Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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. . . . . ▶ [ ]

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
MEDSTAR HEALTH, INC. CASH BALANCE RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1987

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)
MEDSTAR HEALTH, INC.

10980 GRANTCHESTER WAY
COLUMBIA, MD 21044

2b Employer Identification Number (EIN) 52-2087445

2c Plan Sponsor's telephone number 410-772-6500

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.	10/14/2026	NICHOLAS DEBAGGIS
	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 [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	5526
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)**	1582
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1843
b	Retired or separated participants receiving benefits	**6b**	2401
c	Other retired or separated participants entitled to future benefits	**6c**	1280
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	5524
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	197
f	Total. Add lines **6d** and **6e**.	**6f**	5721
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1C 1I 3F 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
MEDSTAR HEALTH, INC. CASH BALANCE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MEDSTAR HEALTH, INC.

D Employer Identification Number (EIN)
52-2087445

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 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	698259937
b Actuarial value	**2b**	665252634

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	2485	295356357	295356357
b For terminated vested participants	1381	125789801	125789801
c For active participants	2000	298328882	302904652
d Total	5866	719475040	724050810

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**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	2649927
c Target normal cost	**6c**	2649927

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

10/06/2026
Date

CRAIG HODGES
Type or print name of actuary

26-06527
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

703-258-8000
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
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	24534624
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	13000000
9	Amount remaining (line 7 minus line 8)	0	11534624
10	Interest on line 9 using prior year's actual return of 9.41 %	0	1085408
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		11888152
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 5.10 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		1118675
c	Total available at beginning of current plan year to add to prefunding balance		13006827
d	Portion of (c) to be added to prefunding balance		13006827
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	25626859

Part III Funding Percentages

14	Funding target attainment percentage	14	88.33 %
15	Adjusted funding target attainment percentage	15	88.33 %
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	88.60 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	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	0

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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
0	0	0	0

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.07 %	5.31 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	67

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**	2649927
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	84425035	9815345
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**	12465272

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	12465272	12465272

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**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MEDSTAR HEALTH, INC. CASH BALANCE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MEDSTAR HEALTH, INC.

D Employer Identification Number (EIN)
52-2087445

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

FIDELITY INST. OPERATIONS CO.

04-3275867

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 15 50	NONE	392018	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	232157	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MEDSTAR HEALTH, INC. CASH BALANCE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MEDSTAR HEALTH, INC.

D Employer Identification Number (EIN)
52-2087445

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: MEDSTAR HEALTH MASTER TRUST

b Name of sponsor of entity listed in (a): MEDSTAR HEALTH, INC.

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)
52-2087445-099	M	724234448

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COL GOVT SHORT TERM INV FUND

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

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)
45-6138589-068	C	7742149

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MEDSTAR HEALTH, INC. CASH BALANCE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MEDSTAR HEALTH, INC.

D Employer Identification Number (EIN)
52-2087445

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	2614269	3175813
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	15000000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	37265	31284
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	6774784	7742149
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	674595391	724234448
(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)		
(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)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	699021709	735183694
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	29340	133112
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	29340	133112
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	698992369	735050582

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)		0
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(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)		381593
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		82139056
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		82520649
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	44009376	
(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)		44009376
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)	392018	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	232157	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1828885	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		2453060
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		46462436
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		36058213
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: GRANT THORNTON LLP **(2)** EIN: 36-6055558

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		10000000
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 587140.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MEDSTAR HEALTH, INC. CASH BALANCE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MEDSTAR HEALTH, INC.

D Employer Identification Number (EIN)
52-2087445

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): 04-3275867

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 | 99

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: 25.0 % Private Equity: 2.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 56.0 %
High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 5.0 % Other: 12.0 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Financial Statements, Supplemental Schedules and Report of Independent Certified Public Accountants

MedStar Health, Inc.
Cash Balance Retirement Plan

December 31, 2025 and 2024

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Plan Administrator and Plan Participants
Medstar Health, Inc. Cash Balance Retirement Plan

Scope and nature of the ERISA Section 103(a)(3)(C) audit
We have performed audits of the financial statements of MedStar Health, Inc. Cash Balance Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 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 Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

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

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

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

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

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

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

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 US 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 US 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 accounting principles generally accepted in the United States of America.

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

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

Other matter - supplemental schedules required by ERISA
The supplemental schedules of assets (held at end of year) as of December 31, 2025 and reportable transactions for the year ended December 31, 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 Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such supplementary 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 the auditing procedures applied in the audits of the financial statements and certain additional procedures. These additional procedures included 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 US 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.

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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 its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

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

Grant Thornton LLP

Philadelphia, Pennsylvania
October 14, 2026

MedStar Health, Inc.
Cash Balance Retirement Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	2025	2024
ASSETS		
Investments at fair value		
Plan interest in the MedStar Health, Inc. and Affiliates Master Retirement Trust (Note 8)	$ 724,234,448	$ 674,595,391
Short term investment fund	7,746,944	6,776,696
Total investments	731,981,392	681,372,087
Receivables		
Employer contributions receivable	-	15,000,000
Accrued income	31,284	37,265
Total receivables	31,284	15,037,265
Deposits	3,171,018	2,612,357
Total assets	735,183,694	699,021,709
LIABILITIES		
Administrative fees payable	133,112	29,340
NET ASSETS AVAILABLE FOR BENEFITS	$ 735,050,582	$ 698,992,369

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

MedStar Health, Inc.
Cash Balance Retirement Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31,

	2025	2024
Interest	$ 381,593	$ 442,958
Changes in Plan interest in the MedStar Health, Inc. and Affiliates Retirement Trust (Note 8)	82,139,056	60,067,976
Employer contributions	-	15,000,000
Total	82,520,649	75,510,934
Benefits paid directly to participants	44,009,376	51,015,844
Administrative expenses	2,453,060	5,491,579
Total	46,462,436	56,507,423
NET INCREASE IN ASSETS AVAILABLE FOR BENEFITS	36,058,213	19,003,511
Net assets available for benefits at beginning of year	698,992,369	679,988,858
Net assets available for benefits at end of year	$ 735,050,582	$ 698,992,369

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

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the MedStar Health, Inc. Cash Balance Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information. The Administrator of the Plan is MedStar Health, Inc. (MedStar) Finance Committee.

General

The Plan is a contributory, single-employer, defined benefit pension plan covering eligible employees of the following MedStar entities (collectively, the Participating Employers):

- MedStar Enterprises, Inc.
- MedStar Georgetown University Hospital
- MedStar Health, Inc. (the Plan Sponsor)
- MedStar Health Infusion, Inc.
- MedStar Health Research Institute, Inc.
- MedStar Health Visiting Nurses Association, Inc.
- MedStar Long Term Care Corporation (No longer active, but has former employees participating in the Plan)
- MedStar Montgomery Medical Center
- MedStar National Rehabilitation Network
- MedStar Physician Partners, Inc.
- MedStar Surgery Center, Inc.
- MedStar VNA HealthCare, Inc.
- MedStar Washington Hospital Center
- MGMC CPN, LLC
- MGMC, LLC
- Star Billing, Inc.
- VNA, Inc.
- Washington Risk Network Management, Inc.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), and was amended and restated, effective January 1, 2010, to freeze future benefit accruals.

Pension Benefits

Participating employees with three or more years of vesting service are entitled to annual pension benefits beginning at normal retirement age (65). The pension benefit is the participant's "Account Balance" credited with interest until normal retirement date (the NRD) or until termination of employment if later than NRD. The Plan permits early retirement upon attainment of age 55 and completion of 10 years of service, and the benefit amount is reduced to reflect the longer payment period.

If employees terminate their employment before rendering three years of service and before reaching retirement age, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the employer's contributions. The normal form of payment is a single life increasing annuity for unmarried participants and a joint and 50% survivor annuity for married participants. However, the Plan provides for certain optional actuarial equivalent forms of payments to participants. The Plan also provides for the payment of benefits to named beneficiaries upon the death of the participant.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting and present the net assets available for benefits and the changes in those net assets.

Valuation of Investments and Income Recognition

Investments are reported at fair value. The fair value of the Plan's interest in the MedStar Health, Inc. and Affiliates Master Retirement Trust (MedStar Master Trust) is based on the beginning of the year value of the Plan's interest in the MedStar Master Trust plus actual contributions and allocated investment income (loss), less actual distributions and allocated administrative expenses.

Changes in Plan interest in the MedStar Master Trust are reflected in the statements of changes in net assets available for benefits and include interest, dividends, and net appreciation (depreciation) in fair value of MedStar Master Trust investments. Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires the Plan's 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. Actual results could differ from those estimates.

Administrative Expenses

The Plan's expenses are paid either by the Plan or MedStar, as provided by the Plan document. Expenses that are paid directly by MedStar are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition,

certain investment-related expenses are included in the change in Plan's interest in the MedStar Master Trust presented in the accompanying statements of changes in net assets available for benefits.

NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service that employees have already 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. The accumulated plan benefits for all employees are based on the employee's compensation and service to the date for which the benefit information is presented (the valuation date). Benefits payable under all circumstances (retirement, death, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an external 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 for death, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of December 31, 2024, the most recent actuarial valuation date, were (a) a discount rate of 7.25%, (b) retirement age assumptions (rates varying by age for ages 55 to 75), and (c) mortality rates using the Pri-2012 table and projected generationally with a variation of Scale MP-2021 that converges from 2015 to 2027 to a 0.75% long term rate before grading down after age 85. The prior valuation used the Pri-2012 table and projected generationally with a variation of the Scale MP-2019 that converged from 2015 to 2027 to a 0.75% long term rate before grading down after age 85.

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 actuarial present value of accumulated plan benefits at December 31, 2024 is summarized as follows:

Vested benefits	
Participants currently receiving benefits	$ 260,340,096
Other participants	358,639,054
	618,979,150
Nonvested benefits	2,814,351
	$ 621,793,501

The changes in the actuarial present value of accumulated plan benefits are as follows for the year ended December 31, 2024:

Actuarial present value of accumulated plan benefits at December 31, 2023	$ 627,247,921
Increase (decrease) during the year attributable to:	
Actuarial losses	1,231,614
Decrease for interest due to decrease in discount period	43,669,650
Benefits paid	(51,015,844)
Assumption changes	660,160
Net increase	(5,454,420)
Actuarial present value of accumulated plan benefits at December 31, 2024	$ 621,793,501

NOTE 4 - FUNDING POLICY

Accumulated employee contributions at December 31, 2025 and 2024 were $34,795,579 and $36,709,509, respectively, including interest credited at interest rates of 5.0% for both the 2025 and 2024 plan years. Participants were vested in their contributions and actual earnings thereon.

The employer contributes to the Plan such amounts as determined appropriate by each participating MedStar division or subsidiary as long as required regulatory amounts are funded. As of December 31, 2025 and 2024, the Plan has met or exceeded the ERISA minimum funding requirements.

On August 8, 2014, the Highway and Transportation Funding Act of 2014 (HATFA) was enacted. The Bipartisan Budget Act of 2015 (BBA), enacted November 2, 2015, extended certain provisions of HATFA. The provisions reduced the minimum required contribution for the 2025 and 2024 plan years. The American Rescue Plan Act of 2021 (ARPA), enacted March 11, 2021, included extension of these provisions and additional measures to further reduce the minimum required contribution starting with the 2021 plan year. MedStar has chosen to fund more than the minimum requirements under the law for the 2025 and 2024 plan years, and may, at its discretion, choose to do so in future years. HATFA, BBA, and ARPA do not affect the present value of accumulated plan benefits.

NOTE 5 - PLAN TERMINATION

Although it has not expressed any intention to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and 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 Benefits attributable to employee contributions, taking into account those paid out before termination.

b 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.

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

d All other vested benefits not insured by the PBGC.

e All nonvested benefits.

Certain benefits of 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 benefits 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. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2025, that ceiling is $7,432 per month. That ceiling applies to those participants who elect to receive their benefits in the form of a single life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For annuitants who are an age other than 65 or for those who elect to receive their benefits in some form more valuable than a single life annuity, the corresponding ceilings are actuarially adjusted.

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.

NOTE 6 - INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator has obtained certifications from The Northern Trust Company (Northern Trust), the trustee of the Plan, as of and for the years ended December 31, 2025 and 2024, respectively, that all information provided by them is complete and accurate. Information as to the value of the Plan's interest in the MedStar Master Trust, short term investment fund and accrued income reflected on the accompanying statements of net assets available for benefits at December 31, 2025 and 2024, and the Schedule of Assets (Held at End of Year) as of December 31, 2025, and the Schedule of Reportable Transactions for the Year ended December 31, 2025, as well as the related investment income, including interest and changes in the Plan's interest in the MedStar Master Trust, reflected in the statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024, and the interest in the MedStar Master Trust investment information included in the accompanying notes to the financial statements is presented in reliance solely upon those certifications, with the exception of MedStar Master Trust's investments of approximately $325,000,000 and related investment gains of approximately $80,000,000 in certain alternative investments. These investments are held by investment fund managers, who report the net asset values of the MedStar Master Trust's interests to the Plan and trustee on a periodic basis. These values have been confirmed and supported by independent third-party audited financial statements. Information included in the accompanying financial statements related to these investments is based on the net asset values as of December 31, 2025 and 2024.

NOTE 7 - FAIR VALUE OF FINANCIAL INSTRUMENTS

Financial Accounting Standards Board ("FASB"), Accounting Standards Codification ("ASC") 820, *Fair Value Measurement*, defines fair value and establishes methods used to measure fair value. The fair value 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 FASB ASC 820 are described below:

Level 1 - Quoted prices in active markets for identical assets or liabilities at the measurement date.

Level 2 - Observable inputs other than quoted prices for the assets either directly or indirectly observable, that reflect assumptions market participants would use to price the asset based on market data obtained from sources independent to the Plan.

Level 3 - Unobservable inputs that reflect the Plan's own assumptions about the assumptions market participants would use to price an asset based on best information available in the circumstances.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. Investments whose fair value has been estimated using NAV, or equivalent, as a practical expedient are stated separately.

The tables below present the Plan's investments at fair value held outside the MedStar Master Trust as of December 31, 2025 and 2024:

	December 31, 2025 Total	Level 1	Level 2	Level 3	Net Asset Value
Assets					
Short term investment fund					
Short term investment fund	$ 7,773,432	$ 7,773,432	$ -	$ -	$ -
Total	$ 7,773,432	$ 7,773,432	$ -	$ -	$ -

	December 31, 2024 Total	Level 1	Level 2	Level 3	Net Asset Value
Assets					
Short term investment fund					
Short term investment fund	$ 6,812,049	$ 6,812,049	$ -	$ -	$ -
Total	$ 6,812,049	$ 6,812,049	$ -	$ -	$ -

MedStar Master Trust

The tables below present the MedStar Master Trust's assets at fair value including accrued income as of December 31, 2025 and 2024:

	December 31, 2025 Total	Level 1	Level 2	Level 3	Net Asset Value
Assets					
Cash	$ 74,232,081	$ 74,232,081	$ -	$ -	$ -
U.S. treasury bonds	425,987,268	425,987,268	-	-	-
U.S. agency mortgage-backed securities	1,782,889	-	1,782,889	-	-
Corporate bonds	355,685,306	-	355,685,306	-	-
All other fixed income securities	5,270,479	-	5,270,479	-	-
Equity mutual funds and ETFs	16,277,573	16,277,573	-	-	-
Institutional funds with RDFV	199,179,003	-	199,179,003	-	-
Common stocks	59,890,975	59,890,975	-	-	-
Alternative investments:					
Commingled equity funds	71,823,433	-	-	-	71,823,433
Private equity	21,250,587	-	-	-	21,250,587
Hedge funds					
Custom hedge fund	48,175,110	-	-	-	48,175,110
Other hedge funds	123,211,294	-	-	-	123,211,294
Total	$1,402,765,998	$ 576,387,897	$ 561,917,677	$ -	$ 264,460,424

	December 31, 2024 Total	Level 1	Level 2	Level 3	Net Asset Value
Assets					
Cash	$ 64,638,093	$ 64,638,093	$ -	$ -	$ -
U.S. treasury bonds	254,536,170	254,536,170	-	-	-
U.S. agency mortgage-backed securities	1,783,675	-	1,783,675	-	-
Corporate bonds	228,752,232	-	228,752,232	-	-
All other fixed income securities	4,312,628	-	4,312,628	-	-
Equity mutual funds and ETFs	17,846,565	17,846,565	-	-	-
Institutional funds with RDFV	266,986,638	-	266,986,638	-	-
Common stocks	88,555,529	88,555,529	-	-	-
Alternative investments:					
Commingled equity funds	90,357,787	-	-	-	90,357,787
Private equity	22,271,211	-	-	-	22,271,211
Hedge funds					
Custom hedge fund	69,002,896	-	-	-	69,002,896
Other hedge funds	161,282,201	-	-	-	161,282,201
Total	$1,270,325,625	$ 425,576,357	$ 501,835,173	$ -	$ 342,914,095

There were no changes in valuation methodologies used to measure the fair value of the Plan's investments as of and for the years ended December 31, 2025 and 2024.

To protect the funded status of the Plan, a liability-driven investment strategy began in calendar year 2024. The focus of the investment strategy has shifted from generating returns to preserving and enhancing the funded status of the Plan. The investment strategy has transitioned to moving to a greater allocation of fixed income holdings, and a glidepath has been established to increase the fixed income allocation further as the funded status improves.

The objective of commingled equity funds is to achieve capital appreciation primarily through investment in a portfolio of equity and equity-related securities. Redemptions may be made monthly with notice periods up to 30 days.

Investments in commingled equity funds are carried at estimated fair value. Fair value is based on the reported NAV as a practical expedient or its equivalent of the shares in each investment fund. Such investment funds mark to market or mark to fair value the underlying assets and liabilities in accordance

with U.S. GAAP. Realized and unrealized gains and losses of the investment funds are included in their respective operations in the current year. Changes in unrealized gains or losses on investments, including those for which partial liquidations were effected in the course of the year, are calculated as the difference between the NAV of the investment at year end less the NAV of the investment at the beginning of the year, as adjusted for contributions and redemptions made during the year.

The following table summarizes redemption terms for the hedge fund of funds vehicles held in the MedStar Master Trust as of December 31, 2025 (actual liquidity may vary subject to underlying investments):

	Fund 1	Custom Hedge Fund 2	Fund 3	Fund 4
Redemption timing				
Redemption frequency	Quarterly	17% Quarterly 83% Greater than Quarterly	42% Quarterly 58% Greater than Quarterly	Quarterly
Required notice	70 days	Within 120 days	Within 65 days	65 days
Audit reserve				
Percentage held back for audit reserve	10%	Up to 10%	Up to 10%	5%

The following table summarizes redemption terms for the hedge fund of funds vehicles held in the MedStar Master Trust as of December 31, 2024 (actual liquidity may vary subject to underlying investments):

	Fund 1	Custom Hedge Fund 2	Fund 3	Fund 4
Redemption timing				
Redemption frequency	Quarterly	25% Quarterly 75% Greater than Quarterly	0% Quarterly 100% Greater than Quarterly	Quarterly
Required notice	70 days	Within 120 days	Within 65 days	65 days
Audit reserve				
Percentage held back for audit reserve	10%	Up to 10%	Up to 10%	5%

The hedge funds include three hedge fund of funds and one custom hedge fund. The custom hedge fund is structured as a multi strategy hedge fund with the Plan as the sole investor. The investment objective and strategies used by the hedge fund of funds and custom hedge fund are similar. The investment objective is to achieve positive absolute returns with low volatility, achieved through investments with multiple underlying managers who are investing across various strategies.

Investments in hedge funds are carried at estimated fair value. Fair value is based on the reported NAV as a practical expedient or its equivalent of the shares in each investment company or partnership. The underlying assets are carried in accordance with U.S. GAAP. Realized and unrealized gains and losses of the investment companies and partnerships are included in their respective operations in the current year. Changes in unrealized gains or losses on investments, including those for which partial liquidations were effected in the course of the year, are calculated as the difference between the NAV of the investment at year end less the NAV of the investment at the beginning of the year, as adjusted for contributions and redemptions made during the year.

The Trust had $2,246,300 of remaining unfunded commitments to private equity vehicles as of December 31, 2025. There were no redemptions during the year ended December 31, 2025.

Investments in private equity funds, generally structured as limited partnership interests, are valued at the reported net asset value (NAV) of the underlying funds as a practical expedient for estimating fair value. The underlying funds invest in both marketable and nonmarketable securities and determine fair value in accordance with their established valuation policies. Distributions are generally received as the underlying investments are liquidated, and full realization of the investments may take up to ten years. Because of the inherent uncertainty associated with valuing nonmarketable investments, the estimated fair values may differ materially from the values that would have been used had a readily available market existed. Valuations are generally determined by the General Partner on a quarterly basis.

Private equity funds invest in marketable and nonmarketable securities. The valuation of securities held in private equity funds may include discounts to reflect a lack of liquidity or extraordinary risks, which may be associated with the investment. Determination of fair value is performed on a quarterly basis by the General Partner. Because of the inherent uncertainty of valuation, the determined values may differ significantly from the values that would have been used had a ready market for those investments existed.

Institutional funds with RDFV are commingled equity and fixed income funds, structured similarly to mutual funds, whose fair value is considered to be readily determinable. These funds' shares can be redeemed on any trading day at the relevant NAV per share on that day, as reported by the funds.

MedStar Master Trust investments in publicly traded securities are valued at the closing sales price on the last day of the year. Investments traded on the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices. Bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings. Short-term investments are reported at cost, which approximates market value. Purchases and sales of securities are recorded on a trade date basis.

NOTE 8 - INTEREST IN THE MEDSTAR MASTER TRUST

Substantially all of the Plan's assets are held in the MedStar Master Trust, which was established for the investment of assets of the Plan and one other MedStar sponsored retirement plan. The assets of the MedStar Master Trust are held by Northern Trust. Each participating plan has an undivided interest in the MedStar Master Trust. At December 31, 2025 and 2024, the Plan's percentage interest in the net assets of the MedStar Master Trust was approximately 51.6% and 53.1%, respectively. Investment income and administrative expenses relating to the MedStar Master Trust are allocated to the individual plans based upon average monthly balances invested by each participating plan.

The following table presents the fair value of the investments held in the MedStar Master Trust as of December 31, 2025:

	Master Trust Balances	Plan's Interest in Master Trust Balances
Cash	$ 69,121,337	$ 35,686,647
U.S. government agency notes and bonds	427,770,156	220,853,582
Corporate and other bonds	360,955,786	186,357,971
Common stock	59,890,975	30,921,129
Mutual funds and ETFs	16,277,573	8,403,953
Institutional funds with RDFV	199,179,003	102,834,187
Alternative investments		
Commingled equity funds	71,823,433	37,081,742
Hedge funds and private equity	192,636,991	99,456,610
	1,397,655,254	721,595,821
Accrued income	5,110,744	2,638,627
Total	$ 1,402,765,998	$ 724,234,448

The following table presents the fair value of the investments held in the MedStar Master Trust as of December 31, 2024:

	Master Trust Balances	Plan's Interest in Master Trust Balances
Cash	$ 61,395,252	$ 32,603,414
U.S. government agency notes and bonds	256,319,845	136,116,428
Corporate and other bonds	233,064,860	123,767,070
Common stock	88,555,529	47,026,645
Mutual funds and ETFs	17,846,565	9,477,263
Institutional funds with RDFV	266,986,638	141,780,935
Alternative investments		
Commingled equity funds	90,357,787	47,983,718
Hedge funds and private equity	252,556,308	134,117,834
	1,267,082,784	672,873,307
Accrued income	3,242,841	1,722,083
Total	$ 1,270,325,625	$ 674,595,390

The following table presents the total investment income earned by the MedStar Master Trust during the year ended December 31, 2025:

	Master Trust Balances	Plan's Interest in Master Trust Balances
Net appreciation in fair value of investments		
U.S. government agency notes and bonds	$ 5,873,904	$ 3,124,510
Corporate and other bonds	4,714,253	2,507,656
Common stock	10,287,062	5,472,004
Mutual funds and other commingled vehicles	90,592,209	48,188,780
Hedge funds and private equity	27,267,435	14,504,387
Other assets	232,367	123,603
	138,967,230	73,920,940
Interest and dividends	15,449,598	8,218,116
Net investment gain	$ 154,416,828	$ 82,139,056

The following table presents the total investment income earned by the MedStar Master Trust during the year ended December 31, 2024:

	Master Trust Balances	Plan's Interest in Master Trust Balances
Net appreciation in fair value of investments		
U.S. government agency notes and bonds	$ (30,896,066)	$ (16,557,777)
Corporate and other bonds	(17,347,006)	(9,296,583)
Common stock	22,217,234	11,906,629
Mutual funds and other commingled vehicles	90,587,846	48,547,713
Hedge funds and private equity	34,897,662	18,702,307
Other assets	(640,187)	(343,089)
	98,819,483	52,959,200
Interest and dividends	13,264,655	7,108,776
Net investment gain	$ 112,084,138	$ 60,067,976

NOTE 9 - DEPOSITS

Deposits as of December 31, 2025 and 2024 represent prefunding of January 2026 and 2025 benefit payments, respectively.

NOTE 10 - TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed MedStar by a letter dated May 17, 2021 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). In addition, the Plan Administrator and the Plan's tax counsel believe that the Plan, as amended, is designed and is currently being operated in compliance with the applicable requirements of the IRC.

U.S. 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 upon examination. The Plan Administrator has concluded that as of December 31, 2025 and 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

NOTE 11 - TRANSACTIONS WITH RELATED PARTIES AND PARTIES IN INTEREST

The Plan invests in a short-term investment fund managed by Northern Trust, the trustee. In addition, at December 31, 2025 and 2024, Northern Trust managed a short-term investment fund in the MedStar Master Trust and an S&P 500 Index Fund.

Certain costs of administering the Plan are paid by the Plan Sponsor, and such payments qualify as a party in interest transaction.

NOTE 12 - RISKS AND UNCERTAINTIES

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

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported, based on certain assumptions pertaining to interest rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimates 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.

NOTE 13 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 14, 2026, the date the financial statements were available to be issued and determined that there were no items to disclose.

SUPPLEMENTAL SCHEDULES

MedStar Health, Inc.
Cash Balance Retirement Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, par, or Maturity Value	(d) Cost	(e) Current Value
*	The Northern Trust Corporation	Short term investment fund: NTGI Collective Government Short Term Investment Fund	$ 7,742,149	$ 7,742,149

* Party-in-interest.

Note: The above data has been certified as complete and accurate by Northern Trust Corporation, the trustee of the Plan.

MedStar Health, Inc.
Cash Balance Retirement Plan

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year ended December 31, 2025

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category iii Series of transactions in excess of 5% of plan assets						
The Northern Trust Corporation	NTGI Collective Government Short Term Investment Fund	$ 52,866,669	$ -	$ 52,866,669	$ 52,866,669	$ -
The Northern Trust Corporation	NTGI Collective Government Short Term Investment Fund	$ -	$ 51,889,304	$ 51,889,304	$ 51,889,304	$ -

There were no category i, ii or iv reportable transactions during the year ended December 31, 2025.

Note: The above data has been certified as complete and accurate by The Northern Trust Corporation, the trustee of the Plan.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2025

Attained Age	Years of Credited Service																			
	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 & Over	
	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.
Under 25																				
25 - 29																				
30 - 34																				
35 - 39			1																	
40 - 44	1		13		22	$46,476	7		1											
45 - 49	7		35	$19,996	103	$57,305	48	$72,582	3											
50 - 54	13		35	$13,257	145	$80,276	97	$91,957	21	$126,609	3									
55 - 59	12		34	$26,062	144	$95,481	152	$122,093	50	$146,967	24	$144,992	4							
60 - 64	9		25	$23,934	131	$85,770	149	$137,332	85	$157,884	69	$208,881	33	$241,388	4					
65 - 69	6		16		67	$85,309	85	$124,501	58	$240,107	44	$223,130	34	$348,319	14		5			
70 & Over	6		7		28	$106,013	44	$116,170	35	$299,149	29	$300,493	15		15		7		5	

Plan Name: MedStar Health, Inc. Cash Balance Retirement Plan
EIN / PN: 52-2087445/002
Plan Sponsor: MedStar Health, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data for Frozen Plans as of January 1, 2025

Attained Age	Years of Credited Service																			
	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 & Over	
	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.
Under 25																				
25 - 29																				
30 - 34																				
35 - 39			1																	
40 - 44	1		13		22	$16,108	7		1											
45 - 49	7		35	$5,872	103	$15,809	48	$19,736	3											
50 - 54	13		35	$3,280	145	$17,882	97	$20,456	21	$26,159	3									
55 - 59	12		34	$4,680	144	$16,671	152	$21,128	50	$25,097	24	$23,574	4							
60 - 64	9		25	$3,576	131	$12,110	149	$18,647	85	$21,741	69	$28,117	33	$31,764	4					
65 - 69	6		16		67	$10,399	85	$15,142	58	$29,198	44	$27,491	34	$41,798	14		5			
70 & Over	6		7		28	$12,946	44	$14,191	35	$36,486	29	$36,389	15		15		7		5	

Plan Name: MedStar Health, Inc. Cash Balance Retirement Plan
EIN / PN: 52-2087445/002
Plan Sponsor: MedStar Health, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Plan Sponsor

MedStar Health, Inc.

EIN/PN

54-2087445/002

Economic Assumptions

Interest rate basis

• Applicable month	September
• Interest rate basis	3-Segment Rates

Interest rates

	Reflecting Stabilization	Not Reflecting Stabilization
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.35%	5.32%

Annual rates of increase

• Compensation:	N/A
• Future Social Security wage bases	Social Security benefits are assumed to increase by 3.50%, compounded annually.
• Cash Balance Interest Crediting Rate	5.10% compounded annually.
• Inflation	Inflation is assumed to increase by 2.75%, compounded annually.

Plan-related expenses

The amount included this year for plan-related expenses is $2,649,927. This is assumed to be 0.12% of 1/1/2025 Market Value of Assets (not including receivable contributions) plus the

SCHEDULE SB ATTACHMENTS

sum of the estimated 2025 PBGC Flat Rate and Variable Rate Premiums (without any discounting adjustment).

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used and are used to determine the PBGC FTAP and the PBGC 4010 FS.

Demographic Assumptions

Inclusion date

January 1 or July 1 coincident with or next following the attainment of age 20 and completion of 90 days of service.

New or rehired employees

It was assumed there will be no new or rehired employees.

Mortality for Plan Funding Purposes

- Healthy

Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

- Disabled

Same as Healthy Mortality assumption

Mortality for ASC 960 Reporting Purposes

See Section 2.8.

Termination

Representative Termination Rates not Due to Disability, Retirement or Mortality

Age	CBRP
30	14.0%
35	7.5%
40	5.5%
45	5.5%
50	5.5%
55	6.0%
60	6.0%

Disability

None

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Retirement

Rates varying by age, averaging age 67.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below. Rates for former MGHPP participants are the same as CBRP rates.

Age	Percentage retiring during the year
55	5.0
56	5.0
57	5.0
58	5.0
59	5.0
60	5.0
61	7.0
62	9.0
63	9.0
64	11.0
65	13.0
66	20.0
67	20.0
68	20.0
69	15.0
70	15.0
71	20.0
72	15.0
73	15.0
74	15.0
75	100.0

Benefit commencement date:

- Preretirement death benefit — Upon the death of the active participant
- Deferred vested benefit — See Form of Payment section below
- Disability benefit — Upon disablement
- Retirement benefit — See Form of Payment section below

SCHEDULE SB ATTACHMENTS

Form of payment

For CBRP active participants:

For active employees terminating employment before becoming eligible for retirement:

- 12% are assumed to receive an immediate lump sum.
- 53% are assumed to receive a lump sum at age 55.
- 35% are assumed to commence an annuity at age 65 (16% level single life annuity, 7% increasing single life annuity, 12% level 75% joint & survivor annuity).

For active employees terminating employment after becoming eligible for retirement:

- 27% are assumed to receive an immediate lump sum.
- 21% are assumed to receive a lump sum at age 62.
- 38% are assumed to commence a level single life annuity upon retirement (23% level single life annuity, 15% level 75% joint & survivor annuity).
- 14% are assumed to commence an annuity starting at age 65 (11% level single life annuity, 3% increasing single life annuity).

For CBRP deferred participants, upon retirement:

- 60% are assumed to receive a lump sum at age 55/60/65 (defer to 55 if valuation age is less than 55, defer to 60 if valuation age is between 55 and 59, defer to 65 if valuation age is 60+).
- 40% are assumed to commence an annuity starting at age 65 (18% level single life annuity, 8% increasing single life annuity, 14% level 75% joint & survivor annuity).

For former MGHPP active participants:

For active employees terminating employment before and after becoming eligible for retirement:

- 50% are assumed to receive an immediate lump sum.
- 50% are assumed to receive a lump sum at age 65.

For former MGHPP deferred vested participants:

- 50% are assumed to receive a lump sum at age 65 for those participants eligible for a lump sum.

	• 50% are assumed to commence an annuity benefit at age 65 for others (generally prior plan provisions). Annuities were calculated from the cash balance accounts using the required methodology in IRS Regulation §1.430(d)-1(f)(5).
Percent married	For purposes of valuing the pre-retirement surviving spouse's benefit, 100% of eligible participants are assumed to be married.
Spouse age	Wife two years younger than husband.
At-risk assumptions	For at-risk calculations (when applicable), all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan. The assumed form of benefit for at-risk calculations is described in the Form of Payment section of this appendix.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
PBGC Premium Funding Target	The Alternative Premium Funding Target was determined using the assumptions described above.

SCHEDULE SB ATTACHMENTS

Asset Method

The market value of assets, including discounted receivables, on the valuation date, adjusted for 2/3 of the prior year's investment gains (losses) and 1/3 of the second prior year's investment gains (losses). Investment gains and losses are defined as the excess or deficiency of the expected return on the market value (not to exceed the third segment rate for that year) over the actual return on the market value of assets, including discounted receivables, for any given year. The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2024 plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

Beneficiaries of retirees who die before receiving the accumulated value of their employee contributions continue to receive payments until they receive such value. This benefit is not included directly in the valuation, but its value is approximated by treating life annuities commencing in the future as two-year certain and life annuities.

The whipsaw calculation for certain CBRP union participants is not reflected for deferred vested participants due to lack of historical data on union status.

Back payment amounts for annuities for deferred vested participants and deferred beneficiaries who are past the participant's normal retirement date are assumed to be reflected by the increase in benefit associated with post-NRD interest credits.

Pre-retirement death benefits for certain participants eligible for a full (100%) death benefit are approximated by assuming no pre-retirement mortality.

SCHEDULE SB ATTACHMENTS

The value of the post-retirement COLA is approximated for deferred vested former VNA participants whose normal form of payment reflects the COLA.

All benefits described in the Plan Provisions section of this report were valued based on discussions with MedStar regarding the likelihood that these benefits will be paid. Willis Towers Watson has reviewed the plan provisions with MedStar and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor, through its third party administrator Fidelity, furnished participant data as of 1/1/2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

- The participating population was refined from the data provided by Fidelity on February 23, 2025 (Active & Inactive) and through the “Include/Exclude” question process. Feedback on this process was provided by Fidelity on March 13, 2025.

- One round of data questions were provided to Fidelity based on inconsistent data changes or out of range information. Responses to these data questions were provided by Fidelity on April 3, 2025. Additional miscellaneous data answers received from Fidelity and MedStar throughout the valuation as part of additional validation of the census data.

- Please refer to our valuation data summary letter delivered on June 17, 2025 and approved by MedStar on June 18, 2025 for details on specific assumptions made for missing and apparently inconsistent data elements.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

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Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- ☒ a single-employer plan
- ☐ a DFE (specify) _____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
MEDSTAR HEALTH, INC. CASH BALANCE RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1987

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)

MEDSTAR HEALTH, INC.

10980 GRANTCHESTER WAY

COLUMBIA MD 21044

2b Employer Identification Number (EIN)
52-2087445

2c Plan Sponsor's telephone number
410-772-6500

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	Nicholas Debaggis	10/14/2026	NICHOLAS DEBAGGIS
	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

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3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	5,526
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)**	1,582
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1,843
b	Retired or separated participants receiving benefits	**6b**	2,401
c	Other retired or separated participants entitled to future benefits	**6c**	1,280
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	5,524
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	197
f	Total. Add lines **6d** and **6e**.	**6f**	5,721
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1C 1I 3F 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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_____

MedStar Health, Inc.
Cash Balance Retirement Plan

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year ended December 31, 2025

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category iii Series of transactions in excess of 5% of plan assets						
The Northern Trust Corporation	NTGI Collective Government Short Term Investment Fund	$ 52,866,669	$ -	$ 52,866,669	$ 52,866,669	$ -
The Northern Trust Corporation	NTGI Collective Government Short Term Investment Fund	$ -	$ 51,889,304	$ 51,889,304	$ 51,889,304	$ -

There were no category i, ii or iv reportable transactions during the year ended December 31, 2025.

Note: The above data has been certified as complete and accurate by The Northern Trust Corporation, the trustee of the Plan.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
MEDSTAR HEALTH, INC. CASH BALANCE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MEDSTAR HEALTH, INC.

D Employer Identification Number (EIN)
52-2087445

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 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	698,259,937
b Actuarial value	**2b**	665,252,634

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	2,485	295,356,357	295,356,357
b For terminated vested participants	1,381	125,789,801	125,789,801
c For active participants	2,000	298,328,882	302,904,652
d Total	5,866	719,475,040	724,050,810

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**	5.35%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	2,649,927
c Target normal cost	**6c**	2,649,927

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

CDH
Signature of actuary

10/6/2026
Date

Craig Hodges
Type or print name of actuary

2606527
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

703-258-8000
Telephone number (including area code)

PO Box 674401

Houston TX 77267
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	24,534,624
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	13,000,000
9	Amount remaining (line 7 minus line 8)	0	11,534,624
10	Interest on line 9 using prior year's actual return of 9.41 %	0	1,085,408
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		11,888,152
	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 5.10 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		1,118,675
	c Total available at beginning of current plan year to add to prefunding balance		13,006,827
	d Portion of (c) to be added to prefunding balance		13,006,827
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	25,626,859

Part III Funding Percentages

14	Funding target attainment percentage	14	88.33 %
15	Adjusted funding target attainment percentage	15	88.33 %
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	88.60 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	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	0

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	67

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**	2,649,927
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	84,425,035	9,815,345
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**	12,465,272

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	12,465,272	12,465,272

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**	0

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

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

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name:	MedStar Health, Inc. Cash Balance Retirement Plan
EIN / PN:	52-2087445/002
Plan Sponsor:	MedStar Health, Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	23,599,225	10,858,581	29,071,593	63,529,399
2026	18,694,646	13,969,943	28,444,132	61,108,721
2027	19,008,155	13,724,461	27,763,566	60,496,182
2028	20,137,655	13,824,116	27,037,807	60,999,578
2029	20,942,302	15,096,471	26,263,886	62,302,659
2030	22,058,994	12,209,710	25,433,849	59,702,553
2031	21,737,373	4,486,640	24,544,449	50,768,462
2032	22,469,531	4,654,447	23,576,504	50,700,482
2033	22,231,398	4,513,302	22,557,162	49,301,862
2034	21,388,789	5,271,216	21,519,628	48,179,633
2035	21,680,858	5,283,476	20,449,008	47,413,342
2036	21,370,973	5,227,421	19,351,957	45,950,351
2037	20,818,491	5,094,277	18,232,021	44,144,789
2038	20,259,111	5,060,927	17,090,953	42,410,991
2039	19,962,533	5,354,300	15,937,410	41,254,243
2040	19,307,804	5,413,344	14,783,508	39,504,656
2041	19,009,927	5,475,856	13,635,429	38,121,212
2042	18,093,209	5,617,067	12,501,148	36,211,424
2043	17,679,814	5,601,757	11,387,483	34,669,054
2044	16,914,304	5,695,216	10,302,306	32,911,826
2045	16,296,274	5,698,929	9,253,337	31,248,540
2046	15,383,154	5,630,716	8,248,037	29,261,907
2047	14,748,009	5,549,229	7,293,543	27,590,781
2048	13,892,302	5,419,453	6,396,356	25,708,111
2049	13,148,593	5,274,248	5,562,122	23,984,963
2050	12,409,927	5,103,589	4,795,394	22,308,910
2051	11,493,749	4,922,021	4,099,306	20,515,076
2052	10,700,742	4,727,307	3,475,382	18,903,431
2053	9,882,166	4,521,339	2,923,497	17,327,002
2054	9,134,294	4,304,925	2,441,869	15,881,088
2055	8,378,707	4,079,193	2,027,236	14,485,136
2056	7,648,619	3,845,594	1,675,105	13,169,318
2057	6,926,039	3,605,882	1,380,017	11,911,938
2058	6,263,166	3,362,055	1,135,895	10,761,116
2059	5,630,777	3,116,242	936,352	9,683,371
2060	5,032,470	2,870,649	774,993	8,678,112
2061	4,477,249	2,627,482	645,654	7,750,385
2062	3,956,482	2,388,886	542,611	6,887,979
2063	3,475,639	2,156,936	460,728	6,093,303
2064	3,033,303	1,933,538	395,554	5,362,395
2065	2,629,137	1,720,353	343,362	4,692,852
2066	2,262,412	1,518,817	301,112	4,082,341
2067	1,932,041	1,330,083	266,402	3,528,526
2068	1,636,642	1,154,999	237,387	3,029,028
2069	1,374,600	994,131	212,683	2,581,414
2070	1,144,086	847,748	191,272	2,183,106
2071	943,114	715,890	172,408	1,831,412
2072	769,587	598,387	155,559	1,523,533
2073	621,279	494,856	140,347	1,256,482
2074	495,896	404,708	126,512	1,027,116

Plan Name: MedStar Health, Inc. Cash Balance Retirement Plan
EIN / PN: 52-2087445/002
Plan Sponsor: MedStar Health, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

MedStar Health, Inc.

Plan

Cash Balance Retirement Plan

Effective Date and Most Recent Amendment

The plan was originally effective January 1, 1987. The plan document was most recently restated effective January 1, 2020.

Plan Year

The Plan Year is the calendar year.

Participating Entities

- Washington Hospital Center Corporation (WHC)
- Medlantic Research Institute (MRI)
- Corporate Services Division (CSD)
- Medlantic Enterprises, Inc. (MEI)
- Medlantic Center for Ambulatory Surgery, Inc. (CASI)
- National Rehabilitation Hospital, Inc (NRH)
- Visiting Nurse Association of MedStar Health, Inc. (VNA)
- Washington Physicians Partners (WPPI)
- Georgetown University Hospital (GUH)
- Montgomery General Hospital (MGH)

Employee Eligibility Requirements

Regular employees hired before January 1, 2005 (or January 1, 2006 for certain union employees) may join on the January 1 or July 1 following attainment of age 20 and completion of 90 days of service. The MGH plan was closed to new participants prior to its merger with the CBRP.

Plan Name:	MedStar Health, Inc. Cash Balance Retirement Plan
EIN / PN:	52-2087445/002
Plan Sponsor:	MedStar Health, Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Frozen Benefit Accruals

Accruals for participants not represented by a union or who work at Georgetown University Hospital and are represented by SEIU were frozen as of 12/31/2009. Accruals for participants represented by Nurses United were frozen as of 12/31/2010. Those participants existing account balances will continue to earn interest credits under the prior provisions.

Credited Service

For the MGH plan, service is credited for each plan year during which at least 1,000 hours are credited. For all other purposes, service is credited for the period of employment from the participant's date of hire to service termination date on an elapsed time basis. Service is not credited for any period during which an employee is eligible, but does not make contributions to the plan. For employees who joined the plan on July 1, 2000, service also includes pre-acquisition Georgetown service.

Credited service will not be earned after December 31, 2009 for participants not represented by a union or who work at Georgetown University Hospital and are represented by SEIU, and after December 31, 2010 for participants represented by Nurses United.

Vesting Service

For vesting purposes, twelve months equal one year of Service.

Compensation

For the MGH plan, W-2 (Box 1) wages plus salary reduction arrangements under the plans qualified under Code Section 401(k) or 403(b).

For all other purposes, pay at regular rate for hours worked, overtime, shift differentials, paid days off on call, supplemental pay for special programs, holidays, and merit increases. Compensation includes salary reduction arrangements under the plans qualified under Code Section 401(k) or 403(b), and excludes payments for excess vacation/ paid days off, incentive, bonuses/awards, disability coverage, employer contribution to tax sheltered annuity plans or imputed incomes. Compensation also does not include any supplemental payment made by the employer because of a vesting event under a nonqualified deferred compensation plan or any other amount paid from such a plan, nor does it include severance payments paid to a participant after retirement or termination of employment. Bonus is included in compensation for MGH physicians.

Compensation in excess of $245,000 (for 2010, as indexed by law) is not taken into account.

Compensation earned after December 31, 2009 is not reflected for participants not represented by a union or who work at Georgetown University Hospital and are represented by SEIU, and after December 31, 2010 for participants represented by Nurses United.

Plan Name:	MedStar Health, Inc. Cash Balance Retirement Plan
EIN / PN:	52-2087445/002
Plan Sponsor:	MedStar Health, Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Final Average Earnings

For MGH grandfathered participants, out of the last 10 years preceding the earliest of retirement, termination of employment, or December 31, 2009 in which Credited Service is earned, the Final Average Earnings is the average of the 5 highest consecutive calendar years of compensation.

Covered Compensation

For MGH participants, covered compensation is the average of the Social Security Taxable Wage Bases over the 35-year period ending with the year the participant reaches the age unreduced Social Security benefits are payable. No increases in the Wage Base are assumed for years following termination.

Grandfathered Participant

Within the MGH entity, a grandfathered participant is a participant who, as of December 31, 1994, meets one of the following criteria:

1) Reached age fifty-five (55) with ten (10) years of Vesting Service

2) Reached age forty-five (45) with fifteen (15) years of Vesting Service, or

3) Reached twenty (20) years of Vesting Service

Participant Contributions

Each non-MGH employee contributes 1% of pay up to the Social Security Wage Base and 2% of pay above.

Participant contributions will not be required or allowed after December 31, 2009, for participants not represented by a union or who work at Georgetown University Hospital and are represented by SEIU, and after December 31, 2010 for participants represented by Nurses United.

Account Balance

Account balance payable for non-MGH participants as a lump-sum consisting of:

- Lump-sum equivalent of accrued benefit plus employee contributions under prior plan.
- Participant contributions each year.
- Employer credits each year.
- Additional credit of 15% of lump sum equivalent of prior plan benefit. It is credited each year for a period equal to the number of whole years of Service on effective date. VNA participants are not eligible for this benefit.
- Interest credits based on average rate on 6-month Treasury bills during the year; minimum 5%, maximum 10%

Plan Name:	MedStar Health, Inc. Cash Balance Retirement Plan
EIN / PN:	52-2087445/002
Plan Sponsor:	MedStar Health, Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Past Service Account Balance

For MGH participants only, the Past Service Account Balance is the December 31, 1994 frozen benefit converted into an actuarially equivalent lump sum.

Future Service Account Balance

For MGH participants only, the Future Service Account Balance is the sum of

- Annual pay credits based on Years of Vesting Service

Years of Vesting Service	Pay Credit Percentage
Less than 5	2.5%
Greater than 5 but less than 15	3%
More than 15	4%

- Interest credits at the end of the year based on the annual interest rates of 30-year Treasury securities for the November prior to the year the Participant's benefit is earned, with a minimum credit of 1.7% per year.

No pay credits will be provided after December 31, 2008.

Money Purchase Plan and Tax-Sheltered Annuity Matching Plan

These defined contribution benefits offset the grandfathered accrued benefit in the MGH plan. They are projected to a participant's normal retirement age using 9% interest and converted to an annuity using 9% interest and the Uninsured Pension 1984 Mortality table set back three years.

Employer Credits

Employer credit for non-MGH participants of 6% of pay up to the Social Security Wage Base (SSWB) and of 8% of pay above the SSWB. An additional employer credit of 1% of pay is contributed after 10 years of vesting service begins.

No employer credits will be made after December 31, 2009, for participants not represented by a union or who work at Georgetown University Hospital and are represented by SEIU, and after December 31, 2010 for participants represented by Nurses United.

Accrued Benefit

Other than MGH: Age 65 account divided by 200 for increasing single life annuity, or 100 for level single life annuity. Benefits are limited in accordance with Section 415 of the Code.

For non-grandfathered MGH: Sum of Past Service Account Balance and Future Service Account Balance.

Plan Name:	MedStar Health, Inc. Cash Balance Retirement Plan
EIN / PN:	52-2087445/002
Plan Sponsor:	MedStar Health, Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

For grandfathered MGH, the "grandfathered accrued benefit" is greater of the December 31, 1994 accrued benefit and the following:

1) 1.0% of the Final Average Earnings plus .6% of the Final Average Earnings in excess of Covered Compensation, times Credited Service (limited to 35 years), minus
2) the Money Purchase Pension Plan balance projected to age 65, converted into an annuity minus
3) the Matching Tax Sheltered Annuity Plan balance projected to age 65 converted into an annuity minus
4) the Future Service Account balance projected to age 65 converted into an annuity

Once the "grandfathered accrued benefit" is determined, the lump sum value of this benefit is added to the Future Service Account Balance, which can be no less than the value of the sum of the Past Service Account Balance and the Future Service Account Balance.

Pension Formula, Conditions for Obtaining Benefit

a. Normal Retirement:

1.	Eligibility -	Attainment of age 65.
2.	Benefit -	The accrued benefit, or actuarial equivalent annuity.

b. Early Retirement:

1.	Eligibility -	Attainment of age 55 and completion of 10 Years of Service.
2.	Benefit-	Other than MGH: The accrued benefit. If payable as an annuity, increase account balance by annual interest based on the rate for the year preceding the year of distribution, convert to an actuarially equivalent annuity, and reduce 4% for each year first payment precedes normal retirement date. For non-grandfathered MGH participants: the early retirement benefit is the sum of the following: 1) the December 31, 1994 frozen benefit, reduced by 5% for each month the first payment precedes the normal retirement date; and 2) the actuarial equivalent value of the Future Service Account Balance determined on the benefit commencement date

For grandfathered MGH participants: the early retirement benefit is the sum of the following:
1) the "grandfathered accrued benefit" reduced by .5% for each month the first payment precedes the normal retirement date; and

2) the actuarial equivalent value of the Future Service Account Balance determined on the benefit commencement date

c. Vested Deferred Benefit:

1. Eligibility - Completion of 3 Years of Service.

2. Benefit - The accrued normal retirement benefit actuarially reduced for early commencement if payment commences immediately. If payment is deferred until Normal Retirement Date or later, the benefit is unreduced.

Note: Employee contributions are 100% vested regardless of service.

d. Late Retirement:

1. Eligibility - For MGH, a participant who continues to work beyond his or her Normal Retirement Date.

2. Benefit - The accrued benefit is the greater of:
1) the amount determined according to the normal retirement benefit, using Credited Service and the Final Average Earnings at the actual commencement date; and
2) the benefit at normal retirement, actuarially increased to the actual commencement date using 7% interest and the Revenue Ruling 2001-62 Mortality table.

Note: Employee contributions are 100% vested regardless of service.

e. Disability:

1. Eligibility - For MGH, a participant who becomes totally and permanently disabled for a five month period while active. The individual's benefits become fully vested.

2. Benefit - Payable in the same manner as a Vested Deferred benefit.

Types of Benefits

a. Normal: Other than MGH: The normal form of payment for single participants is an increasing single life annuity.

MGH: The normal form of payment for single participants is a single life annuity.

b. Options: In lieu of an increasing single life annuity, a non-MGH participant may elect to receive his accrued benefit on an actuarially equivalent basis in any of the following forms:

(i) Level single life annuity.

(ii) 5, 10, or 15 year certain only annuity, level or increasing.

(iii) 50%, 75%, or 100% joint and survivor annuity, level or increasing.

(iv) Single lump sum payment.

(v) Certain 50/50 combinations of choices (i) through (iii).

For MGH, a Level Income Option adjusting at age 65, payable only for benefits accrued through December 31, 2008.

Married non-MGH participants will receive an increasing 50% joint and survivor annuity unless the spouse consents to election of an alternate form.

For MGH participants, the lump sum is equal to the greater of the present value of the annuity benefit determined using 6% interest and the UP-1974 Mortality table, or the present value of the annuity benefit using IRC 417(e) assumptions.

For non-MGH union participants, the lump sum is equal to the greater of the account balance or the present value of the age 65 increasing single life annuity using IRC 417(e) assumptions.

For all other participants, the lump sum is equal to the account balance.

SCHEDULE SB ATTACHMENTS

Annual increases for increasing annuities are based on the change in CPI-U, but no greater than 10%.

Pre-Retirement Death Benefits

If married on date of death, spouse may receive a lump-sum or actuarially equivalent life annuity payable from the participant's earliest retirement age, calculated as for early retirement. If not married the beneficiary receives a lump sum.

Accrued benefits become 100% vested upon death regardless of service.

Different provisions may apply for terminated vested participants who terminated under a prior plan.

Post-Retirement Death Benefits

If retiree dies before receiving accumulated value of employee contributions, payments continue until this value is paid in full. Other post-retirement death benefits are payable only based on the form of payment elected at retirement.

Changes Since Prior Valuation

None.

MedStar Health, Inc.
Cash Balance Retirement Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, par, or Maturity Value	(d) Cost	(e) Current Value
*	The Northern Trust Corporation	Short term investment fund: NTGI Collective Government Short Term Investment Fund	$ 7,742,149	$ 7,742,149

* Party-in-interest.

Note: The above data has been certified as complete and accurate by Northern Trust Corporation, the trustee of the Plan.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	5,758,137	15.00000	5,758,137	536,891
2. Shortfall	01/01/2024	12,876,715	14.00000	11,996,800	1,171,527
3. Shortfall	01/01/2023	52,789,326	13.00000	47,039,191	4,834,484
4. Shortfall	01/01/2022	(41,174,052)	12.00000	(34,976,849)	(3,804,954)
5. Shortfall	01/01/2021	(40,054,729)	11.00000	(32,217,697)	(3,734,766)
6. Shortfall	01/01/2020	117,844,463	10.00000	86,825,453	10,812,163
Total				84,425,035	9,815,345

Plan Name: MedStar Health, Inc. Cash Balance Retirement Plan
EIN / PN: 52-2087445/002
Plan Sponsor: MedStar Health, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The mortality table used to convert cash balances into annuities and annuity benefits for certain participants into lump sums was updated to the required table under IRC 417(e) for 2025.

Plan Name:	MedStar Health, Inc. Cash Balance Retirement Plan
EIN / PN:	52-2087445/002
Plan Sponsor:	MedStar Health, Inc.
Valuation Date:	January 1, 2025