Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	**2024** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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.)
- [x] 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. . . . . ▶ [x]

D Check box if filing under:
- [x] 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

1a Name of plan
PENSION PLAN FOR MEMBERS OF THE BARGAINING UNIT OF GREATER BALTIMORE MEDICAL CENTER

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 07/01/1976

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)
GREATER BALTIMORE MEDICAL CENTER

6701 NORTH CHARLES STREET
TOWSON, MD 21204-6808

2b Employer Identification Number (EIN) 52-6049658

2c Plan Sponsor's telephone number 443-849-2000

2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/14/2026	ANNA-MARIA PALMER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

THE ADMINISTRATIVE COMMITTEE

6701 NORTH CHARLES STREET
TOWSON, MD 21204-6808

3b Administrator's EIN
52-1368650

3c Administrator's telephone number
443-849-2000

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	810
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)**	342
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	353
b	Retired or separated participants receiving benefits	**6b**	255
c	Other retired or separated participants entitled to future benefits	**6c**	203
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	811
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	30
f	Total. Add lines **6d** and **6e**.	**6f**	841
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**	12
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 1C 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) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

a Pension Schedules

- (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 0
- (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)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2024** **This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

▶ **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 FOR MEMBERS OF THE BARGAINING UNIT OF GREATER BALTIMORE MEDICAL CENTER

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
GREATER BALTIMORE MEDICAL CENTER

D Employer Identification Number (EIN)
52-6049658

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 07 Day 01 Year 2024

2 Assets:

a Market value	**2a**	35461184
b Actuarial value	**2b**	34854692

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	285	13816178	13816178
b For terminated vested participants	183	3529166	3529166
c For active participants	344	11337311	11905815
d Total	812	28682655	29251159

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

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**	5.30 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	694248
b Expected plan-related expenses	**6b**	350000
c Target normal cost	**6c**	1044248

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	03/05/2026 Date
MARK ANDERSON Type or print name of actuary	23-08129 Most recent enrollment number
BOLTON PARTNERS, INC. Firm name	410-547-0500 Telephone number (including area code)
1 W. PENNSYLVANIA AVENUE, SUITE 600 TOWSON, MD 21204 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 [ ]

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)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1351400
	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 5.30 %		71624
	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		1423024
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	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	119.15 %
15	Adjusted funding target attainment percentage	15	119.15 %
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	122.06 %
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
07/30/2024	200000	0			
11/25/2024	50000	0			
11/27/2024	50000	0			
			Totals ► 18(b)	300000	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	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	297109

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:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.75 %	5.12 %	5.59 %	

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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**	0
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**	1044248
b Excess assets, if applicable, but not greater than line 31a	**31b**	1044248

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

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	0	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**	297109

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

a Total (excess, if any, of line 37 over line 36)	**38a**	297109
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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan
PENSION PLAN FOR MEMBERS OF THE BARGAINING UNIT OF GREATER BALTIMORE MEDICAL CENTER

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
GREATER BALTIMORE MEDICAL CENTER

D Employer Identification Number (EIN)
52-6049658

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).. . . . . [X] 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	
DODGE & COX	555 CALIFORNIA STREET, 40TH FLOOR SAN FRANCISCO, CA 94101

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
T ROWE PRICE	101 EAST PRATT STREET BALTIMORE, MD 21222-6120

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
VANGUARD	PO BOX 1110 VALLEY FORGE, PA 19482

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
WESTERN ASSET MANAGEMENT CO.	385 EAST COLORADO BOULEVARD PASADENA, CA 91101-1923

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

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

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

BOLTON PARTNERS INC

52-1231144

(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	N/A	97979	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEGAL & GENERAL INVESTMENT MGMT

20-8058531

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	N/A	59675	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BDO USA, P.C.

13-5381590

(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	N/A	36107	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

PNC BANK, N.A.

25-1211909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 21	N/A	18869	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

AON HEWITT

36-2235791

(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?
15	N/A	6120	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SMITH & DOWNEY

52-1839270

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	N/A	4240	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan
PENSION PLAN FOR MEMBERS OF THE BARGAINING UNIT OF GREATER BALTIMORE MEDICAL CENTER

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
GREATER BALTIMORE MEDICAL CENTER

D Employer Identification Number (EIN)
52-6049658

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)

a Name of MTIA, CCT, PSA, or 103-12 IE: LEGAL & GENERAL LONG DURATION U.S.

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

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)
35-7085469-020	C	25839115

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2024** **This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan
PENSION PLAN FOR MEMBERS OF THE BARGAINING UNIT OF GREATER BALTIMORE MEDICAL CENTER

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
GREATER BALTIMORE MEDICAL CENTER

D Employer Identification Number (EIN)
52-6049658

Part I Asset and Liability Statement

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

Assets		(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)	36473	27813
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	185199	1009819
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	25234094	25839115
(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)	10005417	8968437
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	35461183	35845184
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	89825	38591
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	89825	38591
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	35371358	35806593

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)	300000	
(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)		300000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	18106	
(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)		18106
(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)	121261	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		121261
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		664696
(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)		1283084
c Other income	2c		562
d Total income. Add all **income** amounts in column (b) and enter total	2d		2387709
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1703252	
(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)		1703252
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)	4240	
(4) IQPA audit fees	2i(4)	36107	
(5) Investment advisory and investment management fees	2i(5)	82729	
(6) Bank or trust company trustee/custodial fees	2i(6)	18869	
(7) Actuarial fees	2i(7)	107858	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	-581	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		249222
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1952474
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		435235
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) [X] 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) [X] 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: BDO USA P.C. **(2)** EIN: 13-5381590

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.)	4a		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.)	4b		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.)	4c		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.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j	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?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 568718.

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

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan
PENSION PLAN FOR MEMBERS OF THE BARGAINING UNIT OF GREATER BALTIMORE MEDICAL CENTER

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
GREATER BALTIMORE MEDICAL CENTER

D Employer Identification Number (EIN)
52-6049658

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 25-1211909 _____

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** 6

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☒ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Pension Plan for Members of the Bargaining Unit of Greater Baltimore Medical Center

Financial Statements and
ERISA-Required Supplemental Schedules
Years Ended June 30, 2025 and 2024

The report accompanying these financial statements was issued by
BDO USA, P.C., a Virginia professional corporation, and the U.S. member
of BDO International Limited, a UK company limited by guarantee.

BDO

Pension Plan for Members of the Bargaining Unit of Greater Baltimore Medical Center

Financial Statements and
ERISA-Required Supplemental Schedules
Years ended June 30, 2025 and 2024

Pension Plan for Members of the Bargaining Unit of Greater Baltimore Medical Center

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Note: Other schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

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Independent Auditor's Report

To the Plan Administrator
Pension Plan for the Members of the Bargaining Unit of
Greater Baltimore Medical Center
Towson, Maryland

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

We have performed audits of the financial statements of the Pension Plan for the Members of the Bargaining Unit of Greater Baltimore 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). The financial statements comprise the statements of net assets available for benefits as of June 30, 2025 and 2024, and 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from a qualified institution as of June 30, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP); and

- the certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C., a Virginia professional corporation, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, 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 within one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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 certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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 GAAP.

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

Other Matter — Supplemental Schedules Required by ERISA

The ERISA-required supplemental schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of June 30, 2025 and the ERISA-required supplemental schedule H, Line 4j - Schedule of Reportable Transactions as of June 30, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial

statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

- the certified investment information in the supplemental schedules agrees to, or are derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C.

Baltimore, MD
April 9, 2026

Financial Statements

Pension Plan for Members of the Bargaining Unit of Greater Baltimore Medical Center

Statements of Net Assets Available for Benefits

June 30,	**2025**	2024
Assets		
Investments, at fair value		
Mutual funds	**$ 8,968,437**	$ 10,005,417
Money market funds	**1,009,819**	185,199
Collective investment trust	**25,839,115**	25,234,094
Total investments, at fair value	**35,817,371**	35,424,710
Receivables		
Investment income	**27,813**	36,473
Total assets	**35,845,184**	35,461,183
Liabilities		
Accrued expenses	**38,591**	89,825
Net assets available for benefits	**$ 35,806,593**	$ 35,371,358

See accompanying notes to financial statements.

Pension Plan for Members of the Bargaining Unit of Greater Baltimore Medical Center

Statements of Changes in Net Assets Available for Benefits

Years ended June 30,	**2025**	2024
Additions:		
Investment income		
Net appreciation in fair value of investments	**$ 1,947,780**	$ 2,333,980
Interest and dividends income	**139,367**	145,748
Net investment income	**2,087,147**	2,479,728
Other income	**562**	1,114
Employer contributions	**300,000**	1,380,000
Total additions	**2,387,709**	3,860,842
Deductions:		
Benefits paid directly to participants	**1,703,252**	1,826,240
Administrative expenses	**249,222**	355,640
Total deductions	**1,952,474**	2,181,880
Net increase	**435,235**	1,678,962
Net assets available for benefits		
Beginning of year	**35,371,358**	33,692,396
End of year	**$ 35,806,593**	$ 35,371,358

See accompanying notes to financial statements.

1. Description of the Plan

The following description of the Pension Plan for Members of the Bargaining Unit of Greater Baltimore Medical Center (the Plan) is provided for general information purposes only. Participants should refer to the comprehensive plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan covering Greater Baltimore Medical Center (Medical Center) employees who are represented by District 1199E-DC Service Employee International Union (the 1199 SEIU Union). The Plan was most recently restated July 1, 2013 and amended January 1, 2024. Contributions to the Plan are made by the Medical Center. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Under the provisions of the Plan, employees become eligible for participation after the earlier of (a) completion of one year of service (July 1 to June 30) and attainment of age 21, or (b) completion of three years of service. A year of service requires working at least 1,000 hours in an eligible job classification within a 12-month period.

Participant Accounts

Under the Plan provisions, amounts are credited by the Medical Center to the participants' hypothetical accounts. The accounts are allocated with compensated credits (through June 30, 2009) and investment credits at the end of each Plan year. The compensation credits are based on a percentage of the participant's elective deferrals to the Medical Center's 403(b) retirement plan. Final average compensation is the average of a participant's highest five complete consecutive calendar years of gross base salary at the Medical Center within the 10 complete consecutive calendar years immediately preceding the participant's retirement, death or other termination of service. For participants having completed fewer than five years of service as of their retirement, death or other termination from service, their final average compensation will be their average salary for all of their completed consecutive years of service.

Participants' hypothetical accounts also receive investment credits at the end of each plan year. The amount of the investment credit is equal to the effective yield on six-month Treasury Bills issued for the week which includes the first day of each plan year. As of June 30, 2024 and 2023 (dates of valuation), the actual interest crediting rate was 5.11% and 5.27% respectively.

Pension Benefits

Benefits are determined based on both the hypothetical account balance and a final average compensation formula. The participant's hypothetical account is converted to an annuity at normal retirement age and added to the participant's accrued benefit under the final average compensation formula. Plan participants are eligible for their Plan benefit after terminating employment with vested rights upon normal retirement (age 65), early retirement (ages 55-64 with 10 years of credited service), and attainment of age 62 while employed with the Medical Center. If employees terminate before rendering three years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Medical Center's contributions.

Upon termination of employment, participants have the option of receiving their vested benefit in the form of a one-time lump sum payment, a monthly annuity payable for their lifetime, 10-year certain annuity, or joint and survivor annuity. In addition, participants whose vested accrued benefit is less than $1,000 will receive a lump sum payment without the participant's consent. Effective January 2023, the Plan was amended to allow automatic rollovers for lump sums exceeding $1,000 and up to $5,000. Participants whose vested accrued benefit is between $5,000 and $30,000 may elect to receive a lump sum payment with spousal consent. In addition, participants who have attained the age of 62 and are still employed by the Medical Center may elect to receive monthly annuity payments prior to their date of termination or attainment of early or normal retirement age (65). Effective January 2024, the Plan was amended to allow automatic rollovers for lump sums exceeding $1,000 and up to $7,000. Participants whose vested accrued benefit is between $7,000 and $30,000 may elect to receive a lump sum payment with spousal consent.

Death and Disability Benefits

If a participant of the Plan dies after payments from the Plan have begun, any death benefits are payable according to the form of payment elected. If an active participant of the Plan dies and meets the early retirement criteria, the participant's spouse is eligible for the benefit payments. If a participant dies prior to early retirement age but has completed at least five years of service, the participant's spouse is entitled to death benefits beginning on the date the participant would have reached age 55. Active participants who become totally and permanently disabled are eligible for benefit payments if they have ten years of credited service. Disability retirement benefits are calculated in the same manner as normal retirement benefits.

Funding Policy

The Medical Center contributes each year an amount that meets the minimum funding standards required by law, as determined by the Plan's actuary, and any additional amount that may be deemed appropriate. Required contribution levels are based upon the payment of the current normal cost for each participant, as well as amortization of the total unfunded actuarial accrued liabilities. Actuarial gains and losses are amortized over fifteen years for minimum funding purposes under the Pension Protection Act. As determined by the Plan's actuary, contributions for the years ended June 30, 2025 and 2024, met the minimum ERISA funding requirements.

Although it has not expressed any intention to do so, the Medical Center has the right under the Plan to negotiate a termination with the 1199 SEIU Union and to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Vesting

Vesting of a participant's accrued benefit is based on years of service. Participants are fully vested after three years of service.

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Retirement Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, trustee, and insurance company. See Note 5 for discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

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

Subsequent Events

The Plan Administrator has evaluated subsequent events through April 9, 2026, the date the financial statements were available to be issued.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the plan are accumulated based on employees' compensation during each year of credited service. The present value of accumulated Plan benefits as of the benefit information date for active employees equals the sum of (a) the accumulation,

with interest, of hypothetical balance and (b) the present value of the monthly annuity accrued under the final average compensation formula. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

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

The significant actuarial assumptions used in the valuations as of June 30, 2024 and 2023 were as follows:

Interest Rate	5.25% Compounded Annually
Mortality Basis	Pri-2012 Blue Collar Mortality Table, projected generationally using the MP-2021 Mortality Improvement Scale
Retirement age	Active participants, a range of ages from 62 to 70 Terminated vested participants, normal retirement age, 65
Assumed Future Interest Credits	3% Compounded Annually

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of July 1, 2024.

A summary of the actuarial present value of accumulated plan benefits is shown below:

June 30,		2024
Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits:		
Participants currently receiving payments*	$	13,577,361
Other participants		14,415,742
Total Vested Benefit		27,993,103
Non-Vested Benefits		1,086,824
Total Actuarial Present Value of Accumulated Plan Benefits	$	29,079,927

* Includes Active participants receiving in-service retirement benefits.

The change in the actuarial present value of accumulated plan benefits is as follows:

Year ended June 30,		*2024*
Actuarial Present Value of Accumulated Plan Benefits, beginning of year	$	28,955,302
Increase (decrease) during the year attributable to:		
Plan experience		507,748
Change in actuarial assumptions		(29,098)
Interest		1,472,215
Benefits paid		(1,826,240)
Net Increase		124,625
Actuarial Present Value of Accumulated Plan Benefits, end of year	$	29,079,927

4. Certified Investment Information

Certain information disclosed in the accompanying financial statements and ERISA-required supplemental schedules, related to investments held at June 30, 2025 and 2024, and net appreciation in fair value of investments and interest and dividends for the years ended June 30, 2025 and 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by PNC Bank, National Association (PNC), a qualified institution.

5. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

There have been no changes in the methodologies used at June 30, 2025 or 2024. The following is a description of the valuation methodologies used for assets measured at fair value:

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

Money Market Funds: Valued and traded at a stable $1.00 NAV which approximates fair value.

Collective Investment Trust: The Collective Investment Trust is valued at NAV of units held. The NAV is the practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liability. The net unit per share of the Trust is determined at the close of regular trading on the New York Stock Exchange (NYSE), normally at 4:00 pm Eastern time, on days the NYSE is open. Each class's net unit value per share is calculated by adding the market value or fair value, as applicable, of all securities and other assets of the Fund, subtracting its liabilities and dividing the result by the number of its outstanding units.

The preceding methods described may produce a fair value calculation which may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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 financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments measured at fair value on a recurring basis:

	June 30, 2025			
	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 8,968,437	$ -	$ -	$ 8,968,437
Money Market Funds	1,009,819	-	-	1,009,819
Investments measured at NAV*	-	-	-	25,839,115
Total Investments, at fair value	$ 9,978,256	$ -	$ -	$ 35,817,371

	June 30, 2024			
	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 10,005,417	$ -	$ -	$ 10,005,417
Money Market Funds	185,199	-	-	185,199
Investments measured at NAV*	-	-	-	25,234,094
Total Investments, at fair value	$ 10,190,616	$ -	$ -	$ 35,424,710

* Certain investments that are measured at fair value using net asset value per share (or its equivalent) practical expedient have not been categorized in 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 presented in the statements of net assets available for benefits.

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of June 30, 2025 and 2024. There are no participant redemption restrictions for this investment; the redemption notice period is applicable only to the Plan. These investments are direct filing entities.

Investment Type	**Fair Value June 30, 2025**	Fair Value June 30, 2024	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
L&G Long Duration US Credit Fund	**$25,839,115**	$ 25,234,094	None	Daily	None

6. Plan Termination

Although it has not expressed any intention to do so, the Medical Center has the right under the plan to negotiate a termination with the 1199 SEIU Union and to discontinue its contributions at any time and to terminate the plan subject to the provisions set forth in ERISA.

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

a) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

b) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.

c) All other vested benefits (that is, vested benefits not insured by the PBGC).

d) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under

the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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

7. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Plan by a letter dated August 11, 2014 that the Plan is designed in accordance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan is qualified, and the related trust is tax-exempt.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. Risks and Uncertainties

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

As of June 30, 2025 and 2024, there were 2 investments held that individually accounted for more than 10% of total investments. See the supplemental Schedule of Assets (Held at End of Year) for a complete listing of investments held at June 30, 2025.

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

9. Related Party and Party-in-Interest Transactions

The Plan investments are managed by PNC, the trustee as defined by the Plan and, therefore, the investment transactions qualify as party-in-interest transactions. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

ERISA-Required Supplemental Schedules

Pension Plan for Members of the Bargaining Unit of Greater Baltimore Medical Center

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

EIN: 52-6049658
Plan Number: 003

Year ended June 30, 2025

(a)	(b) Identity of Issuer, 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

(See following pages)

Detail

Portfolio

Cash and cash equivalents

Mutual funds - money market

Description	Market value last period / Quantity	Current market value / Current price per unit	% of total portfolio	Total original value at PNC / Avg. original value at PNC per unit	Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
FEDERATED HERMES GOVT OBLIG PREM SHS #117 20-46-002-***1908	$252.71 252.710	$252.71 $1.0000	0.01 %	$252.71 $1.00		4.27 %	$10.79	$0.88
FEDERATED HERMES GOVT OBLIG PREM SHS #117 20-46-002-***8857	143.00 143	143.00 1.0000	0.01 %	143.00 1.00		4.28 %	6.11	0.50
FEDERATED HERMES US TREASURY CASH RESERVES PREMIER SHARES FUND UTPXX #572 20-46-002-***1514	1,009,422.81 1,009,422.810	1,009,422.81 1.0000	2.82 %	1,009,422.81 1.00		4.14 %	41,767.02	887.81
Total mutual funds - money market		**$1,009,818.52**	**2.82 %**	**$1,009,818.52**		**4.14 %**	**$41,783.92**	**$889.19**
Total cash and cash equivalents		**$1,009,818.52**	**2.82 %**	**$1,009,818.52**		**4.14 %**	**$41,783.92**	**$889.19**

Equities

Mutual funds - equity

Description (Symbol)	Market value last period / Quantity	Current market value / Current price per unit	% of total portfolio	Total original value at PNC / Avg. original value at PNC per unit	Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
VANGUARD INDEX TR (VITSX) TOTAL STK MKT PORTFOLIO INSTL FUND #855 20-46-002-***1908	$7,897,422.09 60,585.269	$8,968,437.37 $148.0300	25.04 %	$6,109,005.36 $100.83	$2,859,432.01	1.23 %	$109,417.00	$26,924.10

Detail

Alternative investments

Hedge funds

Description (Symbol)	Market value last period / Quantity	Current market value / Current price per unit	% of total portfolio	Total original value at PNC / Avg. original value at PNC per unit	Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
L&G LONG DURATION U.S. CREDIT () CIT FUND (MARKET VALUE AS OF 05/31/25) 20-46-002-***8857	$25,177,273.87 210,108.269	$25,839,114.92 $122.9800	72.15 %	$24,109,697.18 $114.75	$1,729,417.74			
Total portfolio		**$35,817,370.81**	**100.00 %**	**$31,228,521.06**	**$4,588,849.75**	**0.42 %**	**$151,200.92**	**$27,813.29**

Income and Accrual Detail

Portfolio - principal

Cash and cash equivalents

Mutual funds - money market

Description	Estimated Annual Income / Quantity	Ex Date / Pay Date	Annual Rate	Beginning Accrual	Income Earned	Income Received	Ending Accrual
FEDERATED HERMES GOVT OBLIG 363 PREM SHS #117 20-46-002-***1908	$10.79 252.710		4.269	$0.54	$319.70	$319.36	$0.88
FEDERATED HERMES GOVT OBLIG PREM SHS #117 20-46-002-***8857	6.11 143		4.272	0.59	6.40	6.49	0.50
FEDERATED HERMES US TREASURY CASH RESERVES PREMIER SHARES FUND UTPXX #572 20-46-002-***1514	41,767.02 1,009,422.810		4.137		12,835.07	11,947.26	887.81

Detail

Income and Accrual Detail

Portfolio - principal

Cash and cash equivalents

Mutual funds - money market

Description	Estimated Annual Income / Quantity	Ex Date / Pay Date	Annual Rate	Beginning Accrual	Income Earned	Income Received	Ending Accrual
Total mutual funds - money market				**$1.13**	**$13,161.17**	**$12,273.11**	**$889.19**
Total cash and cash equivalents				**$1.13**	**$13,161.17**	**$12,273.11**	**$889.19**

Equities

Mutual funds - equity

Description (Symbol)	Estimated Annual Income / Quantity	Ex Date / Pay Date	Annual Rate	Beginning Accrual	Income Earned	Income Received	Ending Accrual
VANGUARD INDEX TR (VITSX) 363	$109,417.00	06/30/25	1.806	$35,599.23	$121,260.88	$129,936.01	$26,924.10
TOTAL STK MKT PORTFOLIO INSTL FUND #855	60,585.269	07/01/25					
20-46-002-***1908							

Detail

Alternative investments

Hedge funds

Description (Symbol)	Estimated Annual Income / Quantity	Ex Date / Pay Date	Annual Rate	Beginning Accrual	Income Earned	Income Received	Ending Accrual
L&G LONG DURATION U.S. CREDIT (] 363 CIT FUND (MARKET VALUE AS OF 05/31/25) 20-46-002-***8857	210,108.269				- $59,674.72	- $59,674.72	
Total portfolio				**$35,600.36**	**$74,747.33**	**$82,534.40**	**$27,813.29**

Pension Plan for Members of the Bargaining Unit of Greater Baltimore Medical Center

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 52-6049658
Plan number: 003

Year ended June 30, 2025

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of asset	Purchase Price	Selling Price	Cost of asset	Current value of asset on transaction date	Net gain or (loss)

(see following pages)

Columns (e) and (f) are not applicable.

Detail

5% Report by asset-single transaction

Valuation	Threshhold
$35,461,183.53	$1,773,059.17

Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Net gain/loss

NO ACTIVITY THIS PERIOD

Detail

5% Report by asset-aggregate

Valuation	Threshhold
$35,461,183.53	$1,773,059.17

Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Net gain/loss
VANGUARD INDEX TR	PUR	07/01/24	273.272	$35,599.23	$0.00	$0.00	$35,599.23	$35,599.23	$0.00
TOTAL STK MKT PORTFOLIO INSTL	SAL	08/27/24	3,339.022	450,000.00	0.00	0.00	335,438.72	434,974.40	114,561.28
FUND #855	PUR	09/30/24	227.597	31,258.17	0.00	0.00	31,258.17	31,258.17	0.00
	SAL	12/10/24	6,836.205	1,000,000.00	0.00	0.00	687,542.09	890,701.15	312,457.91
	PUR	12/24/24	214.952	30,766.08	0.00	0.00	30,766.08	30,766.08	0.00
	PUR	03/28/25	237.837	32,312.53	0.00	0.00	32,312.53	32,312.53	0.00
	SAL	06/23/25	6,998.390	1,000,000.00	0.00	0.00	705,669.92	912,255.42	294,330.08
	4	**PURCHASES FOR**		**$129,936.01**	**TOTAL ISSUE AGGREGATE**			**$2,579,936.01**	
	3	**SALES FOR**		**$2,450,000.00**					
FEDERATED HERMES GOVT OBLIG	PUR	07/01/24	0.540	$0.54	$0.00	$0.00	$0.54	$0.54	$0.00
PREM SHS #117	PUR	07/01/24	0.590	0.59	0.00	0.00	0.59	0.59	0.00
	PUR	08/01/24	0.560	0.56	0.00	0.00	0.56	0.56	0.00
	PUR	08/01/24	0.610	0.61	0.00	0.00	0.61	0.61	0.00
	PUR	08/27/24	450,000.000	450,000.00	0.00	0.00	450,000.00	450,000.00	0.00
	SAL	08/28/24	450,126.000	450,126.00	0.00	0.00	450,126.00	450,126.00	0.00
	PUR	09/03/24	64.800	64.80	0.00	0.00	64.80	64.80	0.00
	PUR	09/03/24	0.610	0.61	0.00	0.00	0.61	0.61	0.00
	PUR	10/01/24	0.240	0.24	0.00	0.00	0.24	0.24	0.00
	PUR	10/01/24	0.570	0.57	0.00	0.00	0.57	0.57	0.00
	PUR	11/04/24	0.260	0.26	0.00	0.00	0.26	0.26	0.00
	PUR	11/04/24	0.560	0.56	0.00	0.00	0.56	0.56	0.00
	PUR	12/04/24	0.250	0.25	0.00	0.00	0.25	0.25	0.00
	PUR	12/04/24	0.530	0.53	0.00	0.00	0.53	0.53	0.00
	PUR	12/10/24	1,000,000.000	1,000,000.00	0.00	0.00	1,000,000.00	1,000,000.00	0.00
	SAL	12/12/24	1,000,065.620	1,000,065.62	0.00	0.00	1,000,065.62	1,000,065.62	0.00
	PUR	01/02/25	248.360	248.36	0.00	0.00	248.36	248.36	0.00
	PUR	01/02/25	0.530	0.53	0.00	0.00	0.53	0.53	0.00
	PUR	02/03/25	0.850	0.85	0.00	0.00	0.85	0.85	0.00
	PUR	02/03/25	0.510	0.51	0.00	0.00	0.51	0.51	0.00
	PUR	03/04/25	0.820	0.82	0.00	0.00	0.82	0.82	0.00
	PUR	03/04/25	0.460	0.46	0.00	0.00	0.46	0.46	0.00
	PUR	04/01/25	0.900	0.90	0.00	0.00	0.90	0.90	0.00
	PUR	04/01/25	0.510	0.51	0.00	0.00	0.51	0.51	0.00
	PUR	05/01/25	0.880	0.88	0.00	0.00	0.88	0.88	0.00

Detail

5% Report by asset-aggregate (continued)

Valuation	Threshhold
$35,461,183.53	$1,773,059.17

Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Net gain/loss
	PUR	05/01/25	0.500	0.50	0.00	0.00	0.50	0.50	0.00
	PUR	06/02/25	0.900	0.90	0.00	0.00	0.90	0.90	0.00
	PUR	06/02/25	0.510	0.51	0.00	0.00	0.51	0.51	0.00
	26	**PURCHASES FOR**		**$1,450,325.85**	**TOTAL ISSUE AGGREGATE**			**$2,900,517.47**	
	2	**SALES FOR**		**$1,450,191.62**					
FEDERATED HERMES US TREASURY CASH RESERVES PREMIER SHARES FUND UTPXX #572	PUR	12/31/24	1,027,590.700	$1,027,590.70	$0.00	$0.00	$1,027,590.70	$1,027,590.70	$0.00
	SAL	01/31/25	137,701.570	137,701.57	0.00	0.00	137,701.57	137,701.57	0.00
	SAL	02/28/25	146,261.800	146,261.80	0.00	0.00	146,261.80	146,261.80	0.00
	SAL	03/31/25	143,029.310	143,029.31	0.00	0.00	143,029.31	143,029.31	0.00
	SAL	04/30/25	219,536.210	219,536.21	0.00	0.00	219,536.21	219,536.21	0.00
	SAL	05/31/25	172,917.510	172,917.51	0.00	0.00	172,917.51	172,917.51	0.00
	PUR	06/30/25	801,278.510	801,278.51	0.00	0.00	801,278.51	801,278.51	0.00
	2	**PURCHASES FOR**		**$1,828,869.21**	**TOTAL ISSUE AGGREGATE**			**$2,648,315.61**	
	5	**SALES FOR**		**$819,446.40**					

Detail

Broker commission report

Broker/party Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Net gain/loss

NO ACTIVITY THIS PERIOD

Detail

5% Report by broker-securities

Valuation	Threshhold
$35,461,183.53	$1,773,059.17

Broker/party Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Net gain/loss

NO ACTIVITY THIS PERIOD

Detail

5% Report by broker-nonsecurities

Valuation	Threshhold
$35,461,183.53	$1,773,059.17

Broker/party asset description	Tran type	Settle date	Shares/units	Purchase/sale cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Net gain/loss

NO ACTIVITY THIS PERIOD

Pension Plan for Members of the Bargaining Unit of
Greater Baltimore Medical Center
EIN/PN: 52-6049658/003

Schedule SB, line 26a - Schedule of Active Participant Data

	Years of Credited Service										
Attained Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Up	Total
Under 25	0	14	2	0	0	0	0	0	0	0	16
25 to 29	0	19	5	0	0	0	0	0	0	0	24
30 to 34	1	25	15	1	0	0	0	0	0	0	42
35 to 39	1	26	9	7	4	0	0	0	0	0	47
40 to 44	1	23	7	3	1	2	0	0	0	0	37
45 to 49	0	11	7	5	8	1	0	0	0	0	32
50 to 54	1	9	4	5	3	1	1	1	0	0	25
55 to 59	0	11	5	5	3	4	5	2	0	0	35
60 to 64	2	10	8	7	5	5	1	9	0	1	48
65 to 69	2	5	4	4	3	3	2	2	2	0	27
70 & Up	0	2	7	2	0	0	0	0	0	0	11
Total	**8**	**155**	**73**	**39**	**27**	**16**	**9**	**14**	**2**	**1**	**344**

Pension Plan for Members of the Bargaining Unit of
Greater Baltimore Medical Center
EIN/PN: 52-6049658/003

Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

Actuarial Cost Method

Traditional Unit Credit. The actuarial cost method for determining the Target Liability and Target Normal Cost is prescribed by the Pension Protection Act of 2006.

For determining the Target Liability, the present value of the benefits accumulated as of the valuation date is calculated by projecting future benefit payments of the accrued benefit, adjusted for the probability of payment according to the demographic assumptions, and discounting the payments to the valuation date using the segment interest rates. Payments made within five years of the valuation date are discounted using the first segment rate, payments made at least five but less than 20 years after the valuation date are discounting using the second segment rate, and payments made at least 20 years after the valuation date are discounted using the third segment rate. The Target Normal Cost is calculated in an identical manner, substituting the future benefit payments anticipated based on service earned during the current plan year (if any).

Asset Method

The three-year smoothing method described in Internal Revenue Code section 430(g)(3)(B), using annual determination dates ending on the valuation date, with an assumed investment return of 5.25% (not to exceed the third segment rate under Code section 430 (h)(2)(c)(iii) as specified by IRS Notice 2009-22).

Valuation Date

July 1.

Interest

The interest assumption for valuation purposes is prescribed by the Pension Protection Act of 2006 based on elections made by the plan sponsor.

March segment rates (four-month lookback) adjusted by the 25-year average segment rates for the applicable plan year.

	7/1/2023		7/1/2024	
	Without Stabilization	With ARPA Stabilization	Without Stabilization	With ARPA Stabilization
First Segment	2.50%	4.75%	4.64%	4.75%
Second Segment	3.83%	5.00%	5.12%	5.12%
Third Segment	4.06%	5.74%	5.10%	5.59%
Effective Interest Rate	3.88%	5.30%	5.08%	5.30%

Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

Retirement Age

For terminated vested participants, Normal Retirement Age. For active participants, in accordance with the following table:

Age	Rate	Age	Rate
62	15%	67	50%
63	30%	68	50%
64	55%	69	50%
65	85%	70	100%
66	50%		

Turnover

Representative rates are as follows:

Age	Rate
25	22.2%
35	18.7%
45	13.4%
55	1.7%

Disablement

UAW Disablement Table. Sample rates are:

Age	Rate
25	.0003
35	.0005
45	.0010
55	.0036

Pension Plan for Members of the Bargaining Unit of
Greater Baltimore Medical Center
EIN/PN: 52-6049658/003

Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

Mortality
2024 IRS Static Annuitant and Non-Annuitant Mortality Tables per Treasury Reg. Section 430(h)(3) (changed from the 2023 IRS Static Annuitant and Non-Annuitant Mortality Tables).

Salary Increases
4.0% compounded annually. The salary increase assumption is selected by the Plan Sponsor and based on plan experience.

Assumed Future Interest Credits
3.0% compounded annually.

Annuity Conversion Assumptions for Matching Account
Code section 417(e) mortality and funding segment rates fixed at the valuation date.

Marriage/Age of Spouse
90% of participants are assumed to be married, with female spouses three years younger than their male spouses.

Form of Payment
Participants with a present value of benefits of less than or equal to $30,000
70% Lump sum
30% Single life annuity

All others
100% Single life annuity

Expenses
Plan-related expenses expected to be paid from plan assets ($350,000 for 2024) were added to the normal cost. For the prior year, $240,000 was added.

Changes Since Prior Year

The statutory segment interest rates and mortality tables for determining the Minimum Required Contributions and PBGC premiums were updated per IRS regulations.

The plan-related expense assumption was updated from $240,000 to $350,000 based on a best estimate of anticipated expenses for the current year.

Pension Plan for Members of the Bargaining Unit of
Greater Baltimore Medical Center
EIN/PN: 52-6049658/003

Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

Rationale for the Selection of Significant Actuarial Assumptions

The mortality table and interest rates used to value the Target Liability are prescribed by Law and selected based on certain elections by the Plan Sponsor. Greater Baltimore Medical Center has elected to use the three segment interest rates for March preceding the valuation date and the separate Annuitant and Non-Annuitant static version of the statutory mortality tables. For determining the PBGC variable rate premium, the Alternative Method applies since Greater Baltimore Medical Center did not revoke the Alternative Method.

The following actuarial assumptions having a significant effect on the measurement of plan assets or benefit obligations presented in the report were selected by the actuary on the basis described, with the concurrence of the plan sponsor:

Retirement

The retirement age assumption was updated based on a review of actual plan experience during the July 1, 2010 – June 30, 2017, with adjustments made to account for the anticipated effect of the in-service distribution provision, which was not in effect during most of the exposure period.

Turnover and Disablement

Because the plan does not have a large enough population to perform a fully credible experience analysis, these assumptions use industry standard tables selected based on the actuary's experience with plans covering a similar demographic population and having similar plan provisions, and so as to not produce significant actuarial gains or losses.

Survivor Benefits

Assumptions regarding participant marital status are based on discussions with the Plan Sponsor regarding their covered participant demographics, surveys regarding general population trends and the actuary's experience with plans covering a similar workforce, geography, and industry.

Compensation Increases

The assumed rate of compensation increases were reviewed with the Plan Sponsor, who confirmed the assumption is consistent with their current compensation practices.

Form of Payment

All forms of benefit payment are actuarially equivalent to the normal form of benefit at all assumed commencement ages. For participants under the current lump sum present value threshold, the lump sum election percentage assumption was chosen based on the actuary's best estimate based on experience with other plans with similar provisions. For participants assumed to elect an annuity, the single life annuity form of payment is available to all plan participants and will not produce significantly different benefit obligations or projected cash flows compared to reflecting a percentage of the population electing an optional annuity payment form that provides for survivor benefits.

Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

Rationale for the Selection of Significant Actuarial Assumptions

Cash Balance Interest Credit Rate

The interest crediting rate for the Matching Credits account was selected based on a review of long-term capital market assumptions for short-term Treasury bonds.

Plan-Related Expenses

The expense load on the Target Normal Cost is based on an estimate of the expenses that will be paid from plan assets during the plan year, taking into consideration actual PBGC premiums for the plan year and an estimate of current year actuarial, plan audit, and custodial fees informed by prior year expenses and discussion with the Plan Sponsor.

Other assumptions reflected in the determination of plan assets and liabilities that are not specifically discussed in this section are not considered significant relative to the measurement.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Within the process for electronic filing of Form 5500, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB, which is attached in .pdf form to the electronic filing, will govern to the extent there are any differences between the data filed electronically and the data contained on the signed Schedule SB.

Pension Plan for Members of the Bargaining Unit of Greater Baltimore Medical Center

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 52-6049658
Plan number: 003

Year ended June 30, 2025

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of asset	Purchase Price	Selling Price	Cost of asset	Current value of asset on transaction date	Net gain or (loss)

(see following pages)

Columns (e) and (f) are not applicable.

Detail

5% Report by asset-single transaction

Valuation	Threshhold
$35,461,183.53	$1,773,059.17

Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Net gain/loss

NO ACTIVITY THIS PERIOD

Detail

5% Report by asset-aggregate

Valuation	Threshhold
$35,461,183.53	$1,773,059.17

Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Net gain/loss
VANGUARD INDEX TR	PUR	07/01/24	273.272	$35,599.23	$0.00	$0.00	$35,599.23	$35,599.23	$0.00
TOTAL STK MKT PORTFOLIO INSTL	SAL	08/27/24	3,339.022	450,000.00	0.00	0.00	335,438.72	434,974.40	114,561.28
FUND #855	PUR	09/30/24	227.597	31,258.17	0.00	0.00	31,258.17	31,258.17	0.00
	SAL	12/10/24	6,836.205	1,000,000.00	0.00	0.00	687,542.09	890,701.15	312,457.91
	PUR	12/24/24	214.952	30,766.08	0.00	0.00	30,766.08	30,766.08	0.00
	PUR	03/28/25	237.837	32,312.53	0.00	0.00	32,312.53	32,312.53	0.00
	SAL	06/23/25	6,998.390	1,000,000.00	0.00	0.00	705,669.92	912,255.42	294,330.08
	4	**PURCHASES FOR**		**$129,936.01**	**TOTAL ISSUE AGGREGATE**			**$2,579,936.01**	
	3	**SALES FOR**		**$2,450,000.00**					
FEDERATED HERMES GOVT OBLIG	PUR	07/01/24	0.540	$0.54	$0.00	$0.00	$0.54	$0.54	$0.00
PREM SHS #117	PUR	07/01/24	0.590	0.59	0.00	0.00	0.59	0.59	0.00
	PUR	08/01/24	0.560	0.56	0.00	0.00	0.56	0.56	0.00
	PUR	08/01/24	0.610	0.61	0.00	0.00	0.61	0.61	0.00
	PUR	08/27/24	450,000.000	450,000.00	0.00	0.00	450,000.00	450,000.00	0.00
	SAL	08/28/24	450,126.000	450,126.00	0.00	0.00	450,126.00	450,126.00	0.00
	PUR	09/03/24	64.800	64.80	0.00	0.00	64.80	64.80	0.00
	PUR	09/03/24	0.610	0.61	0.00	0.00	0.61	0.61	0.00
	PUR	10/01/24	0.240	0.24	0.00	0.00	0.24	0.24	0.00
	PUR	10/01/24	0.570	0.57	0.00	0.00	0.57	0.57	0.00
	PUR	11/04/24	0.260	0.26	0.00	0.00	0.26	0.26	0.00
	PUR	11/04/24	0.560	0.56	0.00	0.00	0.56	0.56	0.00
	PUR	12/04/24	0.250	0.25	0.00	0.00	0.25	0.25	0.00
	PUR	12/04/24	0.530	0.53	0.00	0.00	0.53	0.53	0.00
	PUR	12/10/24	1,000,000.000	1,000,000.00	0.00	0.00	1,000,000.00	1,000,000.00	0.00
	SAL	12/12/24	1,000,065.620	1,000,065.62	0.00	0.00	1,000,065.62	1,000,065.62	0.00
	PUR	01/02/25	248.360	248.36	0.00	0.00	248.36	248.36	0.00
	PUR	01/02/25	0.530	0.53	0.00	0.00	0.53	0.53	0.00
	PUR	02/03/25	0.850	0.85	0.00	0.00	0.85	0.85	0.00
	PUR	02/03/25	0.510	0.51	0.00	0.00	0.51	0.51	0.00
	PUR	03/04/25	0.820	0.82	0.00	0.00	0.82	0.82	0.00
	PUR	03/04/25	0.460	0.46	0.00	0.00	0.46	0.46	0.00
	PUR	04/01/25	0.900	0.90	0.00	0.00	0.90	0.90	0.00
	PUR	04/01/25	0.510	0.51	0.00	0.00	0.51	0.51	0.00
	PUR	05/01/25	0.880	0.88	0.00	0.00	0.88	0.88	0.00

Detail

5% Report by asset-aggregate (continued)

Valuation	Threshhold
$35,461,183.53	$1,773,059.17

Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Net gain/loss
	PUR	05/01/25	0.500	0.50	0.00	0.00	0.50	0.50	0.00
	PUR	06/02/25	0.900	0.90	0.00	0.00	0.90	0.90	0.00
	PUR	06/02/25	0.510	0.51	0.00	0.00	0.51	0.51	0.00
	26	**PURCHASES FOR**		**$1,450,325.85**	**TOTAL ISSUE AGGREGATE**			**$2,900,517.47**	
	2	**SALES FOR**		**$1,450,191.62**					
FEDERATED HERMES US TREASURY CASH RESERVES PREMIER SHARES FUND UTPXX #572	PUR	12/31/24	1,027,590.700	$1,027,590.70	$0.00	$0.00	$1,027,590.70	$1,027,590.70	$0.00
	SAL	01/31/25	137,701.570	137,701.57	0.00	0.00	137,701.57	137,701.57	0.00
	SAL	02/28/25	146,261.800	146,261.80	0.00	0.00	146,261.80	146,261.80	0.00
	SAL	03/31/25	143,029.310	143,029.31	0.00	0.00	143,029.31	143,029.31	0.00
	SAL	04/30/25	219,536.210	219,536.21	0.00	0.00	219,536.21	219,536.21	0.00
	SAL	05/31/25	172,917.510	172,917.51	0.00	0.00	172,917.51	172,917.51	0.00
	PUR	06/30/25	801,278.510	801,278.51	0.00	0.00	801,278.51	801,278.51	0.00
	2	**PURCHASES FOR**		**$1,828,869.21**	**TOTAL ISSUE AGGREGATE**			**$2,648,315.61**	
	5	**SALES FOR**		**$819,446.40**					

Detail

Broker commission report

Broker/party Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Net gain/loss

NO ACTIVITY THIS PERIOD

Detail

5% Report by broker-securities

Valuation	Threshhold
$35,461,183.53	$1,773,059.17

Broker/party Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Net gain/loss

NO ACTIVITY THIS PERIOD

Detail

5% Report by broker-nonsecurities

Valuation	Threshhold
$35,461,183.53	$1,773,059.17

Broker/party asset description	Tran type	Settle date	Shares/units	Purchase/sale cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Net gain/loss

NO ACTIVITY THIS PERIOD

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2024** **This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

▶ **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 FOR MEMBERS OF THE BARGAINING UNIT OF GREATER BALTIMORE MEDICAL CENTER

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
GREATER BALTIMORE MEDICAL CENTER

D Employer Identification Number (EIN)
52-6049658

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 07 Day 01 Year 2024

2 Assets:

a Market value	**2a**	35,461,184
b Actuarial value	**2b**	34,854,692

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	285	13,816,178	13,816,178
b For terminated vested participants	183	3,529,166	3,529,166
c For active participants	344	11,337,311	11,905,815
d Total	812	28,682,655	29,251,159

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

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**	5.30%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	694,248
b Expected plan-related expenses	**6b**	350,000
c Target normal cost	**6c**	1,044,248

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 Mark Anderson *MA* — Signature of actuary — Date 3/5/2026

MARK ANDERSON — Type or print name of actuary — Most recent enrollment number 2308129

BOLTON PARTNERS, INC. — Firm name — Telephone number (including area code) 410-547-0500

1 W. PENNSYLVANIA AVENUE, SUITE 600
TOWSON MD 21204
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 [ ]

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)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1,351,400
	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 5.30%		71,624
	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		1,423,024
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	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	119.15%
15	Adjusted funding target attainment percentage	15	119.15%
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	122.06%
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
07/30/2024	200,000	0			
11/25/2024	50,000	0			
11/27/2024	50,000	0			
			Totals ► 18(b)	300,000	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	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	297,109

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [ ] Yes [X] 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:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.75 %	5.12 %	5.59%	

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	64

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	0
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	1,044,248
b Excess assets, if applicable, but not greater than line 31a	31b	1,044,248

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

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	0	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	297,109

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

a Total (excess, if any, of line 37 over line 36)	38a	297,109
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

Pension Plan for Members of the Bargaining Unit of
Greater Baltimore Medical Center
EIN/PN: 52-6049658/003

Schedule SB, line 22 – Description of Weighted Average Retirement Age

Each participant is assumed to retire in accordance with the table of retirement rates. The proportion of participants expected to retire at each potential retirement age is shown in the table below. The average retirement age is 64.

A Age	B Rate of Retirement	C Lx	D Number Retiring	E = A x D Number Retiring x Age
62	15%	10,000	1,500	93,000
63	30%	8,500	2,550	160,650
64	55%	5,950	3,273	209,472
65	85%	2,677	2,275	147,875
66	50%	402	201	13,266
67	50%	201	101	6,767
68	50%	100	50	3,400
69	50%	50	25	1,725
70	100%	25	25	1,750
Total			10,000	637,905

Weighted Average Retirement Age (Column E / Column D) = 63.79

Pension Plan for Members of the Bargaining Unit of
Greater Baltimore Medical Center
EIN/PN: 52-6049658/003

Schedule SB, Part V – Summary of Plan Provisions

Effective Date

The original effective date of the Plan was July 1, 1976. The Plan was amended effective July 1, 2009 to eliminate future employer match contributions. The plan was last restated effective July 1, 2013 and amended as of June 1, 2015 and May 13, 2019, and January 16, 2023, and February 22, 2024.

Eligibility:

Minimum Service - one year.

Minimum Age - Age 21, or younger if three years of service.

Compensation

Basic rate of pay as of each July 1, excluding overtime, bonuses and any other extra compensation. Compensation shall not exceed the 401(a)(17) limit.

Final average compensation is the average for the five highest consecutive years out of the last ten years prior to Normal Retirement Date or termination, if earlier.

Retirement Dates

Normal Retirement

The first of the month coincident with or next following age 65.

Early Retirement

The first of any month after age 55 and 10 years of service.

Disability Retirement

A participant who has completed 10 years of service and who becomes totally and permanently disabled is eligible for disability retirement.

Deferred Retirement

Actual retirement date, if beyond Normal Retirement Date.

In-Service Distribution

Effective June 1, 2015, the first of any month after an active employee turns 62 years of age. If payments begin prior to the Normal Retirement Date, the participant must have 10 years of service.

Pension Plan for Members of the Bargaining Unit of
Greater Baltimore Medical Center
EIN/PN: 52-6049658/003

Schedule SB, Part V – Summary of Plan Provisions

Retirement Benefits

Normal Retirement

A participant's Normal Retirement Benefit is equal to the sum of (1), (2) and (3):

(1) 1.4% of final average compensation times years of service subsequent to December 1, 1976.

(2) The greater of (a) or (b):

a) 1.5% of computed 1974 compensation times years of service prior to December 1, 1976.

b) 0.5% of the first $550 of Monthly Compensation based on the July 1, 1976 rate of pay, plus 1% of Monthly Compensation based on the July 1, 1976 rate of pay in excess of $550.

Service is limited to 40 years, with service prior to December 1, 1976 credited first. Effective July 1, 2007, the 40-year limitation no longer applies.

(3) Effective June 30, 2005, the Actuarial Equivalent of the Participant's Matching Credits and Interest Credits. The Matching Credits will depend on the Participant's 403(b) contributions and the following matching schedule:

Years of Service	Matching Percentage
Less than 10	75%
10 or More	100%

For matching purposes, the Participant's contributions are limited to 3% of base pay. Interest Credits are added to the Matching Credits at the end of each plan year based on the six-month Treasury Bill rate at the beginning of the plan year. Effective July 1, 2009, no additional Matching Credits will be added.

Early Retirement

The Early Retirement Benefit is computed in the same manner as the Normal Retirement Benefit based on years of service and final average compensation as of the Early Retirement Date. If payments begin prior to Normal Retirement Date, the benefit is reduced for each month the payment precedes Normal Retirement Date.

Disability Retirement

The Disability Retirement Benefit is computed in the same manner as the Normal Retirement Benefit based on years of service and final average compensation as of the date of disability. There is no reduction if payments begin prior to Normal Retirement Date.

Pension Plan for Members of the Bargaining Unit of
Greater Baltimore Medical Center
EIN/PN: 52-6049658/003

Schedule SB, Part V – Summary of Plan Provisions

Retirement Benefits

Deferred Retirement

The Deferred Retirement Benefit is equal to the greater of (a) the Actuarial Equivalent of the Normal Retirement Benefit and (b) the Normal Retirement Benefit based on years of service and final average compensation as of the Deferred Retirement Date.

In-Service Distribution

Effective June 1, 2015, the In-Service Distribution Benefit shall be equal to the vested Accrued Benefit determined as of the In-Service Distribution Date. If payments begin prior to the Normal Retirement Date, the benefit is reduced to reflect early commencement of payments.

Methods of Receiving Benefit Payments

Normal Form

Life Annuity - In absence of any other election, a Joint with 50% Spouse's Annuity with actuarial reduction will apply for married participants.

Optional Forms

10 Year Certain and Continuous, or Joint and Contingent (100%, 75%, 66 2/3%, or 50%). These options are generally calculated using UP-84 Mortality set back 3 years, 7.5%. Cash out distribution if lump sum is not greater than $15,000. Effective January 16, 2023, the plan was amended to increase the lump sum threshold to $30,000.

Death Benefits

After Retirement

In accordance with method of payment elected.

For participants who retire on or after December 1, 1997, there is an additional $10,000 lump sum death benefit payable to the participant’s designated beneficiary.

After Normal Retirement Date but Before Benefits Commence

If the participant had been married for one year or more at time of death, the Joint and 50% Spouse's Annuity will apply as if the participant retired under this option one day before his death. Otherwise, there is no death benefit.

Prior to Normal Retirement

If married one year prior to date of death, vested and age 55 or older the Joint and 50% Spouse's Annuity will apply as if the participant had retired one day before his death and elected this option. If such participant is not yet age 55 at death, the Joint and 50% spouse's benefit will apply when a participant would have attained age 55. Otherwise, there is no death benefit prior to Normal Retirement.

Vesting

Effective for participants with an hour of service on or after July 1, 2008, vesting is 100% after 3 years of service.

The summary provided above reflects the plan provisions as valued. There are no significant benefits provided for by the terms of the Plan of which we are aware that have not been included.

Schedule SB, Part V – Summary of Plan Provisions

Changes Since Prior Valuation

Effective January 1, 2023, the Plan was amended to update the Benefit Commencement Date to no later than the April 1 following the later of:

c. the calendar year in which the Member attains age 73;
d. the calendar year in which such Member terminated employment with the Controlled Group.

Effective January 1, 2024 the Plan was amended to allow automatic rollovers for lump sums exceeding $1,000 and up to $7,000 (from $5,000).

These provision changes are first reflected in the July 1, 2024 valuation.

Pension Plan for Members of the Bargaining Unit of Greater Baltimore Medical Center

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

EIN: 52-6049658
Plan Number: 003

Year ended June 30, 2025

(a)	(b) Identity of Issuer, 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

(See following pages)

Detail

Portfolio

Cash and cash equivalents

Mutual funds - money market

Description	Market value last period / Quantity	Current market value / Current price per unit	% of total portfolio	Total original value at PNC / Avg. original value at PNC per unit	Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
FEDERATED HERMES GOVT OBLIG PREM SHS #117 20-46-002-***1908	$252.71 252.710	$252.71 $1.0000	0.01 %	$252.71 $1.00		4.27 %	$10.79	$0.88
FEDERATED HERMES GOVT OBLIG PREM SHS #117 20-46-002-***8857	143.00 143	143.00 1.0000	0.01 %	143.00 1.00		4.28 %	6.11	0.50
FEDERATED HERMES US TREASURY CASH RESERVES PREMIER SHARES FUND UTPXX #572 20-46-002-***1514	1,009,422.81 1,009,422.810	1,009,422.81 1.0000	2.82 %	1,009,422.81 1.00		4.14 %	41,767.02	887.81
Total mutual funds - money market		**$1,009,818.52**	**2.82 %**	**$1,009,818.52**		**4.14 %**	**$41,783.92**	**$889.19**
Total cash and cash equivalents		**$1,009,818.52**	**2.82 %**	**$1,009,818.52**		**4.14 %**	**$41,783.92**	**$889.19**

Equities

Mutual funds - equity

Description (Symbol)	Market value last period / Quantity	Current market value / Current price per unit	% of total portfolio	Total original value at PNC / Avg. original value at PNC per unit	Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
VANGUARD INDEX TR (VITSX) TOTAL STK MKT PORTFOLIO INSTL FUND #855 20-46-002-***1908	$7,897,422.09 60,585.269	$8,968,437.37 $148.0300	25.04 %	$6,109,005.36 $100.83	$2,859,432.01	1.23 %	$109,417.00	$26,924.10

Detail

Alternative investments

Hedge funds

Description (Symbol)	Market value last period / Quantity	Current market value / Current price per unit	% of total portfolio	Total original value at PNC / Avg. original value at PNC per unit	Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
L&G LONG DURATION U.S. CREDIT () CIT FUND (MARKET VALUE AS OF 05/31/25) 20-46-002-***8857	$25,177,273.87 210,108.269	$25,839,114.92 $122.9800	72.15 %	$24,109,697.18 $114.75	$1,729,417.74			
Total portfolio		**$35,817,370.81**	**100.00 %**	**$31,228,521.06**	**$4,588,849.75**	**0.42 %**	**$151,200.92**	**$27,813.29**

Income and Accrual Detail

Portfolio - principal

Cash and cash equivalents

Mutual funds - money market

Description	Estimated Annual Income / Quantity	Ex Date / Pay Date	Annual Rate	Beginning Accrual	Income Earned	Income Received	Ending Accrual
FEDERATED HERMES GOVT OBLIG 363 PREM SHS #117 20-46-002-***1908	$10.79 252.710		4.269	$0.54	$319.70	$319.36	$0.88
FEDERATED HERMES GOVT OBLIG PREM SHS #117 20-46-002-***8857	6.11 143		4.272	0.59	6.40	6.49	0.50
FEDERATED HERMES US TREASURY CASH RESERVES PREMIER SHARES FUND UTPXX #572 20-46-002-***1514	41,767.02 1,009,422.810		4.137		12,835.07	11,947.26	887.81

Detail

Income and Accrual Detail

Portfolio - principal

Cash and cash equivalents

Mutual funds - money market

Description	Estimated Annual Income / Quantity	Ex Date / Pay Date	Annual Rate	Beginning Accrual	Income Earned	Income Received	Ending Accrual
Total mutual funds - money market				**$1.13**	**$13,161.17**	**$12,273.11**	**$889.19**
Total cash and cash equivalents				**$1.13**	**$13,161.17**	**$12,273.11**	**$889.19**

Equities

Mutual funds - equity

Description (Symbol)	Estimated Annual Income / Quantity	Ex Date / Pay Date	Annual Rate	Beginning Accrual	Income Earned	Income Received	Ending Accrual
VANGUARD INDEX TR (VITSX) 363	$109,417.00	06/30/25	1.806	$35,599.23	$121,260.88	$129,936.01	$26,924.10
TOTAL STK MKT PORTFOLIO INSTL FUND #855	60,585.269	07/01/25					
20-46-002-***1908							

Detail

Alternative investments

Hedge funds

Description (Symbol)	Estimated Annual Income / Quantity	Ex Date / Pay Date	Annual Rate	Beginning Accrual	Income Earned	Income Received	Ending Accrual
L&G LONG DURATION U.S. CREDIT (] 363 CIT FUND (MARKET VALUE AS OF 05/31/25) 20-46-002-***8857	210,108.269				- $59,674.72	- $59,674.72	
Total portfolio				**$35,600.36**	**$74,747.33**	**$82,534.40**	**$27,813.29**

Pension Plan for Members of the Bargaining Unit of
Greater Baltimore Medical Center
EIN/PN: 52-6049658/003

Schedule SB, line 32 - Schedule of Shortfall Amortization Bases

No bases have been established since the Actuarial Value of Assets exceeds the Funding Target. Additionally, the Plan's Funding Target Attainment Percentage is greater than 100% as of July 1, 2024 so all previously established bases are considered fully amortized.