263,480	2,198,957	5,321,833
2032	1,740,689	1,536,220	2,098,286	5,375,195
2033	1,571,538	1,159,681	1,997,052	4,728,271
2034	1,501,169	1,338,987	1,887,624	4,727,780
2035	1,473,606	1,460,589	1,778,637	4,712,832
2036	1,308,150	1,425,263	1,667,086	4,400,499
2037	1,202,231	921,394	1,553,776	3,677,401
2038	1,201,815	989,453	1,439,554	3,630,822
2039	1,110,069	740,874	1,325,312	3,176,255
2040	1,121,899	837,194	1,211,983	3,171,076
2041	957,908	737,798	1,100,520	2,796,226
2042	974,219	601,076	991,860	2,567,155
2043	860,930	567,906	886,920	2,315,756
2044	758,947	614,737	784,639	2,158,323
2045	766,489	614,515	689,963	2,070,967
2046	705,545	469,298	601,377	1,776,220
2047	622,528	410,223	519,440	1,552,191
2048	571,854	493,049	444,556	1,509,459
2049	525,893	418,902	376,958	1,321,753
2050	455,303	335,903	316,699	1,107,905
2051	417,565	272,983	263,660	954,208
2052	370,104	245,898	217,562	833,564
2053	338,576	232,581	177,990	749,147
2054	290,313	209,874	144,431	644,618
2055	264,827	192,555	116,309	573,691
2056	237,372	175,849	93,021	506,242
2057	213,178	159,834	73,946	446,958

2058	191,534	144,573	58,485	394,592
2059	171,735	130,118	46,068	347,921
2060	152,481	116,510	36,180	305,171
2061	135,478	103,780	28,366	267,624
2062	119,591	91,950	22,220	233,761
2063	105,340	81,030	17,404	203,774
2064	91,879	71,016	13,636	176,531
2065	80,018	61,895	10,685	152,598
2066	69,257	53,644	8,373	131,274
2067	59,628	46,231	6,558	112,417
2068	51,017	39,611	5,130	95,758
2069	43,371	33,737	4,002	81,110
2070	36,625	28,555	3,109	68,289
2071	30,713	24,010	2,402	57,125
2072	25,567	20,047	1,841	47,455
2073	21,124	16,613	1,398	39,135

**PENSION PLAN OF
ANNE ARUNDEL MEDICAL CENTER**

**Financial Statements
Together with Independent Auditors' Report
For the Years Ended December 31, 2024 and 2023**



INDEPENDENT AUDITORS' REPORT

To the Pension Plan of Anne Arundel Medical Center
Advisory (Retirement) Committee 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 Pension Plan of Anne Arundel Medical Center (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 a qualified institution as of December 31, 2024 and 2023, and for the years then ended (excluding the ending fair value for the limited partnerships), stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the 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 an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024 and the schedule of reportable transactions for the year ended December 31, 2024 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

DC+H Attest Services, P.C.

Sparks, MD
October 13, 2025

**PENSION PLAN OF
ANNE ARUNDEL MEDICAL CENTER**

Statements of Net Assets Available for Benefits

<i>As of December 31,</i>	<i>2024</i>	<i>2023</i>
Assets		
Investments, at fair value	\$ 111,431,675	\$ 115,925,864
Receivables		
Holdback receivable	-	270,665
Total Assets	111,431,675	116,196,529
Liabilities		
Administrative Expenses Payable	26,905	73,462
Net Assets Available for Benefits	\$ 111,404,770	\$ 116,123,067

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

**PENSION PLAN OF
ANNE ARUNDEL MEDICAL CENTER**

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:		
Investment Income		
Interest and dividends	\$ 953,373	\$ 4,797,372
Net appreciation in fair value of investments	2,360,337	6,237,401
Total Investment Income	3,313,710	11,034,773
Benefits Paid to Participants	(7,844,553)	(7,866,260)
Administrative Expenses	(187,454)	(418,312)
Net Increase (Decrease) in Net Assets Available for Benefits	(4,718,297)	2,750,201
Net Assets Available for Benefits:		
Beginning of Year	116,123,067	113,372,866
End of Year	\$ 111,404,770	\$ 116,123,067

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

PENSION PLAN OF ANNE ARUNDEL MEDICAL CENTER

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

1. DESCRIPTION OF THE PLAN

The following description of the Pension Plan of Anne Arundel Medical Center (the Plan) provides only general information. Information about the Plan agreement, the vesting and benefit provisions, and the Pension Benefit Guaranty Corporation's benefit guarantee is contained in the Plan document, copies of which are available from the Advisory (Retirement) Committee.

General

The Plan is a noncontributory defined benefit cash balance pension plan established January 1, 1970, covering substantially all employees of Anne Arundel Medical Center, Inc., as defined by the Plan. Effective January 1, 2022, the Plan was amended to change the name of the Plan sponsor to Luminis Health Anne Arundel Medical Center, Inc. (the Company). The Plan provides for retirement, death, and disability benefits.

Prior to September 1, 2009, full-time employees were eligible to become a participant on the first day of the month coinciding with or following their date of hire, based on their employee status, provided they were employed by the Company on that entry date, as defined by the Plan. Part-time employees who first worked 1,000 hours in any subsequent Plan year entered the Plan on the first day of such Plan year. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective September 1, 2009, the Plan was amended whereby no employees are eligible to enter the Plan after August 31, 2009. Any individual who was employed on a part-time basis, but who completed at least 667 hours of service during the period from January 1, 2009 through August 31, 2009, became a participant as of January 1, 2009 and received credit for one year of service. No service performed after August 31, 2009 is considered in determining years of service for benefit purposes. No additional compensation or years of service is credited to any participant for benefit accrual purposes after August 31, 2009.

Company Contributions

Prior to January 1, 2019, interest was credited to each participant's account balance on the last day of each Plan year at a rate equal to the lesser of the annual average yield on 6-month Treasury Bills for the preceding Plan year and the annual rate of interest on a 30-year Treasury security for the second calendar month preceding the Plan year. Effective January 1, 2019, interest is credited to each participant's account balance on the last day of each Plan year at a rate equal to the lesser of the annual average yield on 6-month Treasury Bills for the preceding Plan year and the annual rate of interest on a 30-year Treasury security for the fourth calendar month preceding the Plan year.

PENSION PLAN OF ANNE ARUNDEL MEDICAL CENTER

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

1. DESCRIPTION OF THE PLAN – cont'd.

Company Contributions – cont'd.

Prior to January 1, 2019, the minimum interest credit was the lesser of 4% or the annual rate of interest on a 30-year Treasury security for the second calendar month preceding the Plan year. Effective January 1, 2019, the minimum interest credit shall not be less than the lesser of 4% or the annual rate of interest on a 30-year Treasury security for the fourth calendar month preceding the Plan year. For the Plan years ended December 31, 2024 and 2023, the rate was equal to 4.47% and 3.55%, respectively. The Company has agreed to voluntarily contribute such additional amounts as are necessary to provide assets sufficient to meet the benefit obligations of the Plan.

The Company's present intention is to make annual contributions in amounts sufficient to fund the Plan's past service cost plus interest over a period of 7 years. The Plan has met the ERISA minimum funding requirements for the years ended December 31, 2024 and 2023.

Vesting

Participants who have completed one or more hours of service on or after January 1, 2008, through August 31, 2009, achieve vesting in the Plan according to the following vesting schedule:

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

Participants terminated from the Company prior to January 1, 2008 achieved vesting in the Plan according to the following vesting schedule:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 5	0%
5 or more	100%

Benefits which are forfeited as a result of participant termination prior to having become 100% vested in the Plan are used to reduce the Company's contributions in the Plan year that the forfeiture occurs.

Payment of Benefits

Participants are eligible for distributions generally upon retirement in addition to participants who continue or resume employment after their normal retirement date or upon becoming disabled, as defined by the Plan. Benefits may be paid out to a beneficiary upon the death of a participant. The normal retirement benefit for a participant whose benefit is earned under the cash balance formula is the actuarial equivalent of the account balance, payable in a lump sum or as an annuity. The normal retirement benefit for a participant whose benefit is earned prior to 1999, is the career-average benefit determined under that plan, payable in a lump sum or as an annuity. As of December 31, 2024 and 2023, there were no net assets of the Plan allocated to accounts of participants who had elected to withdraw from the Plan which had not received such distributions prior to year-end.

PENSION PLAN OF ANNE ARUNDEL MEDICAL CENTER

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

1. DESCRIPTION OF THE PLAN – cont'd.

Plan Expenses

Expenses incurred in the administration of the Plan are required to be paid by the Plan unless paid by the Company, at its discretion. The Plan administrator directs Truist Bank, the Trustee, to pay expenses with assets of the Plan. The Company paid a portion of the Plan's direct expenses for the years ended December 31, 2024 and 2023. Expenses that are paid directly by the Company are excluded from these financial statements. Investment related expenses are included in net appreciation in fair value of investments in the accompanying statements of changes in net assets available for benefits.

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.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets 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. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying notes to the financial statements.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Advisory (Retirement) Committee determines the Plan's valuation policies utilizing information provided by the 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.

Risks and Uncertainties

The Plan invests 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 statements of net assets available for benefits.

PENSION PLAN OF ANNE ARUNDEL MEDICAL CENTER

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

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

Risks and Uncertainties – cont'd.

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

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 4) are those estimated future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to services rendered by the participants to the valuation date. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries; (b) beneficiaries of employees who have died; and (c) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on a participant's compensation during their last five years of credited service through August 31, 2009 (date on which the Plan was frozen). Benefits payable under all circumstances: retirement, death, disability, and termination of employment, are included, to the extent they are deemed attributable to participant service rendered to the valuation date.

Fair Value Measurement

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 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.

PENSION PLAN OF ANNE ARUNDEL MEDICAL CENTER

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.

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:

Interest bearing cash: Valued at amortized cost plus accrued interest, which approximates fair value.

Interests in common/collective trusts: Valued using the net asset value (NAV) of units held by the Plan at year-end as a practical expedient to estimate fair value.

Interests in exchange-traded funds: Valued at the closing price of shares held by the Plan at year-end. Shares are traded on an active market.

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

Interest in limited partnership: Valued using an independent third party to aggregate and prepare the monthly financial statements for the fund based on collecting independent pricing data from the underlying fund. The NAV of the fund is determined as of the close of business on the last business day of each month using the practical expedient.

Generally, underlying investments which are publicly traded are valued using the observable market values in which the securities are normally traded. Other underlying investments are valued using procedures established by the portfolio manager of each of the underlying funds.

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.

PENSION PLAN OF ANNE ARUNDEL MEDICAL CENTER

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, 2024:

	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 2,973,615	\$ -	\$ -	\$ 2,973,615
Total investments in the fair value hierarchy	2,973,615	-	-	2,973,615
Interests in common/collective trusts ^(*)	n/a	n/a	n/a	108,458,060
Total investments, at fair value	\$ 2,973,615	\$ -	\$ -	\$ 111,431,675

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
Interest bearing cash	\$ 1,298,748	\$ -	\$ -	\$ 1,298,748
Interests in exchange-traded funds	6,253,220	-	-	6,253,220
Interests in registered investment companies	106,437,258	-	-	106,437,258
Total investments in the fair value hierarchy	113,989,226	-	-	113,989,226
Interests in limited partnership ^(*)	n/a	n/a	n/a	1,936,638
Total investments, at fair value	\$ 113,989,226	\$ -	\$ -	\$ 115,925,864

(*) 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.

PENSION PLAN OF ANNE ARUNDEL MEDICAL CENTER

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

	2024	2023	Redemption Frequency	Redemption Notice Period	Unfunded Commitments
Interests in common/collective trusts(a)	\$ 108,458,060	\$ -	Daily	Daily	none
Interest in limited partnership(b)	-	1,936,638	Monthly	15 days	none

(a) Funds in this category invest primarily in a diversified mix of U.S. and non-U.S. equity securities, including securities of companies in emerging markets, small- and mid-cap companies, and equity securities that track major market indices. The funds may also invest in fixed-income securities, including high-quality corporate bonds, high-yield bonds, and government securities. The funds seek to achieve long-term total return through a combination of capital appreciation and income.

(b) The Cape Ann Global Developing Market Fund limited partnership invests in a diversified portfolio of equity securities of companies located in developing markets that are believed to possess superior potential for long-term capital growth.

Benefit Payments

Benefits are recorded when paid.

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. OBLIGATION FOR PENSION BENEFITS

The Company's policy is to make contributions to the Plan in amounts necessary, according to sound actuarial principles, to fund the benefits under this Plan and to maintain the actuarial integrity of the Plan. In accordance with its funding policy, the Company has satisfied the minimum funding requirements of ERISA but has not exceeded the limit of deductibility defined by the Internal Revenue Code (IRC).

PENSION PLAN OF ANNE ARUNDEL MEDICAL CENTER

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

3. OBLIGATION FOR PENSION BENEFITS – cont'd.

In the event the Plan terminates, the assets of the Plan, after withdrawal for expenses, will be allocated as prescribed by ERISA and its related regulations generally to provide benefits in the following order: (1) benefits called for under the Plan for those retired participants who have been receiving benefit payments for three years or who have been eligible to receive such payments for three years; (2) other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC); (3) all other vested benefits not insured by the PBGC; and (4) all nonvested benefits under the Plan. Any remaining assets, after making the allocations described above, are to be returned to the Company.

Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. Whether a particular participant's accumulated plan benefit will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at the time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2024 and 2023, that ceiling totaled \$7,108 and \$6,750, respectively. That ceiling applies to pensioners who elect to receive their benefits in the form of a single-life annuity and are 65 years old at the time of retirement or plan termination (whichever comes later). For younger or older annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward. For all benefits greater than the PBGC ceiling, the benefits will not be guaranteed for the difference.

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

4. ACCUMULATED PLAN BENEFITS

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

PENSION PLAN OF ANNE ARUNDEL MEDICAL CENTER

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

4. ACCUMULATED PLAN BENEFITS – cont’d.

The Plan’s actuary has estimated the actuarial present value of accumulated plan benefits as follows as of December 31,:

	2024	2023
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 30,512,230	\$ 28,785,782
Other participants	56,504,707	60,893,691
Total vested benefits	87,016,937	89,679,473
Nonvested benefits	4,644	3,687
Actuarial present value of accumulated plan benefits	\$ 87,021,581	\$ 89,683,160

The Plan’s actuary has estimated the changes in the actuarial present value of accumulated plan benefits as follows for the years ended December 31,:

	2024	2023
Actuarial present value of accumulated plan benefits, at beginning of year	\$ 89,683,160	\$ 93,414,617
Increase (decrease) during the year attributable to:		
Interest	4,502,446	4,697,778
Benefits accumulated and actuarial gains	152,445	510,653
Benefit payments	(7,844,553)	(7,866,260)
Assumption changes	528,083	(1,073,628)
Net decrease	(2,661,579)	(3,731,457)
Actuarial present value of accumulated plan benefits, at end of year	\$ 87,021,581	\$ 89,683,160

The actuarial present values of accumulated plan benefits have been calculated using the traditional unit credit method as of December 31, 2024 and 2023. The significant actuarial assumptions used in the valuation were (a) discount rate of 5.00% and 5.25% for 2024 and 2023, respectively; (b) mortality rates based on the PRI-2012 White Collar tables with the MP-2021 generationally applied, using separate rates for males and females and mortality before and after retirement; and (c) normal retirement age of 65. The assumption changes effective January 1, 2025 and 2024 and for the years ended December 31, 2024 and 2023, respectively, were a result of the change in interest rate for converting annuity to lump sum, change in the interest crediting and conversion rate from 2.75% to 3.25%, and the change in discount rate from 5.25% to 5.00%. Retirement assumptions are based upon distributed probabilities from age 55 to 75.

PENSION PLAN OF ANNE ARUNDEL MEDICAL CENTER

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

4. ACCUMULATED PLAN BENEFITS – cont'd.

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

5. INVESTMENTS

All investment data contained in the accompanying financial statements and supplemental schedules, including assets held at December 31, 2024 and 2023, interest and dividend income and net appreciation in fair value of investments for the years then ended, was obtained or derived from the information supplied to the Plan administrator and certified as complete and accurate by the Trustee (excluding the ending fair value for the limited partnership as of December 31, 2023). The ending fair value for the limited partnerships, which totaled \$1,936,638 as of December 31, 2023, including a year-end income adjustment of \$80,355, was subject to audit procedures.

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 IRC. 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. As the Plan is tax exempt and has no unrelated business taxable 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 Internal Revenue Service and Department of Labor; however, there are currently no audits for any periods in progress. The Plan is subject to examinations for various authorities for the years ended December 31, 2021 through 2024.

7. PARTY-IN-INTEREST TRANSACTIONS

The Company provides certain accounting and administrative services to the Plan for which no fees are charged. All such transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

8. PLAN TERMINATION

Although the Company has not expressed any intent to do so, it has the right under the Plan agreement to terminate the Plan subject to the provisions of ERISA. In the event of the Plan termination, participants would become 100% vested in their accumulated retirement benefits.

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

**PENSION PLAN OF
ANNE ARUNDEL MEDICAL CENTER
Plan Sponsor EIN: 52-1169362
Plan Number: 001**

**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
	Federated Heremes US Treasury Cash Reserve Fund	Interest bearing cash	\$ 2,973,615	\$ 2,973,615
	Mercer Active Intermediate Credit Fixed Income Fund	Interest in common/collective trusts	26,311,969	27,501,871
	Mercer Active Long Corporate Fixed Income Fund	Interest in common/collective trusts	26,484,437	26,838,072
	Mercer Emerging Markets Equity Fund	Interest in common/collective trusts	1,716,149	1,753,683
	Mercer Long Duration Passive Fixed Income Fund	Interest in common/collective trusts	13,735,429	13,534,826
	Mercer Non-US Core Equity Fund	Interest in common/collective trusts	4,041,595	4,031,597
	Mercer Opportunistic Fixed Income Fund	Interest in common/collective trusts	5,400,553	5,550,442
	Mercer US Large Cap Passive Equity Fund	Interest in common/collective trusts	7,948,496	9,078,848
	Mercer US Small/Midcap Equity Fund	Interest in common/collective trusts	1,304,897	1,399,861
	State Street Intermediate U.S. Government Bond Index Fund	Interest in common/collective trusts	18,207,555	18,768,860
			<u>\$ 105,151,080</u>	<u>\$ 108,458,060</u>

**PENSION PLAN OF
ANNE ARUNDEL MEDICAL CENTER**

Plan Sponsor EIN: 52-1169362

Plan Number: 001

**Schedule H, line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2024**

(a) Identity of Party Involved	(b) Description of Asset (include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category 1 - A Single Transaction in Excess of 5% of Plan Assets								
Credit Suisse Floating Rate High Income Fund	Interest in registered investment companies	\$ -	\$ 17,292,567	\$ -	\$ -	\$ 17,265,672	\$ 17,292,567	\$ 26,895
Federated Hermes Government Obligations Premier Fund	Interest bearing cash	39,792,567	-	-	-	39,792,567	39,792,567	-
Federated Hermes Government Obligations Premier Fund	Interest bearing cash	-	39,792,567	-	-	39,792,567	39,792,567	-
Federated Hermes Government Obligations Premier Fund	Interest bearing cash	37,911,687	-	-	-	37,911,687	37,911,687	-
Federated Hermes Government Obligations Premier Fund	Interest bearing cash	-	37,911,687	-	-	37,911,687	37,911,687	-
Federated Hermes Government Obligations Premier Fund	Interest bearing cash	28,179,319	-	-	-	28,179,319	28,179,319	-
Federated Hermes Government Obligations Premier Fund	Interest bearing cash	-	28,179,319	-	-	28,179,319	28,179,319	-
Federated Hermes Government Obligations Premier Fund	Interest bearing cash	6,227,822	-	-	-	6,227,822	6,227,822	-
Federated Hermes Government Obligations Premier Fund	Interest bearing cash	-	6,227,822	-	-	6,227,822	6,227,822	-
Mercer Active Intermediate Credit Fixed Income Fund	Interest in common/collective trusts	11,847,007	-	-	-	11,847,007	11,847,007	-
Mercer Active Intermediate Credit Fixed Income Fund	Interest in common/collective trusts	8,913,543	-	-	-	8,913,543	8,913,543	-
Mercer Active Long Corporate Fixed Income Fund	Interest in common/collective trusts	11,847,007	-	-	-	11,847,007	11,847,007	-
Mercer Active Long Corporate Fixed Income Fund	Interest in common/collective trusts	8,922,002	-	-	-	8,922,002	8,922,002	-
Mercer Long Duration Passive Fixed Income Fund	Interest in common/collective trusts	6,163,493	-	-	-	6,163,493	6,163,493	-
Mercer US Large Cap Passive Equity Fund	Interest in common/collective trusts	8,170,000	-	-	-	8,170,000	8,170,000	-
PIMCO Long Duration Total Return Fund	Interest in registered investment companies	-	10,500,000	-	-	10,926,926	10,500,000	(426,926)
PIMCO Long Duration Total Return Fund	Interest in registered investment companies	-	12,500,000	-	-	12,971,756	12,500,000	(471,756)
PIMCO Long Duration Total Return Fund	Interest in registered investment companies	-	12,941,026	-	-	13,429,427	12,941,026	(488,401)
PIMCO Total Return Fund	Interest in registered investment companies	-	6,000,000	-	-	6,119,892	6,000,000	(119,892)
PIMCO Total Return Fund	Interest in registered investment companies	-	7,400,000	-	-	7,530,107	7,400,000	(130,107)
PIMCO Total Return Fund	Interest in registered investment companies	-	7,511,862	-	-	7,625,993	7,511,862	(114,131)
SSGA Intermediate US Government Bond Index Fund	Interest in common/collective trusts	8,054,180	-	-	-	8,054,180	8,054,180	-
SSGA Intermediate US Government Bond Index Fund	Interest in common/collective trusts	5,920,907	-	-	-	5,920,907	5,920,907	-
		181,949,534	186,256,850	-	-	369,930,702	368,206,384	(1,724,318)
Category 2 - Series of Transactions with Same Broker Exceeds 5% of Value								
Ishares Gold Trust	Interest in exchange-traded funds	-	2,611,883	-	277	2,497,920	2,611,883	113,963
Vanguard Real Estate ETF	Interest in exchange-traded funds	-	3,615,939	-	199	3,755,300	3,615,939	(139,361)
		-	6,227,822	-	476	6,253,220	6,227,822	(25,398)

**PENSION PLAN OF
ANNE ARUNDEL MEDICAL CENTER**

Plan Sponsor EIN: 52-1169362

Plan Number: 001

**Schedule H, line 4j - Schedule of Reportable Transactions - cont'd.
For the Year Ended December 31, 2024**

(a) Identity of Party Involved	(b) Description of Asset (include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category 3 - Series of Transactions in Same Security Exceeds 5% of Value								
Carrillon Reams Unconstrained Bond Fund (3 sales)	Interest in registered investment companies	\$ -	\$ 10,085,999	\$ -	\$ -	\$ 10,159,164	\$ 10,085,999	\$ (73,165)
Carrillon Reams Unconstrained Bond Fund (2 reinvestments)	Interest in registered investment companies	84,425	-	-	-	84,425	84,425	-
Credit Suisse Floating Rate High Income Fund (1 sale)	Interest in registered investment companies	-	17,292,567	-	-	17,265,672	17,292,567	26,895
Credit Suisse Floating Rate High Income Fund (2 reinvestments)	Interest in registered investment companies	266,755	-	-	-	266,755	266,755	-
Federated Hermes Government Obligations Premier Fund (15 purchases)	Interest bearing cash	114,542,921	-	-	-	114,542,921	114,542,921	-
Federated Hermes Government Obligations Premier Fund (28 sales)	Interest bearing cash	-	115,836,025	-	-	115,836,025	115,836,025	-
Federated Hermes US Treasury Cash Reserve Fund (20 purchases)	Interest bearing cash	7,436,373	-	-	-	7,436,373	7,436,373	-
Federated Hermes US Treasury Cash Reserve Fund (34 sales)	Interest bearing cash	-	4,468,504	-	-	4,468,504	4,468,504	-
Loomis Sayles Fixed Income Fund (3 sales)	Interest in registered investment companies	-	9,451,151	-	-	9,483,662	9,451,151	(32,511)
Mercer Active Intermediate Credit Fixed Income Fund (3 purchases)	Interest in common/collective trusts	22,708,608	-	-	-	22,708,608	22,708,608	-
Mercer Active Intermediate Credit Fixed Income Fund (2 sales)	Interest in common/collective trusts	-	1,751,393	-	-	1,708,832	1,751,393	42,561
Mercer Active Long Corporate Fixed Income Fund (4 purchases)	Interest in common/collective trusts	27,856,706	-	-	-	27,856,706	27,856,706	-
Mercer Active Long Corporate Fixed Income Fund (3 sales)	Interest in common/collective trusts	-	1,448,336	-	-	1,373,704	1,448,336	74,632
Mercer Long Duration Passive Fixed Income Fund (4 purchases)	Interest in common/collective trusts	14,416,283	-	-	-	14,416,283	14,416,283	-
Mercer Long Duration Passive Fixed Income Fund (2 sales)	Interest in common/collective trusts	-	725,333	-	-	681,690	725,333	43,643
Mercer Non-US Core Equity Fund (2 purchases)	Interest in common/collective trusts	5,081,161	-	-	-	5,081,161	5,081,161	-
Mercer Non-US Core Equity Fund (4 sales)	Interest in common/collective trusts	-	1,062,909	-	-	1,039,784	1,062,909	23,125
Mercer Opportunistic Fixed Income Fund (1 purchase)	Interest in common/collective trusts	5,670,000	-	-	-	5,670,000	5,670,000	-
Mercer Opportunistic Fixed Income Fund (2 sales)	Interest in common/collective trusts	-	271,276	-	-	269,447	271,276	1,829
Mercer US Large Cap Passive Equity Fund (2 purchases)	Interest in common/collective trusts	9,296,521	-	-	-	9,296,521	9,296,521	-
Mercer US Large Cap Passive Equity Fund (4 sales)	Interest in common/collective trusts	-	1,466,145	-	-	1,351,661	1,466,145	114,484
PIMCO Long Duration Total Return Fund (3 sales)	Interest in registered investment companies	-	35,941,026	-	-	37,328,109	35,941,026	(1,387,083)
PIMCO Long Duration Total Return Fund (2 reinvestments)	Interest in registered investment companies	180,851	-	-	-	180,851	180,851	-
PIMCO Total Return Fund (2 reinvestments)	Interest in registered investment companies	138,595	-	-	-	138,595	138,595	-
PIMCO Total Return Fund (3 sales)	Interest in registered investment companies	-	20,911,862	-	-	21,275,992	20,911,862	(364,130)
State Street Intermediate U.S. Government Bond Index Fund (4 purchases)	Interest in common/collective trusts	19,019,798	-	-	-	19,019,798	19,019,798	-
State Street Intermediate U.S. Government Bond Index Fund (5 sales)	Interest in common/collective trusts	-	823,927	-	-	813,579	823,927	10,348
		226,698,997	221,536,453	-	-	449,754,822	448,235,450	(1,519,372)

**PENSION PLAN OF
ANNE ARUNDEL MEDICAL CENTER
Plan Sponsor EIN: 52-1169362
Plan Number: 001**

**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
	Federated Heremes US Treasury Cash Reserve Fund	Interest bearing cash	\$ 2,973,615	\$ 2,973,615
	Mercer Active Intermediate Credit Fixed Income Fund	Interest in common/collective trusts	26,311,969	27,501,871
	Mercer Active Long Corporate Fixed Income Fund	Interest in common/collective trusts	26,484,437	26,838,072
	Mercer Emerging Markets Equity Fund	Interest in common/collective trusts	1,716,149	1,753,683
	Mercer Long Duration Passive Fixed Income Fund	Interest in common/collective trusts	13,735,429	13,534,826
	Mercer Non-US Core Equity Fund	Interest in common/collective trusts	4,041,595	4,031,597
	Mercer Opportunistic Fixed Income Fund	Interest in common/collective trusts	5,400,553	5,550,442
	Mercer US Large Cap Passive Equity Fund	Interest in common/collective trusts	7,948,496	9,078,848
	Mercer US Small/Midcap Equity Fund	Interest in common/collective trusts	1,304,897	1,399,861
	State Street Intermediate U.S. Government Bond Index Fund	Interest in common/collective trusts	18,207,555	18,768,860
			\$ 105,151,080	\$ 108,458,060

**PENSION PLAN OF
ANNE ARUNDEL MEDICAL CENTER**

**Plan Sponsor EIN: 52-1169362
Plan Number: 001**

**Schedule H, line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2024**

(a) Identity of Party Involved	(b) Description of Asset (include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category 1 - A Single Transaction in Excess of 5% of Plan Assets								
Credit Suisse Floating Rate High Income Fund	Interest in registered investment companies	\$ -	\$ 17,292,567	\$ -	\$ -	\$ 17,265,672	\$ 17,292,567	\$ 26,895
Federated Hermes Government Obligations Premier Fund	Interest bearing cash	39,792,567	-	-	-	39,792,567	39,792,567	-
Federated Hermes Government Obligations Premier Fund	Interest bearing cash	-	39,792,567	-	-	39,792,567	39,792,567	-
Federated Hermes Government Obligations Premier Fund	Interest bearing cash	37,911,687	-	-	-	37,911,687	37,911,687	-
Federated Hermes Government Obligations Premier Fund	Interest bearing cash	-	37,911,687	-	-	37,911,687	37,911,687	-
Federated Hermes Government Obligations Premier Fund	Interest bearing cash	28,179,319	-	-	-	28,179,319	28,179,319	-
Federated Hermes Government Obligations Premier Fund	Interest bearing cash	-	28,179,319	-	-	28,179,319	28,179,319	-
Federated Hermes Government Obligations Premier Fund	Interest bearing cash	6,227,822	-	-	-	6,227,822	6,227,822	-
Federated Hermes Government Obligations Premier Fund	Interest bearing cash	-	6,227,822	-	-	6,227,822	6,227,822	-
Mercer Active Intermediate Credit Fixed Income Fund	Interest in common/collective trusts	11,847,007	-	-	-	11,847,007	11,847,007	-
Mercer Active Intermediate Credit Fixed Income Fund	Interest in common/collective trusts	8,913,543	-	-	-	8,913,543	8,913,543	-
Mercer Active Long Corporate Fixed Income Fund	Interest in common/collective trusts	11,847,007	-	-	-	11,847,007	11,847,007	-
Mercer Active Long Corporate Fixed Income Fund	Interest in common/collective trusts	8,922,002	-	-	-	8,922,002	8,922,002	-
Mercer Long Duration Passive Fixed Income Fund	Interest in common/collective trusts	6,163,493	-	-	-	6,163,493	6,163,493	-
Mercer US Large Cap Passive Equity Fund	Interest in common/collective trusts	8,170,000	-	-	-	8,170,000	8,170,000	-
PIMCO Long Duration Total Return Fund	Interest in registered investment companies	-	10,500,000	-	-	10,926,926	10,500,000	(426,926)
PIMCO Long Duration Total Return Fund	Interest in registered investment companies	-	12,500,000	-	-	12,971,756	12,500,000	(471,756)
PIMCO Long Duration Total Return Fund	Interest in registered investment companies	-	12,941,026	-	-	13,429,427	12,941,026	(488,401)
PIMCO Total Return Fund	Interest in registered investment companies	-	6,000,000	-	-	6,119,892	6,000,000	(119,892)
PIMCO Total Return Fund	Interest in registered investment companies	-	7,400,000	-	-	7,530,107	7,400,000	(130,107)
PIMCO Total Return Fund	Interest in registered investment companies	-	7,511,862	-	-	7,625,993	7,511,862	(114,131)
SSGA Intermediate US Government Bond Index Fund	Interest in common/collective trusts	8,054,180	-	-	-	8,054,180	8,054,180	-
SSGA Intermediate US Government Bond Index Fund	Interest in common/collective trusts	5,920,907	-	-	-	5,920,907	5,920,907	-
		181,949,534	186,256,850	-	-	369,930,702	368,206,384	(1,724,318)
Category 2 - Series of Transactions with Same Broker Exceeds 5% of Value								
Ishares Gold Trust	Interest in exchange-traded funds	-	2,611,883	-	277	2,497,920	2,611,883	113,963
Vanguard Real Estate ETF	Interest in exchange-traded funds	-	3,615,939	-	199	3,755,300	3,615,939	(139,361)
		-	6,227,822	-	476	6,253,220	6,227,822	(25,398)

**PENSION PLAN OF
ANNE ARUNDEL MEDICAL CENTER**

Plan Sponsor EIN: 52-1169362

Plan Number: 001

**Schedule H, line 4j - Schedule of Reportable Transactions - cont'd.
For the Year Ended December 31, 2024**

(a) Identity of Party Involved	(b) Description of Asset (include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category 3 - Series of Transactions in Same Security Exceeds 5% of Value								
Carrillon Reams Unconstrained Bond Fund (3 sales)	Interest in registered investment companies	\$ -	\$ 10,085,999	\$ -	\$ -	\$ 10,159,164	\$ 10,085,999	\$ (73,165)
Carrillon Reams Unconstrained Bond Fund (2 reinvestments)	Interest in registered investment companies	84,425	-	-	-	84,425	84,425	-
Credit Suisse Floating Rate High Income Fund (1 sale)	Interest in registered investment companies	-	17,292,567	-	-	17,265,672	17,292,567	26,895
Credit Suisse Floating Rate High Income Fund (2 reinvestments)	Interest in registered investment companies	266,755	-	-	-	266,755	266,755	-
Federated Hermes Government Obligations Premier Fund (15 purchases)	Interest bearing cash	114,542,921	-	-	-	114,542,921	114,542,921	-
Federated Hermes Government Obligations Premier Fund (28 sales)	Interest bearing cash	-	115,836,025	-	-	115,836,025	115,836,025	-
Federated Hermes US Treasury Cash Reserve Fund (20 purchases)	Interest bearing cash	7,436,373	-	-	-	7,436,373	7,436,373	-
Federated Hermes US Treasury Cash Reserve Fund (34 sales)	Interest bearing cash	-	4,468,504	-	-	4,468,504	4,468,504	-
Loomis Sayles Fixed Income Fund (3 sales)	Interest in registered investment companies	-	9,451,151	-	-	9,483,662	9,451,151	(32,511)
Mercer Active Intermediate Credit Fixed Income Fund (3 purchases)	Interest in common/collective trusts	22,708,608	-	-	-	22,708,608	22,708,608	-
Mercer Active Intermediate Credit Fixed Income Fund (2 sales)	Interest in common/collective trusts	-	1,751,393	-	-	1,708,832	1,751,393	42,561
Mercer Active Long Corporate Fixed Income Fund (4 purchases)	Interest in common/collective trusts	27,856,706	-	-	-	27,856,706	27,856,706	-
Mercer Active Long Corporate Fixed Income Fund (3 sales)	Interest in common/collective trusts	-	1,448,336	-	-	1,373,704	1,448,336	74,632
Mercer Long Duration Passive Fixed Income Fund (4 purchases)	Interest in common/collective trusts	14,416,283	-	-	-	14,416,283	14,416,283	-
Mercer Long Duration Passive Fixed Income Fund (2 sales)	Interest in common/collective trusts	-	725,333	-	-	681,690	725,333	43,643
Mercer Non-US Core Equity Fund (2 purchases)	Interest in common/collective trusts	5,081,161	-	-	-	5,081,161	5,081,161	-
Mercer Non-US Core Equity Fund (4 sales)	Interest in common/collective trusts	-	1,062,909	-	-	1,039,784	1,062,909	23,125
Mercer Opportunistic Fixed Income Fund (1 purchase)	Interest in common/collective trusts	5,670,000	-	-	-	5,670,000	5,670,000	-
Mercer Opportunistic Fixed Income Fund (2 sales)	Interest in common/collective trusts	-	271,276	-	-	269,447	271,276	1,829
Mercer US Large Cap Passive Equity Fund (2 purchases)	Interest in common/collective trusts	9,296,521	-	-	-	9,296,521	9,296,521	-
Mercer US Large Cap Passive Equity Fund (4 sales)	Interest in common/collective trusts	-	1,466,145	-	-	1,351,661	1,466,145	114,484
PIMCO Long Duration Total Return Fund (3 sales)	Interest in registered investment companies	-	35,941,026	-	-	37,328,109	35,941,026	(1,387,083)
PIMCO Long Duration Total Return Fund (2 reinvestments)	Interest in registered investment companies	180,851	-	-	-	180,851	180,851	-
PIMCO Total Return Fund (2 reinvestments)	Interest in registered investment companies	138,595	-	-	-	138,595	138,595	-
PIMCO Total Return Fund (3 sales)	Interest in registered investment companies	-	20,911,862	-	-	21,275,992	20,911,862	(364,130)
State Street Intermediate U.S. Government Bond Index Fund (4 purchases)	Interest in common/collective trusts	19,019,798	-	-	-	19,019,798	19,019,798	-
State Street Intermediate U.S. Government Bond Index Fund (5 sales)	Interest in common/collective trusts	-	823,927	-	-	813,579	823,927	10,348
		226,698,997	221,536,453	-	-	449,754,822	448,235,450	(1,519,372)