

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of 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 <u>CHASE BREXTON HEALTH SERVICES, INC. 403(B) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1999</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1999</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1999</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CHASE BREXTON HEALTH SERVICES, INC.</u> <u>1111 N. CHARLES STREET</u> <u>BALTIMORE, MD 21201</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>52-1638592</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>410-837-2050</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>531120</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>52-1638592</u>	2c Plan Sponsor's telephone number <u>410-837-2050</u>	2d Business code (see instructions) <u>531120</u>	
2b Employer Identification Number (EIN) <u>52-1638592</u>					
2c Plan Sponsor's telephone number <u>410-837-2050</u>					
2d Business code (see instructions) <u>531120</u>					

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.	10/07/2022	LINDSEY BROWN
	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
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	573
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)	418
a(2) Total number of active participants at the end of the plan year		6a(2)	429
b Retired or separated participants receiving benefits.....		6b	6
c Other retired or separated participants entitled to future benefits		6c	152
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	587
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	587
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	568
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	25
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2L 2K 2T			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>4</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan CHASE BREXTON HEALTH SERVICES, INC. 403(B) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CHASE BREXTON HEALTH SERVICES, INC.	D Employer Identification Number (EIN) 52-1638592

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

(a) Name of insurance carrier
C.M. LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1041383	93432	ART0100578EE	39	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CANTANUCCI, JOSEPH M
1593 SPRING HILL RD STE 500E
VIENA, VA 22182-2292

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0	INSURANCE BROKER	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
PHAN, JONATHAN
3975 FAIR RIDGE DR, SUITE 315N
FAIRFAX, VA 22033-2922

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0	INSURANCE BROKER	3

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	218824
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	872105

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	0
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year	7b	0
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)		
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)		
	▶			

(6) Total additions	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier.....	7e(2)		
(3) Transferred to separate account.....	7e(3)		
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan CHASE BREXTON HEALTH SERVICES, INC. 403(B) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CHASE BREXTON HEALTH SERVICES, INC.	D Employer Identification Number (EIN) 52-1638592

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

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	613953	597	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	202

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CBIZ BENEFITS & INSURANCE SERVICES 700W 47TH ST STE 1100
KANSAS CITY, MO 64112-2050

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	202	REFERRAL/SERVICE FEE	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ CUSTODIAL GUARANTEED INT. CONTRACT

b	Balance at the end of the previous year	7b	388263
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c	Additions: (1) Contributions deposited during the year	7c(1)	71504	
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	6479	
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below).....	7c(5)	88891	

▶ LOAN PAYMENT, ROLLOVER, OUTSIDE INVEST TR

(6) Total additions	7c(6)	166874
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	555137
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	116337	
	(2) Administration charge made by carrier.....	7e(2)	2384	
	(3) Transferred to separate account.....	7e(3)		
	(4) Other (specify below).....	7e(4)	25895	

▶ LOAN WITHDRAWAL, OUTSIDE INVT TR

(5) Total deductions	7e(5)	144616
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	410521
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan CHASE BREXTON HEALTH SERVICES, INC. 403(B) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CHASE BREXTON HEALTH SERVICES, INC.	D Employer Identification Number (EIN) 52-1638592

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

(a) Name of insurance carrier
MASSMUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	A010079680	7	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CANTANUCCI, JOSEPH M. 1593 SPRING HILL RD, STE 500E
VIENNA, VA 22182-2392

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0	INSURANCE BROKER	3

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	2295
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	36404

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	0
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year	7b	0
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)		
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)		
	▶			

(6) Total additions **7c(6)** 0

d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account.....	7e(3)		
	(4) Other (specify below)	7e(4)		
	▶			

(5) Total deductions **7e(5)** 0

f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan CHASE BREXTON HEALTH SERVICES, INC. 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CHASE BREXTON HEALTH SERVICES, INC.	D Employer Identification Number (EIN) 52-1638592	

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

(a) Name of insurance carrier
THE LINCOLN NAT'L LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	CR27030	14	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid 4578	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LINCOLN FINANCIAL ADVISORS
PO BOX 2239
FORT WAYNE, IN 46801-2239

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4578	0	SALES AND BASE COMMISSION	4

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	11126
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	1005132

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **FIXED ACCOUNT AND LOAN ACCOUNT**

b	Balance at the end of the previous year	7b	37276
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)	1570	
	7c(4)		
	7c(5)		

▶

(6) Total additions	7c(6)	1570
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d Total of balance and additions (add lines 7b and 7c(6))	7d	38846
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	47	
(2) Administration charge made by carrier	7e(2)	6	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		

▶

(5) Total deductions	7e(5)	53
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	38793
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan CHASE BREXTON HEALTH SERVICES, INC. 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CHASE BREXTON HEALTH SERVICES, INC.	D Employer Identification Number (EIN) 52-1638592	

Part I	Service Provider Information (see instructions)
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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
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(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

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

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

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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	95144	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

CBIZ BENEFITS & INSURANCE SERVICES

31-1582098

(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?
49 99 13 50	CONTRACT ADMINISTRATOR	4432	Yes ☒ No ☐	Yes ☐ No ☒	24961	Yes ☐ No ☒

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

CBIZ INVESTMENT ADVISORY SERVICES

81-3968784

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 99	INVESTMENT ADVISORY	0	Yes ☒ No ☐	Yes ☐ No ☒	23850	Yes ☐ No ☒

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

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

(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 ☐

(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 ☐

(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
CBIZ BENEFITS AND INSURANCE SERVICE	49 99 13 50	24961
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	CONTRACT ADMINISTRATOR	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CBIZ INVESTMENT ADVISORY SERVICES	27 99	23850
(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.	
PRINCIPAL LIFE INSURANCE CO. 42-0127290	INVESTMENT ADVISORY (PLAN)	
(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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>CHASE BREXTON HEALTH SERVICES, INC. 403(B) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CHASE BREXTON HEALTH SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>52-1638592</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AB VPS GLOBAL THEMATIC</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL CORPORATION</u>				
c EIN-PN <u>35-0472300-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12962</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LVIP BLENDED LRG CAP GROWTH MNGD VO</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL CORPORATION</u>				
c EIN-PN <u>35-0472300-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>23872</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS GLOBAL GROWTH</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL CORPORATION</u>				
c EIN-PN <u>35-0472300-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>24618</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS GROWTH</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL CORPORATION</u>				
c EIN-PN <u>35-0472300-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>99364</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS GROWTH - INCOME</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL CORPORATION</u>				
c EIN-PN <u>35-0472300-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>91115</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS INTERNATIONAL</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL CORPORATION</u>				
c EIN-PN <u>35-0472300-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>47406</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LVIP SSGA S&P 500 INDEX</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL CORPORATION</u>				
c EIN-PN <u>35-0472300-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>75618</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: **LVIP VANGUARD INT'L EQUITY**

b Name of sponsor of entity listed in (a): **LINCOLN NATIONAL CORPORATION**

c EIN-PN 35-0472300-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 577
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LVIP DELAWARE REIT SERIES**

b Name of sponsor of entity listed in (a): **LINCOLN NATIONAL CORPORATION**

c EIN-PN 35-0472300-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34073
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a Name of MTIA, CCT, PSA, or 103-12 IE: **DELAWARE VIP SMALL CAP VALUE**

b Name of sponsor of entity listed in (a): **LINCOLN NATIONAL CORPORATION**

c EIN-PN 35-0472300-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5426
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LVIP DELAWARE SMID CAP CORE SERIES**

b Name of sponsor of entity listed in (a): **LINCOLN NATIONAL CORPORATION**

c EIN-PN 35-0472300-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72694
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LVIP DELAWARE VALUE SERIES**

b Name of sponsor of entity listed in (a): **LINCOLN NATIONAL CORPORATION**

c EIN-PN 35-0472300-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15352
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FIDELITY VIP CONTRAFUND**

b Name of sponsor of entity listed in (a): **LINCOLN NATIONAL CORPORATION**

c EIN-PN 35-0472300-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36525
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LVIP BARON GROWTH OPPORTUNITIES**

b Name of sponsor of entity listed in (a): **LINCOLN NATIONAL CORPORATION**

c EIN-PN 35-0472300-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52185
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a Name of MTIA, CCT, PSA, or 103-12 IE: **BLACKROCK GLB ALLOCATION**

b Name of sponsor of entity listed in (a): **LINCOLN NATIONAL CORPORATION**

c EIN-PN 35-0472300-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1231
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PIMCO VIT TOTAL RETURN**

b Name of sponsor of entity listed in (a): **LINCOLN NATIONAL CORPORATION**

c EIN-PN 35-0472300-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 827
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LVIP BLACKROCK DIVIDEND VALUE MNGDV**

b Name of sponsor of entity listed in (a): **LINCOLN NATIONAL CORPORATION**

c EIN-PN 35-0472300-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11775
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LVIP DELAWARE WEALTH BUILDER FUND**

b Name of sponsor of entity listed in (a): **LINCOLN NATIONAL CORPORATION**

c EIN-PN 35-0472300-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1717
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LVIP DELAWARE BOND**

b Name of sponsor of entity listed in (a): **LINCOLN NATIONAL CORPORATION**

c EIN-PN 35-0472300-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33803
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LVIP JPMORGAN RETIREMENT INCOME FUN**

b Name of sponsor of entity listed in (a): **LINCOLN NATIONAL CORPORATION**

c EIN-PN 35-0472300-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LVIP DELAWARE SOCIAL AWARENESS**

b Name of sponsor of entity listed in (a): **LINCOLN NATIONAL CORPORATION**

c EIN-PN 35-0472300-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 79431
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LVIP DELAWARE MID CAP VALUE**

b Name of sponsor of entity listed in (a): **LINCOLN NATIONAL CORPORATION**

c EIN-PN 35-0472300-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12975
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LVIP MONDRIAN INTERNATIONAL VALUE**

b Name of sponsor of entity listed in (a): **LINCOLN NATIONAL CORPORATION**

c EIN-PN 35-0472300-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8290
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LVIP SSGA SMALL-CAP INDEX**

b Name of sponsor of entity listed in (a): **LINCOLN NATIONAL CORPORATION**

c EIN-PN 35-0472300-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28093
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LVIP T. ROWE PRICE STRUCTURED MID-C**

b Name of sponsor of entity listed in (a): **LINCOLN NATIONAL CORPORATION**

c EIN-PN 35-0472300-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47673
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LVIP T. ROWE PRICE MID CAP GROWTH**

b Name of sponsor of entity listed in (a): **LINCOLN NATIONAL CORPORATION**

c EIN-PN 35-0472300-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1295
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LVIP VANGUARD DOMESTIC EQTY**

b Name of sponsor of entity listed in (a): **LINCOLN NATIONAL CORPORATION**

c EIN-PN 35-0472300-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2301
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LVIP DIMENSIONAL U.S. CORE EQUITY 1**

b Name of sponsor of entity listed in (a): **LINCOLN NATIONAL CORPORATION**

c EIN-PN 35-0472300-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 70067
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LVIP GLOBAL GROWTH ALLOCATION MANGD**

b Name of sponsor of entity listed in (a): **LINCOLN NATIONAL CORPORATION**

c EIN-PN 35-0472300-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 86973
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LVIP GLOBAL MODERATE ALLOCATION MGD**

b Name of sponsor of entity listed in (a): **LINCOLN NATIONAL CORPORATION**

c EIN-PN 35-0472300-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MFS UTILITIES**

b Name of sponsor of entity listed in (a): **LINCOLN NATIONAL CORPORATION**

c EIN-PN 35-0472300-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24536
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LVIP SSGA GLBL TACTICAL ALLOCTN MGD**

b Name of sponsor of entity listed in (a): **LINCOLN NATIONAL CORPORATION**

c EIN-PN 35-0472300-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2358
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MML STRATEGIC EMERGING MARKETS**

b Name of sponsor of entity listed in (a): **MASSMUTUAL LIFE INSURANCE COMPANY**

c EIN-PN 06-1041383-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1777
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MML TOTAL RETURN BOND**

b Name of sponsor of entity listed in (a): **MASSMUTUAL LIFE INSURANCE COMPANY**

c EIN-PN 06-1041383-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **INVESCO V.I. TECH**

b Name of sponsor of entity listed in (a): **MASSMUTUAL LIFE INSURANCE COMPANY**

c EIN-PN 06-1041383-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2413
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MML AMERICAN FUNDS CORE ALLOCATION**

b Name of sponsor of entity listed in (a): **MASSMUTUAL LIFE INSURANCE COMPANY**

c EIN-PN 06-1041383-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12191
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MML AMERICAN FUNDS GROWTH**

b Name of sponsor of entity listed in (a): **MASSMUTUAL LIFE INSURANCE COMPANY**

c EIN-PN 06-1041383-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: MML AMERICAN FUNDS INTERNATIONAL		
b Name of sponsor of entity listed in (a): MASSMUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 06-1041383-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7009
a Name of MTIA, CCT, PSA, or 103-12 IE: MML BLEND		
b Name of sponsor of entity listed in (a): MASSMUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 06-1041383-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 569
a Name of MTIA, CCT, PSA, or 103-12 IE: MML EQUITY		
b Name of sponsor of entity listed in (a): MASSMUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 06-1041383-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53814
a Name of MTIA, CCT, PSA, or 103-12 IE: MML FOREIGN		
b Name of sponsor of entity listed in (a): MASSMUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 06-1041383-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20160
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO V.I. GLOBAL		
b Name of sponsor of entity listed in (a): MASSMUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 06-1041383-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 105110
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP CONTRAFUND		
b Name of sponsor of entity listed in (a): MASSMUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 06-1041383-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 261583
a Name of MTIA, CCT, PSA, or 103-12 IE: MML GROWTH AND INCOME		
b Name of sponsor of entity listed in (a): MASSMUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 06-1041383-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1378
a Name of MTIA, CCT, PSA, or 103-12 IE: MML EQUITY INCOME		
b Name of sponsor of entity listed in (a): MASSMUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 06-1041383-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 502
a Name of MTIA, CCT, PSA, or 103-12 IE: MML MID CAP GROWTH		
b Name of sponsor of entity listed in (a): MASSMUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 06-1041383-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 132495
a Name of MTIA, CCT, PSA, or 103-12 IE: MML MANAGED BOND		
b Name of sponsor of entity listed in (a): P		
c EIN-PN 06-1041383-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18956

a Name of MTIA, CCT, PSA, or 103-12 IE: MML MID CAP VALUE			
b Name of sponsor of entity listed in (a): MASSMUTUAL LIFE INSURANCE COMPANY			
c EIN-PN 06-1041383-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41117	
a Name of MTIA, CCT, PSA, or 103-12 IE: MML U.S. GOVERNMENT MONEY MARKET			
b Name of sponsor of entity listed in (a): MASSMUTUAL LIFE INSURANCE COMPANY			
c EIN-PN 06-1041383-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 70386	
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO V.I. DISC MID CAP GRTH			
b Name of sponsor of entity listed in (a): MASSMUTUAL LIFE INSURANCE COMPANY			
c EIN-PN 06-1041383-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: MML BLUE CHIP GRTH			
b Name of sponsor of entity listed in (a): MASSMUTUAL LIFE INSURANCE COMPANY			
c EIN-PN 06-1041383-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15795	
a Name of MTIA, CCT, PSA, or 103-12 IE: MML AGGRESSIVE ALLOCATION			
b Name of sponsor of entity listed in (a): MASSMUTUAL LIFE INSURANCE COMPANY			
c EIN-PN 06-1041383-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: MML MANAGED VOL			
b Name of sponsor of entity listed in (a): MASSMUTUAL LIFE INSURANCE COMPANY			
c EIN-PN 06-1041383-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10196	
a Name of MTIA, CCT, PSA, or 103-12 IE: MML SMALL CAP EQUITY			
b Name of sponsor of entity listed in (a): MASSMUTUAL LIFE INSURANCE COMPANY			
c EIN-PN 06-1041383-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO V.I. CAP APPRECIATION			
b Name of sponsor of entity listed in (a): MASSMUTUAL LIFE INSURANCE COMPANY			
c EIN-PN 06-1041383-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15549	
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO V.I. GLBL STRAT INCOME			
b Name of sponsor of entity listed in (a): MASSMUTUAL LIFE INSURANCE COMPANY			
c EIN-PN 06-1041383-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14127	
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO V.I. INTERN'L GROWTH			
b Name of sponsor of entity listed in (a): MASSMUTUAL LIFE INSURANCE COMPANY			
c EIN-PN 06-1041383-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 77797	

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO V.I. GOVNT MONEY

b Name of sponsor of entity listed in (a): MASSMUTUAL LIFE INSURANCE COMPANY

c EIN-PN 06-1041383-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9181
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a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO V.I. DISCOVERY MID CAP GRTH

b Name of sponsor of entity listed in (a): MASSMUTUAL LIFE INSURANCE COMPANY

c EIN-PN 04-1590850-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7291
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a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO V.I. GLOBAL

b Name of sponsor of entity listed in (a): MASSMUTUAL LIFE INSURANCE COMPANY

c EIN-PN 04-1590850-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1
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a Name of MTIA, CCT, PSA, or 103-12 IE: MML BLEND

b Name of sponsor of entity listed in (a): MASSMUTUAL LIFE INSURANCE COMPANY

c EIN-PN 04-1590850-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9564
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a Name of MTIA, CCT, PSA, or 103-12 IE: MML EQUITY

b Name of sponsor of entity listed in (a): MASSMUTUAL LIFE INSURANCE COMPANY

c EIN-PN 04-1590850-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19548
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan CHASE BREXTON HEALTH SERVICES, INC. 403(B) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 CHASE BREXTON HEALTH SERVICES, INC.	D Employer Identification Number (EIN) 52-1638592	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	524
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	224833	378585
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	2263476	1913641
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	12948187	15999219
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	640042	642766
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	16076538 18934735
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	16076538 18934735

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	664324
	(B) Participants	2a(1)(B)	1554135
	(C) Others (including rollovers).....	2a(1)(C)	725276
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	2943735
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)	13777
	(F) Other	2b(1)(F)	6857
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	20634
(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)	255782
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	255782
(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)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		386418
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1796642
c Other income.....	2c		186
d Total income. Add all income amounts in column (b) and enter total.....	2d		5403397
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2445080	
(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)		2445080
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	100120	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		100120
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2545200
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		2858197
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: SMITH ELLIOTT KEARNS & COMPANY, LLC

(2) EIN: 52-0783935

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.).....

	Yes	No	Amount
4a	X		524

	Yes	No	Amount
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?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) 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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan CHASE BREXTON HEALTH SERVICES, INC. 403(B) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 CHASE BREXTON HEALTH SERVICES, INC.	D Employer Identification Number (EIN) 52-1638592

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): 42-0127290 35-0472300		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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 _____

Audited
Financial
Statements

December 31,
2021

Chase Brexton
Health Services, Inc.
403(b) Plan

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
the Chase Brexton Health Services, Inc. 403(b) Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the accompanying financial statements of the Chase Brexton Health Services, Inc. 403(b) 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 statement of net assets available for plan benefits as of December 31, 2021, and the related statement of changes in net assets available for plan benefits for the year then ended, and the related notes to the financial statements (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 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 audit 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 Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company (Principal Trust Company), Lincoln National Life Insurance Company and Massachusetts Mutual Life Insurance Company and C.M. Life Insurance Company, (collectively "MassMutual"), qualified institutions as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section—

- the amounts and disclosures in the accompanying 2021 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the accompanying 2021 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. 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 Chase Brexton Health Services, Inc. 403(b) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. 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 2021 Financial Statements

Management is responsible for the preparation and fair presentation of these 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 Chase Brexton Health Services, Inc. 403(b) 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 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Chase Brexton Health Services, Inc. 403(b) 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 Chase Brexton Health Services, Inc. 403(b) Plan's ability to continue as a going concern for a reasonable period of time.

Our audit 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 2021 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 Matters

2021 Supplemental Schedules Required by ERISA

The supplemental Schedule H, Part IV, line 4i – Schedule of Assets (Held at Year End) and Schedule H, Part IV, line 4a – Schedule of Delinquent Participant Contributions as of or for the year ended December 31, 2021 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 information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying

accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Chase Brexton Health Services, Inc. 403(b) Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated September 27, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Smith Elliott Keams + Company, LLC

Hagerstown, Maryland
September 15, 2022

CHASE BREXTON HEALTH SERVICES, INC. 403(b) PLAN
Statements of Net Assets Available for Plan Benefits
December 31, 2021 and 2020

	2021	2020
ASSETS		
Investments		
Participant-Directed Investments, at Fair Value		
Mutual funds	\$ 15,999,219	\$ 12,948,187
Variable Annuity Contracts		
Fixed accounts	232,245	251,780
Separate accounts	1,913,641	2,263,476
	<u>18,145,105</u>	<u>15,463,443</u>
Participant-Directed Investments, at Contract Value		
Principal fixed income guaranteed option	410,521	388,262
Total Investments	<u>18,555,626</u>	<u>15,851,705</u>
Receivables		
Employee contribution	524	-
Notes receivable from participants	411,151	252,082
Total Receivables	<u>411,675</u>	<u>252,082</u>
TOTAL ASSETS/NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u>\$ 18,967,301</u>	<u>\$ 16,103,787</u>

CHASE BREXTON HEALTH SERVICES, INC. 403(b) PLAN
Statement of Changes in Net Assets Available for Plan Benefits
Year Ended December 31, 2021

	2021
ADDITIONS TO NET ASSETS	
Investment Income	
Net Appreciation in Value of Investments (including realized gains and losses)	\$ 2,183,246
Interest	6,857
Dividends	255,782
	<u>2,445,885</u>
Interest on Notes Receivable from Participants	<u>14,968</u>
Contributions	
Employer	664,324
Participant	1,554,135
Rollover	725,276
	<u>2,943,735</u>
Total Additions	<u>5,404,588</u>
DEDUCTIONS FROM NET ASSETS	
Benefits paid to participants	2,440,954
Administrative expenses	100,120
	<u>2,541,074</u>
Total Deductions	<u>2,541,074</u>
Net Increase	2,863,514
NET ASSETS AVAILABLE FOR PLAN BENEFITS, BEGINNING OF YEAR	<u>16,103,787</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS, END OF YEAR	<u><u>\$ 18,967,301</u></u>

CHASE BREXTON HEALTH SERVICES, INC. 403(b) PLAN

Notes to Financial Statements

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

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

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 and 2020.

Payment of Benefits

Benefits are recorded when paid.

Expenses

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

CHASE BREXTON HEALTH SERVICES, INC. 403(b) PLAN

Notes to Financial Statements

NOTE 2 DESCRIPTION OF PLAN

The following description of the Chase Brexton Health Services, Inc. 403(b) Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a 403(b) tax sheltered annuity plan, which was established on January 1, 1999 and covers all employees of Chase Brexton Health Services, Inc. (Company). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participation and Eligibility

Under the provisions of the Plan, employees are eligible to participate once they satisfy the Plan's eligibility conditions described in the Plan's agreement and are not an excluded employee. There is no minimum age or service requirement to become a participant in the Plan. Eligible employees may begin participating in the Plan as of the first payroll period following their date of hire. Employees who are scheduled to work fewer than 20 hours per week, non-resident aliens and other groups as defined in the plan document are not eligible to participate. New participants will be automatically enrolled at 1% unless they elect to not participate in the Plan or elect to defer a different percentage or amount. Eligible employees receive the employer match contribution once they have completed two years of service. Once they have completed 1,000 hours of service, they are credited with a year of service.

Contributions

Each year, participants may contribute up to the maximum amount allowed by government guidelines, as defined in the Plan. Participants who have attained age 50 before the end of the year may make an additional catch up contribution. Also, those participants who have at least fifteen years of service with the Company may contribute a special section 403(b) catch-up contribution to the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Company contributes a matching contribution to participants who have completed two years of service. The Company matches up to five percent of the participant's plan compensation, however will only match employee contributions if the participant's elective deferral percentage is at least three percent of his or her compensation. The Company's matching contribution was \$664,324, net of forfeitures of \$57, for the year ended December 31, 2021. Both participant and employer contributions are subject to limitations under applicable provisions of the Internal Revenue Code.

Participant Accounts

Each participant's account is credited with the participant's contributions and the employer's matching contribution, and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

CHASE BREXTON HEALTH SERVICES, INC. 403(b) PLAN

Notes to Financial Statements

NOTE 2 DESCRIPTION OF PLAN (CONTINUED)

Vesting

Participants are immediately vested in their contributions and Company contributions plus actual earnings on the contributions.

Notes Receivable from Participants

Participants may borrow from their fund accounts maintained by Principal Trust Company (Principal) and Lincoln National Life Insurance Company (Lincoln) a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms may not exceed 5 years except for loans for the purchase of a principal residence. The loans are secured by the balance in the participant's account. The loan interest, determined quarterly, is set at 1 percent above the USA Today published prime rate. Principal and interest is paid ratably through bi-weekly payroll deductions for all loans that are withdrawn from the participants' account with Principal. For loans withdrawn from the participant's account with Lincoln, principal and interest are paid ratably through payments that are sent directly from the participant to the custodian.

Participant Loans Issued by the Insurance Company

Participants may borrow directly from MassMutual a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their contract value at MassMutual. Under no circumstances can the loan exceed the contract withdrawal value on the date the loan is established, reduced by any contract loans and applicable security. Loan terms may not exceed 5 years except for loans for the purchase of a principal residence. The loans are secured by the contract. The contract must be assigned to MassMutual as security for the loan. An amount equal to the loan must be in the guaranteed principal account or the loan secured fixed account. The loan interest rate for the duration of the loan is a fixed annual rate based on the Moody's Corporate Bond Yield monthly average for the calendar month two months prior to the date the loan rate is declared, but not less than 5%. Principal and interest is paid monthly to MassMutual directly from the participant. The outstanding balances of participant loans issued by MassMutual at December 31, 2021 and 2020 totaled \$0.

Loans issued by MassMutual are not reported as notes receivable from participants since the plan trust does not issue the loans.

Payment of Benefits

Upon termination of service and after the surrender period, including occurrences such as death, disability, or retirement, a participant may elect to receive either a lump-sum amount, a direct rollover to an eligible retirement plan, or under some other option provided under a funding vehicle that does not conflict with the terms of the plan agreement. Distributions of account balances of \$5,000 or less that meet the provision for a mandatory distribution will be paid as a direct rollover into an individual retirement plan designated by the Plan Administrator if the participant does not elect the distribution method.

CHASE BREXTON HEALTH SERVICES, INC. 403(b) PLAN

Notes to Financial Statements

NOTE 2 DESCRIPTION OF PLAN (CONTINUED)

Hardship Distributions

Participants may withdraw money from the account in the event of financial hardship if they meet the conditions stated in the plan agreement. The distribution is not in addition to the participants' other benefits and will therefore reduce the value of the benefits they receive at retirement.

Forfeited Accounts

At December 31, 2021 and 2020, forfeited nonvested accounts totaled \$0 and \$4. These accounts are used to reduce future employer contributions or pay plan expenses. During 2021, \$57 was used to reduce employer contributions.

CARES Act & SECURE Act

The Plan has implemented certain requirements by the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE Act), which laws change the Plan to, among others, allow certain eligible individuals to receive coronavirus-related relief for loan repayments through December 31, 2020. The laws also allow for the suspension of required minimum distributions and delay the commencement date for required minimum distributions. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with the applicable law and IRS guidance.

NOTE 3 CONCENTRATIONS OF INVESTMENTS

The following table represents the Plan's investments that are considered to be significant concentrations as of December 31, 2021.

	2021
Vanguard Target Retirement 2045 Inv Fund	15%

NOTE 4 INFORMATION CERTIFIED BY CUSTODIANS

Plan assets are invested in group deferred variable annuity products sold by Lincoln National Life Insurance Company (Lincoln) and Massachusetts Mutual Life Insurance Company and C.M. Life Insurance Company (collectively "MassMutual"). These variable annuity contracts offer investment options comprised of fixed accounts and separate accounts, with participants directing their contributions into a variety of investment vehicles offered by the Plan. Plan assets are also invested in mutual funds and a fixed income guarantee option with Principal Trust Company (Principal).

CHASE BREXTON HEALTH SERVICES, INC. 403(b) PLAN

Notes to Financial Statements

NOTE 4 INFORMATION CERTIFIED BY CUSTODIANS (CONTINUED)

Following is a summary of the unaudited information included in the Plan's financial statements and supplemental schedules that was prepared by the asset custodians of the Plan and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from Principal, Lincoln, and MassMutual, the asset custodians, that such information is complete and accurate as of December 31.

	Principal	Lincoln Financial	MassMutual	Total
2021				
Investments, at fair value	15,999,219	1,016,258	1,129,628	18,145,105
Investments, at contract value	410,521	-	-	410,521
Notes receivable from participants	378,585	-	-	378,585 #
Net appreciation in value of investments	1,796,828	254,090	132,328	2,183,246
Interest	6,479	378	-	6,857
Dividends	255,782	-	-	255,782
Interest on notes receivable from participants	13,777	1,191	-	14,968
2020				
Investments, at fair value	12,948,187	1,437,991	1,077,265	15,463,443
Investments, at contract value	388,262	-	-	388,262
Notes receivable from participants	224,833	-	-	224,833 #

The difference of \$32,566 and \$27,249 compared to the balance on the statements of net assets available for plan benefits as of December 31, 2021 and 2020, respectively, is due to defaulted loans deemed distributed for 5500 purposes.

NOTE 5 FAIR VALUE MEASUREMENTS

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

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

Level 2 – Inputs to the valuation methodology include

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

CHASE BREXTON HEALTH SERVICES, INC. 403(b) PLAN

Notes to Financial Statements

NOTE 5 FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Mutual Funds

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

Variable Annuity Contracts - Fixed Accounts

Valued at fair value which approximates contract value. The contract value equals the accumulated cash contributions and interest credited to the Plan's contracts, less any withdrawals. These annuity accounts are not available for sale or transfer on any securities exchange.

Variable Annuity Contracts - Separate Accounts

Valued at the net asset value (NAV) of the underlying mutual funds on the last day of the plan year. The net asset value of the fund is based on the market value of its underlying investment but is not a publicly quoted price in an active market.

CHASE BREXTON HEALTH SERVICES, INC. 403(b) PLAN

Notes to Financial Statements

NOTE 5 FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis as of December 31, 2021 and 2020.

	Fair Value			Total
	Level 1	Level 2	Level 3	
December 31, 2021				
Principal Accounts				
Mutual Funds	\$ 15,999,219	\$ -	\$ -	\$ 15,999,219
Lincoln Alliance Variable Annuity Contracts:				
Fixed Accounts	-	-	11,126	11,126
MassMutual Variable Annuity Contracts:				
Fixed Accounts	-	-	221,119	221,119
Total Assets in the Fair Value Hierarchy	15,999,219	-	232,245	16,231,464
Investments measured at net asset value ^(a)				
Lincoln Alliance Variable Annuity Contracts:				
Separate Accounts	-	-	-	1,005,132
MassMutual Variable Annuity Contracts:				
Separate Accounts	-	-	-	908,509
Total Investments Measured at Net Asset Value	-	-	-	1,913,641
Total Investments at Fair Value	\$ 15,999,219	\$ -	\$ 232,245	\$ 18,145,105
December 31, 2020				
Principal Accounts				
Mutual Funds	\$ 12,948,187	\$ -	\$ -	\$ 12,948,187
Lincoln Alliance Variable Annuity Contracts:				
Fixed Accounts	-	-	10,802	10,802
MassMutual Variable Annuity Contracts:				
Fixed Accounts	-	-	240,978	240,978
Total Assets in the Fair Value Hierarchy	12,948,187	-	251,780	13,199,967
Investments measured at net asset value ^(a)				
Lincoln Alliance Variable Annuity Contracts:				
Separate Accounts	-	-	-	1,427,189
MassMutual Variable Annuity Contracts:				
Separate Accounts	-	-	-	836,287
Total Investments Measured at Net Asset Value	-	-	-	2,263,476
Total Investments at Fair Value	\$ 12,948,187	\$ -	\$ 251,780	\$ 15,463,443

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for plan benefits.

CHASE BREXTON HEALTH SERVICES, INC. 403(b) PLAN

Notes to Financial Statements

NOTE 5 FAIR VALUE MEASUREMENTS (CONTINUED)

Changes in Fair Value of Level 3 Assets and Related Gains and Losses

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits.

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2021.

	Year Ended December 31, 2021	
	Lincoln Alliance Fixed Accounts	MassMutual Fixed Accounts
Balance, Beginning of Year	\$ 10,802	\$ 240,978
Realized gains/(losses)	-	-
Unrealized gains/(losses) relating to instruments still held at the reporting date	378	8,510
Purchases	-	1,094
Sales	(54)	(29,463)
Transfers in and/or out of level 3	-	-
Balance, End of Year	<u>\$ 11,126</u>	<u>\$ 221,119</u>

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of value for those inputs.

December 31, 2021					
Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values	Weighted Average
Variable Annuity Contracts - Fixed Income	\$ 232,245	Market Value Formula	Composite Crediting Rate	2.00%-3.50%	2.07%

CHASE BREXTON HEALTH SERVICES, INC. 403(b) PLAN

Notes to Financial Statements

NOTE 5 FAIR VALUE MEASUREMENTS (CONTINUED)

December 31, 2020					
Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values	Weighted Average
Variable Annuity Contracts - Fixed Income	\$ 251,780	Market Value Formula	Composite Crediting Rate	1.75%-3.50%	2.04%

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2021 and 2020. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
December 31, 2021				
Lincoln Alliance Variable Annuity Contracts				
Nature of Separate Accounts:				
Asset Allocation	\$ 1,231	N/A	Daily	30 days
ESG/Socially Conscious	92,393	N/A	Daily	30 days
Growth and Income	142,257	N/A	Daily	30 days
Income	34,630	N/A	Daily	30 days
Long Term Growth	407,703	N/A	Daily	30 days
Maximum Capital Appreciation	201,940	N/A	Daily	30 days
Risk Managed	124,978	N/A	Daily	30 days
Total	<u>1,005,132</u>			
MassMutual Variable Annuity Contracts				
Nature of Separate Accounts:				
Asset Allocation	12,191	N/A	Daily	30 days
Balanced	10,133	N/A	Daily	30 days
Fixed Income	33,083	N/A	Daily	30 days
International/Global	211,854	N/A	Daily	30 days
Large Cap Blend	262,961	N/A	Daily	30 days
Large Cap Growth	31,343	N/A	Daily	30 days
Large Cap Value	73,864	N/A	Daily	30 days
Money Market	79,568	N/A	Daily	30 days
Small/Mid Cap Growth	139,786	N/A	Daily	30 days
Small/Mid Cap Value	41,117	N/A	Daily	30 days
Specialty	12,609	N/A	Daily	30 days
Total	<u>908,509</u>			
	<u>\$ 1,913,641</u>			

CHASE BREXTON HEALTH SERVICES, INC. 403(b) PLAN

Notes to Financial Statements

NOTE 5 FAIR VALUE MEASUREMENTS (CONTINUED)

	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
December 31, 2020				
Lincoln Alliance Variable Annuity Contracts				
Nature of Separate Accounts:				
Growth and Income	\$ 318,767	N/A	Daily	30 days
Income	41,261	N/A	Daily	30 days
Long Term Growth	553,264	N/A	Daily	30 days
Maximum Capital Appreciation	364,095	N/A	Daily	30 days
Risk Managed	149,802	N/A	Daily	30 days
Total	<u>1,427,189</u>			
MassMutual Variable Annuity Contracts				
Nature of Separate Accounts:				
Asset Allocation	12,498	N/A	Daily	30 days
Balanced	8,995	N/A	Daily	30 days
Fixed Income	35,028	N/A	Daily	30 days
International/Global	277,830	N/A	Daily	30 days
Large Cap Blend	230,061	N/A	Daily	30 days
Large Cap Growth	26,574	N/A	Daily	30 days
Large Cap Value	57,411	N/A	Daily	30 days
Money Market	43,060	N/A	Daily	30 days
Small/Mid Cap Blend	3,930	N/A	Daily	30 days
Small/Mid Cap Growth	15,973	N/A	Daily	30 days
Small/Mid Cap Value	122,794	N/A	Daily	30 days
Specialty	2,133	N/A	Daily	30 days
Total	<u>836,287</u>			
	<u>\$ 2,263,476</u>			

The description of the nature of the accounts listed above is a representation of the characteristics and risks of the investment.

NOTE 6 PRINCIPAL FIXED INCOME GUARANTEED OPTION

The Plan maintains a fully benefit-responsive guaranteed investment contract, Principal Fixed Income Guaranteed Option (Principal) totaling \$410,521 for 2021 and \$388,262 for 2020. Principal maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the plan. The crediting rate is based on a formula established by the contract issuer but may not be less than zero percent. Such interest rates are reviewed on a monthly or quarterly basis for resetting. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Principal, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

CHASE BREXTON HEALTH SERVICES, INC. 403(b) PLAN

Notes to Financial Statements

NOTE 6 PRINCIPAL FIXED INCOME GUARANTEED OPTION (CONTINUED)

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

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, (4) a material amendment to the agreement without the consent of the issuer.

NOTE 7 RELATED-PARTY TRANSACTIONS AND PARTIES IN INTEREST TRANSACTIONS

Certain Plan investments are managed by Principal Trust Company (Principal), Lincoln National Life Insurance Company and MassMutual, the custodians as defined by the Plan and, therefore, these transactions qualify as party in interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in value of the investment rather than a direct payment. The Plan made direct payments to Principal of \$95,144, Lincoln National Life Insurance Company of \$450 and MassMutual of \$94. The Plan also made a direct payment to the third party administrator (CBIZ RPS, Inc.) of \$4,432. The Plan Sponsor pays directly any other fees related to the plan's operations.

NOTE 8 PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

CHASE BREXTON HEALTH SERVICES, INC. 403(b) PLAN

Notes to Financial Statements

NOTE 9 TAX STATUS

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (IRC). The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Service (IRS). The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for the plan participants under Section 403(b).

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by a government authority. The Plan is subject to routine audits by taxing jurisdictions, generally for a period of three years after the returns are filed; however, there are currently no audits for any tax periods in progress.

NOTE 10 RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. 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 participants' account balances and the amounts reported in the statements of net assets available for plan benefits.

NOTE 11 RECONCILIATION OF FORM 5500 TO FINANCIAL STATEMENTS

The following is a reconciliation of net assets available for benefits listed on the Form 5500 to the financial statements.

	2021	2020
Net Assets Available for Plan Benefits, per Form 5500	\$ 18,934,735	\$ 16,076,538
Add: Defaulted loans deemed distributed for Form 5500 purposes only	32,566	27,249
Net Assets Available for Plan Benefits, per Financial Statements	<u>\$ 18,967,301</u>	<u>\$ 16,103,787</u>

The following is a reconciliation of net appreciation per categories of income (loss) on Form 5500 to the financial statements for the year ended December 31, 2021.

	2021
Form 5500 Presentation	
Net investment gain (loss) from pooled separate accounts	\$ 386,418
Net investment gain (loss) from registered investment companies	1,796,642
Other income (loss)	186
	<u>\$ 2,183,246</u>
Financial Statement Presentation	
Net appreciation in value of investments (including realized gains and losses)	<u>\$ 2,183,246</u>

CHASE BREXTON HEALTH SERVICES, INC. 403(b) PLAN

Notes to Financial Statements

NOTE 11 RECONCILIATION OF FORM 5500 TO FINANCIAL STATEMENTS (CONTINUED)

The following is a reconciliation of the net income on the Form 5500 to the net increase in net assets available for plan benefits on the financial statements.

	2021
Net Income, per Form 5500	\$ 2,858,197
Less: Current year defaulted loans deemed distributed for F/S purposes only	(774)
Add: Current year defaulted loans deemed distributed for Form 5500 purposes only	4,900
Add: Current year accrued interest on deemed distributions	1,191
Net Increase, per Financial Statements	<u>\$ 2,863,514</u>

NOTE 12 DELINQUENT PARTICIPANT CONTRIBUTION REMITTANCES

During the plan year 2021, the Plan had delinquent participant contribution remittances that totaled \$524 that were corrected outside the voluntary fiduciary correction program in August 2022 when the Plan Sponsor remitted the delinquent contribution and lost earnings.

NOTE 13 SUBSEQUENT EVENTS

The Plan administrator has evaluated events and transactions subsequent to December 31, 2021 through September 15, 2022 the date these financial statements were available to be issued. Based on the definitions and requirements of generally accepted accounting principles, management has identified the following event that occurred subsequent to December 31, 2021 and through September 15, 2022 that requires recognition or disclosure in the financial statements.

Effective August 31, 2022, the Plan was amended to allow employees scheduled to work fewer than 20 hours per week to be an eligible participant in the Plan.

CHASE BREXTON HEALTH SERVICES, INC. 403(b) PLAN
Form 5500 Schedule H Part IV Question 4i
As of December 31, 2021
Employer Identification Number 52-1638592; Plan No. 001

Schedule of Assets Held for Investment Purposes at Year End

(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
Principal Investments			
* Principal Life Insurance Company	Principal Fixed Income Guaranteed Option	**	\$ 410,521
Mutual Funds:			
American Beacon Funds	American Beacon SmallCap Value R5 Fund	**	147,450
American Century Investments	American Century MidCap Value R6 Fund	**	145,959
The American Funds	American Funds New Perspective R6 Fund	**	788,822
The American Funds	American Funds Washington Mutual Investors R6 Fund	**	221,384
BlackRock	BlackRock Total Return K Fund	**	349,863
BlackRock	BlackRock US Gov BD K Fund	**	144,695
Calvert Funds	Calvert Equity I Fund	**	130,097
Columbia Funds	Columbia Div Income I3 Fund	**	246,895
JP Morgan Funds	JP Morgan MidCap Growth R6 Fund	**	187,583
* Principal Funds Inc.	LargeCap S&P 500 Index Inst Fund	**	714,552
Lord Abbett	Lord Abbett Short Duration Income R6 Fund	**	127,292
Virtus	Mark Opps R6 Fund	**	182,942
* Principal Funds Inc.	MidCap S&P 400 Index Inst Fund	**	583,210
PGIM Investments	PGIM High Yield R6 Fund	**	70,701
* Principal Funds Inc.	SmallCap Growth I Inst Fund	**	49,004
* Principal Funds Inc.	SmallCap S&P 600 Index Inst Fund	**	312,923
T. Rowe Price Funds	T. Rowe Price Blue Chip Growth I Fund	**	1,189,970
Vanguard Group	Vanguard RE Index Adm Fund	**	249,477
Vanguard Group	Vanguard Target Retirement 2015 Inv Fund	**	80,347
Vanguard Group	Vanguard Target Retirement 2020 Inv Fund	**	605,987
Vanguard Group	Vanguard Target Retirement 2025 Inv Fund	**	658,373
Vanguard Group	Vanguard Target Retirement 2030 Inv Fund	**	570,172
Vanguard Group	Vanguard Target Retirement 2035 Inv Fund	**	1,307,713
Vanguard Group	Vanguard Target Retirement 2040 Inv Fund	**	728,317
Vanguard Group	Vanguard Target Retirement 2045 Inv Fund	**	2,774,486
Vanguard Group	Vanguard Target Retirement 2050 Inv Fund	**	1,810,885
Vanguard Group	Vanguard Target Retirement 2055 Inv Fund	**	1,331,105
Vanguard Group	Vanguard Target Retirement 2060 Inv Fund	**	193,592
Vanguard Group	Vanguard Target Retirement 2065 Inv Fund	**	38,915
Vanguard Group	Vanguard Target Retirement Inc Inv Fund	**	56,508
			<u>15,999,219</u>
Lincoln Variable Annuity Contracts			
Fixed Accounts:			
* Lincoln National Corporation	Lincoln Financial Group Fixed Account	**	11,126
Separate Accounts:			
* Lincoln National Corporation	AllianceBernstein VPS Global Thematic Growth	**	12,962
* Lincoln National Corporation	American Funds Global Growth	**	24,618
* Lincoln National Corporation	American Funds Growth	**	99,364
* Lincoln National Corporation	American Funds Growth Income	**	91,115
* Lincoln National Corporation	American Funds International	**	47,406
* Lincoln National Corporation	BlackRock Global Allocation	**	1,231
* Lincoln National Corporation	Delaware VIP Small Cap Value	**	5,426
* Lincoln National Corporation	Fidelity VIP Contrafund	**	36,525

CHASE BREXTON HEALTH SERVICES, INC. 403(b) PLAN
Form 5500 Schedule H Part IV Question 4i
As of December 31, 2021
Employer Identification Number 52-1638592; Plan No. 001

Schedule of Assets Held for Investment Purposes at Year End (Continued)

(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
*	Lincoln National Corporation	Lincoln Variable Insurance Products (LVIP) Baron Growth Opp	**	52,185
*	Lincoln National Corporation	LVIP BlackRock Equity Dividend Value Managed Volatility Fund	**	11,775
*	Lincoln National Corporation	LVIP Blended Large Cap Growth Managed Vlt	**	23,872
*	Lincoln National Corporation	LVIP Delaware Wealth Builder Fund	**	1,717
*	Lincoln National Corporation	LVIP Delaware Bond	**	33,803
*	Lincoln National Corporation	LVIP Delaware Social Awareness	**	79,431
*	Lincoln National Corporation	LVIP Delaware Mid Cap Value	**	12,975
*	Lincoln National Corporation	LVIP Delaware REIT Series	**	34,073
*	Lincoln National Corporation	LVIP Delaware SmallMid Cap Core Series	**	72,694
*	Lincoln National Corporation	LVIP Delaware Value Series	**	15,352
*	Lincoln National Corporation	LVIP Dimensional U.S. Core Equity 1	**	70,067
*	Lincoln National Corporation	LVIP Global Growth Allocation Managed Risk	**	86,973
*	Lincoln National Corporation	LVIP Mondrian International Value	**	8,290
*	Lincoln National Corporation	LVIP SSGA Global Tactical Allocation Managed Volatility	**	2,358
*	Lincoln National Corporation	LVIP SSGA S&P 500 Index	**	75,618
*	Lincoln National Corporation	LVIP SSGA Small-Cap Index	**	28,093
*	Lincoln National Corporation	LVIP T. Rowe Price Mid Cap Growth	**	1,295
*	Lincoln National Corporation	LVIP T. Rowe Price Structured Mid-Cap	**	47,673
*	Lincoln National Corporation	LVIP Vanguard Domestic Equity ETF	**	2,301
*	Lincoln National Corporation	LVIP Vanguard International Equity ETF	**	577
*	Lincoln National Corporation	MFS Utilities	**	24,536
*	Lincoln National Corporation	PIMCO VIT Total Return Portfolio	**	827
				<u>1,005,132</u>

MassMutual Variable Annuity Contracts

Fixed Accounts:

*	Massachusetts Mutual Life Insurance Co.	MassMutual Fixed Account	**	218,824
*	Massachusetts Mutual Life Insurance Co.	MassMutual Guaranteed Principal Account (Flex Extra)	**	2,295
				<u>221,119</u>

Separate Accounts:

*	Massachusetts Mutual Life Insurance Co.	Fidelity VIP Contrafund	**	261,583
*	Massachusetts Mutual Life Insurance Co.	MML American Funds Core Allocation Fund	**	12,191
*	Massachusetts Mutual Life Insurance Co.	MML American Funds International	**	7,009
*	Massachusetts Mutual Life Insurance Co.	MML Blend	**	10,133
*	Massachusetts Mutual Life Insurance Co.	MML Blue Chip Growth	**	15,794
*	Massachusetts Mutual Life Insurance Co.	MML Equity	**	73,362
*	Massachusetts Mutual Life Insurance Co.	MML Equity Income	**	502
*	Massachusetts Mutual Life Insurance Co.	MML Foreign	**	20,160
*	Massachusetts Mutual Life Insurance Co.	MML Growth and Income	**	1,378
*	Massachusetts Mutual Life Insurance Co.	MML Managed Bond	**	18,956
*	Massachusetts Mutual Life Insurance Co.	MML Managed Volatility	**	10,196
*	Massachusetts Mutual Life Insurance Co.	MML Mid Cap Growth	**	132,495
*	Massachusetts Mutual Life Insurance Co.	MML Mid Cap Value	**	41,117
*	Massachusetts Mutual Life Insurance Co.	MML U.S Government Money Market	**	70,386
*	Massachusetts Mutual Life Insurance Co.	MML Strategic Emerging Markets	**	1,777
*	Massachusetts Mutual Life Insurance Co.	Invesco Opp V.I. Capital Appreciation	**	15,549
*	Massachusetts Mutual Life Insurance Co.	Invesco Opp V.I. Discovery Mid Cap Growth	**	7,291
*	Massachusetts Mutual Life Insurance Co.	Invesco Opp V.I. Global	**	105,111

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Schedule of Assets Held for Investment Purposes at Year End (Continued)

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*	Massachusetts Mutual Life Insurance Co.	Invesco Opp V.I. Global Strategic Income	**	14,127
*	Massachusetts Mutual Life Insurance Co.	Invesco Opp V.I. Government Money	**	9,182
*	Massachusetts Mutual Life Insurance Co.	Invesco Opp V.I. International Growth	**	77,797
*	Massachusetts Mutual Life Insurance Co.	Invesco Opp V.I. Technology	**	2,413
				<u>908,509</u>
				Total Investments 18,555,626
*	Notes Receivable from Participants	Interest ranging from 4.50% - 7.00%	0	<u>378,585</u> ***
				Total Fair Value of Plan Assets <u>\$18,934,211</u>

* Identifies a party-in-interest

** Cost is not to be reported as the plan is an individual account plan that a participant or beneficiary directed with respect to assets allocated to his or her account

*** Balance does not include defaulted loans of \$32,566 whereby the loans have not been distributed from the plan.

CHASE BREXTON HEALTH SERVICES, INC. 403(b) PLAN
Form 5500 Schedule H Part IV Question 4i
As of December 31, 2021
Employer Identification Number 52-1638592; Plan No. 001

Schedule of Assets Held for Investment Purposes at Year End

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Mutual Funds:			
American Beacon Funds	American Beacon SmallCap Value R5 Fund	**	147,450
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CHASE BREXTON HEALTH SERVICES, INC. 403(b) PLAN
Form 5500 Schedule H Part IV Question 4i
As of December 31, 2021
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Schedule of Assets Held for Investment Purposes at Year End (Continued)

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Schedule of Assets Held for Investment Purposes at Year End (Continued)

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*	Massachusetts Mutual Life Insurance Co.	Invesco Opp V.I. Technology	**	2,413	
				<u>908,509</u>	
		Total Investments		18,555,626	
*	Notes Receivable from Participants	Interest ranging from 4.50% - 7.00%	0	<u>378,585</u>	***
		Total Fair Value of Plan Assets		<u><u>\$18,934,211</u></u>	

* Identifies a party-in-interest

** Cost is not to be reported as the plan is an individual account plan that a participant or beneficiary directed with respect to assets allocated to his or her account

*** Balance does not include defaulted loans of \$32,566 whereby the loans have not been distributed from the plan.