

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan MONTGOMERY COUNTY MH/MR EMERGENCY SERVICE RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 003
1c	Effective date of plan 12/01/1998
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) MONTGOMERY COUNTY EMERGENCY SERVICE 50 BEECH DRIVE NORRISTOWN, PA 19401
2b	Employer Identification Number (EIN) 23-1894907
2c	Plan Sponsor's telephone number 610-279-6100
2d	Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/17/2026	ANTHONY M. WARD ESQ.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	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	5 277
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 206 6a(2) 186 6b 9 6c 57 6d 252 6e 0 6f 252 6g(1) 209 6g(2) 183 6h 18
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

2S 2G 2M 2T 3D

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

9a Plan funding arrangement (check all that apply) (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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 1
- (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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE 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 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan MONTGOMERY COUNTY MH/MR EMERGENCY SERVICE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 MONTGOMERY COUNTY EMERGENCY SERVICE	D Employer Identification Number (EIN) 23-1894907	

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
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	517777-01	33	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

(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	476517
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 ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year **7b** 629543

c Additions: (1) Contributions deposited during the year	7c(1)	5060	
(2) Dividends and credits	7c(2)	1	
(3) Interest credited during the year	7c(3)	16397	
(4) Transferred from separate account	7c(4)	43809	
(5) Other (specify below)	7c(5)	12734	

▶ **LOAN REPAYMENTS, FORFEITURES**

(6) Total additions **7c(6)** 78001

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 707544

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	39329	
(2) Administration charge made by carrier	7e(2)	811	
(3) Transferred to separate account	7e(3)	190887	
(4) Other (specify below)	7e(4)	0	

▶

(5) Total deductions **7e(5)** 231027

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 476517

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.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) 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
		2025
		This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan MONTGOMERY COUNTY MH/MR EMERGENCY SERVICE RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 MONTGOMERY COUNTY EMERGENCY SERVICE		D Employer Identification Number (EIN) 23-1894907

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

84-0467907

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	27492	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

SOUTHEASTERN EMPLOYEE BENEFIT SERVI

1175 JOHN STREET
WEST HENRIETTA, NY 14586

20-5923747

(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 99	CONTRACT ADMIN	6908	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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan MONTGOMERY COUNTY MH/MR EMERGENCY SERVICE RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 003
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 MONTGOMERY COUNTY EMERGENCY SERVICE		D Employer Identification Number (EIN) 23-1894907
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: AMFND IRFTTX 2010TARGETDATERETIRE		
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA		
c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25244
a Name of MTIA, CCT, PSA, or 103-12 IE: AMFND IRFJTX 2015TARGETDATERETIRE		
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA		
c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17037
a Name of MTIA, CCT, PSA, or 103-12 IE: AMFND IRRCTX 2020TARGETDATERETIR		
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA		
c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 125175
a Name of MTIA, CCT, PSA, or 103-12 IE: AMFND IRFDTX 2025TARGETDATER		
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA		
c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 75014
a Name of MTIA, CCT, PSA, or 103-12 IE: AMFND IRFETX 2030TARGETDATERETIRE		
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA		
c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 495953
a Name of MTIA, CCT, PSA, or 103-12 IE: AMFND IRFFTX 2035TARGETDATERETIRE		
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA		
c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 127652
a Name of MTIA, CCT, PSA, or 103-12 IE: AMFND IRFGTX 2040TARGETDATERETIRE		
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA		
c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 707978
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2025 v. 250312		

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFND IRFHTX 2045TARGETDATERETIR	
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA	
c EIN-PN 84-0467907-000	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63669

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFND IRFITX 2050TARGETDATERETIRE	
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA	
c EIN-PN 84-0467907-000	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 674459

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFND IRFKTX 2055TARGETDATERETIRE	
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA	
c EIN-PN 84-0467907-000	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22950

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFND IRFUTX 2060TARGETDATERETIRE	
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA	
c EIN-PN 84-0467907-000	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40019

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFND IRFVTX 2065TARGETDATERETIRE	
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA	
c EIN-PN 84-0467907-000	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37234

a Name of MTIA, CCT, PSA, or 103-12 IE: VANG EMERGMKT STK IX ADM IVE MAX	
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA	
c EIN-PN 84-0467907-000	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 275778

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INTL GRO ADM IVWILX	
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA	
c EIN-PN 84-0467907-000	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4167

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TOT INTL STK IX IVTIAX	
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA	
c EIN-PN 84-0467907-000	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 708223

a Name of MTIA, CCT, PSA, or 103-12 IE: COHEN STEERS REAL EST ICSZIX	
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA	
c EIN-PN 84-0467907-000	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53959

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO COMMODITY REAL RETSTR IPCRIXI	
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA	
c EIN-PN 84-0467907-000	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15159

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMCAPGRO IX ADM 1VSGAX	
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA	
c EIN-PN 84-0467907-000	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 297043

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMCAP IX ADM 1VSMAX	
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA	
c EIN-PN 84-0467907-000	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 638088

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMCAPVALUE IX ADM 1VSIAX	
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA	
c EIN-PN 84-0467907-000	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51287

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN MIDCAP GRO 1JMGMX	
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA	
c EIN-PN 84-0467907-000	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 121196

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MIDCAP IX ADM 1VIMAX	
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA	
c EIN-PN 84-0467907-000	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 122282

a Name of MTIA, CCT, PSA, or 103-12 IE: ALLSPRING SPECIAL MIDCAPVAL 1WFMIX	
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA	
c EIN-PN 84-0467907-000	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 503668

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY ULTRA 1AULDX	
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA	
c EIN-PN 84-0467907-000	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3911015

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD 500 IX ADM 1VFIAX	
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA	
c EIN-PN 84-0467907-000	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4257325

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD WINDSOR II ADM 1VWNAX	
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA	
c EIN-PN 84-0467907-000	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 276424

a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM HIGH YIELD 1PHYQX	
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA	
c EIN-PN 84-0467907-000	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57285

a Name of MTIA, CCT, PSA, or 103-12 IE: 1TSRSX		
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA		
c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 234599

a Name of MTIA, CCT, PSA, or 103-12 IE: 1VAIPX		
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA		
c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41803

a Name of MTIA, CCT, PSA, or 103-12 IE: 1VFSUX		
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA		
c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55577

a Name of MTIA, CCT, PSA, or 103-12 IE: 1VBTLX		
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA		
c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 98942

a Name of MTIA, CCT, PSA, or 103-12 IE: 1WTRIX		
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA		
c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 166265

a Name of MTIA, CCT, PSA, or 103-12 IE: 1GWAA30		
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA		
c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 461697

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection

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

A Name of plan MONTGOMERY COUNTY MH/MR EMERGENCY SERVICE RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 MONTGOMERY COUNTY EMERGENCY SERVICE	D Employer Identification Number (EIN) 23-1894907

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	10176	2285
(2) Participant contributions.....	1b(2)	14751	16211
(3) Other	1b(3)	3198	0
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)	124801	101448
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13563433	14302469
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	629544	476517
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e).....	1f	14345903	14898930

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness.....	1i		
1j Other liabilities.....	1j	48186	0
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	48186	0

Net Assets

1l Net assets (subtract line 1k from line 1f).....	1l	14297717	14898930
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	98519	
(B) Participants	2a(1)(B)	411875	
(C) Others (including rollovers).....	2a(1)(C)	5445	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		515839
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)	13905	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		13905
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)	738891	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		738891
(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)		
(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)		1108783
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2377418

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1746779	
(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)		1746779
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	29426	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		29426
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1776205

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		601213
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: **HEFFLER, RADETICH & SAITTA, LLP**

(2) EIN: **23-1602569**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan MONTGOMERY COUNTY MH/MR EMERGENCY SERVICE RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 MONTGOMERY COUNTY EMERGENCY SERVICE		D Employer Identification Number (EIN) 23-1894907
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): 22-1146430		
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) 2025 v. 250312		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500385A.

**MONTGOMERY COUNTY MH/MR EMERGENCY SERVICE
RETIREMENT PLAN**

FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

**MONTGOMERY COUNTY MH/MR EMERGENCY SERVICE
RETIREMENT PLAN
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024**

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
Montgomery County MH/MR Emergency Services Retirement Plan

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

We have performed an audit of the accompanying financial statements of Montgomery County MH/MR Emergency Services Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of December 31, 2025 and 2024 and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Montgomery County MH/MR Emergency Services Retirement Benefit Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) 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 a certification from a qualified institution as of and for the year ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Montgomery County MH/MR Emergency Service Retirement Employee Benefit 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 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 Montgomery County MH/MR Emergency Service Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error and to issue an 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 Montgomery County MH/MR Emergency Service Retirement Benefit 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 Montgomery County MH/MR Emergency Service Retirement 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 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedule of Assets (Held at End of the Year), Schedule of Assets (Acquired and Disposed Within Year) and Schedule of Reportable Transactions for the year ended December 31, 2025 is 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 schedule that we 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).



August 27, 2026

MONTGOMERY COUNTY MH/MR EMERGENCY SERVICE RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
ASSETS		
Investments at Fair Value	\$ 14,302,469	\$ 13,563,433
Investments at Contract Value	<u>476,517</u>	<u>629,544</u>
Total Investments	<u>14,778,986</u>	<u>14,192,977</u>
 Employee Contributions	 16,211	 17,949
Employer Contributions	2,285	10,176
Notes Receivable from Participants	<u>101,448</u>	<u>124,801</u>
Total Receivables	<u>119,944</u>	<u>152,926</u>
 TOTAL ASSETS	 14,898,930	 14,345,903
 LIABILITIES		
Excess Contributions Payable	<u>-</u>	<u>48,186</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u><u>\$ 14,898,930</u></u>	 <u><u>\$ 14,297,717</u></u>

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

**MONTGOMERY COUNTY MH/MR EMERGENCY SERVICE RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2025**

Additions:

Investment Income:

Net appreciation in fair value of investments	\$ 1,079,357
Dividend and Interest Income	<u>738,891</u>
	<u>1,818,248</u>

Interest Income on Notes Receivable from Participants	<u>13,905</u>
---	---------------

Contributions:

Employer	98,519
Participants	411,875
Rollover	<u>5,445</u>
	<u>515,839</u>

Total Additions	2,347,992
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Deductions:

Benefits Paid to Participants	<u>1,746,779</u>
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NET INCREASE	601,213
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NET ASSETS AVAILABLE FOR BENEFITS:

BEGINNING OF YEAR	<u>14,297,717</u>
END OF YEAR	<u><u>\$ 14,898,930</u></u>

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

**MONTGOMERY COUNTY MH/MR EMERGENCY SERVICE
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 and 2024**

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Montgomery County MH/MR Emergency Service Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan agreement document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all eligible employees of Montgomery County MH/MR Emergency Service Inc., (the "Plan Sponsor" or "the Hospital"). Eligible employees enter the Plan on January 1st or July 1st of each plan year. Employees who work less than 20 hours per week are not eligible to participate in the Plan. Employees must be age 21 or older to receive any discretionary matching contribution. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Board of Directors is responsible for the oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investments offerings, monitors the Plan's investment performance and reports to the Plan's management.

Contributions

Each year, participants may contribute up to 100% pretax of their annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollovers). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. The Hospital may elect to make matching contributions to eligible participants at its discretion. An additional profit-sharing contribution may be made at the option of the Hospital's Board of Directors. The discretionary contribution is available to all employees who have completed 2 years of service as of their entry date to the Plan. Contributions are subject to certain limitations. During the years ended December 31, 2025 and 2024, the Hospital made matching contributions to the Plan totaling \$98,519 and \$313,696, respectively.

Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of a) the Hospital's discretionary matching contribution and discretionary profit-sharing contribution and b) Plan earnings/losses. 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.

Vesting

Participants are vested immediately in the contribution to their accounts plus actual earnings thereon. Full vesting in the Hospital's profit-sharing and discretionary contributions to participant accounts is based on two years of continuous service.

**MONTGOMERY COUNTY MH/MR EMERGENCY SERVICE
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 and 2024**

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

Notes Receivable from Participants

Participants may borrow from their fund accounts up to a maximum of 50% of their vested account balance, not to exceed \$50,000. The loans are secured by the balance in the participant's account. The loan interest rate is determined by Empower Retirement, LLC. and is based on the U.S. Treasury prime rate at the date the loan is originated. Principal and interest are paid ratably through biweekly payroll deductions. The loans cannot exceed a five-year term.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. December 31, 2024 excess contributions payable of \$48,186 were corrected in 2025 and thus are included in the payable balance for the year ended December 31, 2024. The amounts due to participants for contributions in excess of amounts allowed by the IRS for the Plan's year ended December 31, 2024 was \$48,186. There is no amount payable for the year ended December 31, 2025.

Payment of Benefits

Benefits are recorded when paid. On termination of service as a result of retirement or employment termination, a participant may elect to receive a lump-sum payment equal to the value of the participant's vested interest in his or her account, to rollover their account to another qualified plan or to defer payment of their account to a later date. If termination of service is due to death, the participant's beneficiary will receive a lump-sum payment for the entire vested amount of the account balance. On termination of service due to disability, a participant will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Additionally, under certain circumstances of financial hardship, the participant is allowed to withdraw funds from the Plan.

Forfeited Accounts

For the years ended December 31, 2025 and 2024, there were forfeited non-vested accounts of \$9,742 and \$3,053, respectively. To the extent that forfeitures exist, they would be used to reduce the Hospital discretionary matching contribution and discretionary profit-sharing contribution.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method 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.

**MONTGOMERY COUNTY MH/MR EMERGENCY SERVICE
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 and 2024**

NOTE 2- SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value, see Note 10). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the custodian. See Note 6 for discussion of fair value measurements.

Purchase 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 Plans gains and losses on investments bought and sold as well as held during in 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 paid by the Hospital when incurred. No allowance for credit losses has been recorded as of December 31, 2025 and 2024.

Operating Expenses

All Plan administrative expenses are paid by the Hospital. Expenses paid by the Hospital were \$48,830 and \$53,068 for the plan years ended December 31, 2025 and 2024. Investment related expenses are included in net appreciation/depreciation of fair value of investments.

Subsequent Events

Management has evaluated subsequent events through August 27, 2026, the date the financial statements were available to be issued.

NOTE 3 - TAX STATUS

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (the Code). The plan administrator believes that the Plan is currently designed and operating in accordance with the applicable requirements of Section 403(b) of the Code and therefore, believes the plan is qualified and the related accounts are tax-exempt. The Plan has obtained an advisory letter from the IRS dated May 1, 2015, to the volume submitter 403(b) plan stating the plan is acceptable under 403(b) of the Internal Revenue Code.

**MONTGOMERY COUNTY MH/MR EMERGENCY SERVICE
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 and 2024**

NOTE 3 - TAX STATUS (CONTINUED)

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 takes an uncertain position that more likely than not would not be sustained upon examination by regulatory authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods.

NOTE 4 - RISKS AND UNCERTAINTIES

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

NOTE 5 - CERTIFIED INVESTMENTS

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2025 and 2024, net appreciation/depreciation in fair value of investments and interest and dividends for the year ended December 31, 2025, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Empower Retirement, LLC, The Custodian of the Plan.

NOTE 6 - 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.

If the assets 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.

**MONTGOMERY COUNTY MH/MR EMERGENCY SERVICE
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 and 2024**

NOTE 6 - FAIR VALUE MEASUREMENTS (CONTINUED)

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, 2025 and 2024.

Registered Investment Companies (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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024, respectively:

Assets at Fair Value as of December 31, 2025

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered Investment Companies (Mutual Funds):				
Index Funds	\$ 6,001,696	\$ -	\$ -	\$ 6,001,696
Balanced Funds	2,412,383	-	-	2,412,383
Growth Funds	4,609,845	-	-	4,609,845
Fixed Income Funds	723,590	-	-	723,590
Money Market Funds	<u>554,955</u>	<u>-</u>	<u>-</u>	<u>554,955</u>
Total Investments at Fair Value	<u>\$14,302,469</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$14,302,469</u>

**MONTGOMERY COUNTY MH/MR EMERGENCY SERVICE
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 and 2024**

NOTE 6 - FAIR VALUE MEASUREMENTS (CONTINUED)

Assets at Fair Value as of December 31, 2024

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered Investment Companies (Mutual Funds):				
Index Funds	\$ 5,985,963	\$ -	\$ -	\$ 5,985,963
Balanced Funds	2,149,100	-	-	2,149,100
Growth Funds	4,580,345	-	-	4,580,345
Fixed Income Funds	339,060	-	-	339,060
Money Market Funds	<u>508,965</u>	<u>-</u>	<u>-</u>	<u>508,965</u>
Total Investments at Fair Value	<u>\$13,563,433</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$13,563,433</u>

NOTE 7 - RELATED PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

Certain administrative functions of the Plan are performed by officers or employees of the Hospital. No such officer or employee receives compensation from the Plan. Empower Retirement LLC is the custodian and recordkeeper for the Plan and, therefore, investment transactions qualify as party in interest transactions. Heffler, Radetich and Saitta is the Auditor for the Plan, and therefore, the payment of the audit fees qualify as a party in interest transactions. Notes receivable from participants also qualify as party in interest transactions.

NOTE 8 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Hospital 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 would become 100% vested in their employer contributions.

NOTE 9 - ROLLOVER CONTRIBUTIONS

The Plan had direct rollovers from 401(k) plans. An aggregate of \$5,445 and \$94,468 was rolled into the Plan during the Plan years ended December 31, 2025 and 2024, respectively, and is included in rollovers on the statement of changes in net assets available for benefits.

NOTE 10 - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS

The Plan holds a portfolio of investment contracts that comprises a traditional investment contract. These contracts meet the fully benefit responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals and administrative expenses.

NOTE 10 - **FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS (CONTINUED)**

The Empower Investments Fixed Account (EIFA) is a general account product of Empower Annuity Insurance Company of America (EAICA). Because the EIFA is a general account product offered through the group annuity contract, principal and interest for participant-initiated benefit payments are fully guaranteed by the entire general account assets of EAICA.

The EIFA credits interest daily to the group contract holder on a portfolio basis. The crediting interest rate may change or stay the same annually. The annual crediting rate applies to all money deposited in the group contract holder's EIFA account regardless of when it was deposited.

A participant may transfer their account balance in the EIFA to any other investment option offered under the plan at any time with no restrictions or penalties because the EIFA is designed to be a plan's only capital preservation option. Participant transfers may be restricted for up to 30 days in the event of excessive participant trading.

Upon termination of the contract, the plan sponsor may choose the following options:

- Receive the payout of the fixed account in a lump sum at book value.
- Receive the payout of the fixed account in 20 quarterly book value installment payments.
- Mutually agree in writing to any other payout option allowable under applicable law.

Total investment contracts for the plan were \$476,517 and \$629,544 for the plan years ended December 31, 2025 and 2024

SUPPLEMENTARY INFORMATION

MONTGOMERY COUNTY MH/MR EMERGENCY SERVICE RETIREMENT PLAN
FORM 5500 SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF THE YEAR)
DECEMBER 31, 2025

EIN: 23-1894907 ; PN: 003

Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
(a)	(b)	(c)	(d) (e)
* Allspring Core Bond R6	Registered Investment Companies	**	\$ 166,265
* Allspring Special Mid Cap Value Inst	Registered Investment Companies	**	503,668
* American Century Ultra R6	Registered Investment Companies	**	3,911,025
* American Funds 2010 Trgt Date Retire R6	Registered Investment Companies	**	25,244
* American Funds 2015 Trgt Date Retire R6	Registered Investment Companies	**	17,037
* American Funds 2020 Trgt Date Retire R6	Registered Investment Companies	**	125,175
* American Funds 2025 Trgt Date Retire R6	Registered Investment Companies	**	75,014
* American Funds 2030 Trgt Date Retire R6	Registered Investment Companies	**	495,953
* American Funds 2035 Trgt Date Retire R6	Registered Investment Companies	**	127,652
* American Funds 2040 Trgt Date Retire R6	Registered Investment Companies	**	707,978
* American Funds 2045 Trgt Date Retire R6	Registered Investment Companies	**	63,669
* American Funds 2050 Trgt Date Retire R6	Registered Investment Companies	**	674,459
* American Funds 2055 Trgt Date Retire R6	Registered Investment Companies	**	22,950
* American Funds 2060 Trgt Date Retire R6	Registered Investment Companies	**	40,019
* American Funds 2065 Trgt Date Retire R6	Registered Investment Companies	**	37,224
* Cohen & Steers Real Estate Securities Z	Registered Investment Companies	**	53,959
* JPMorgan Mid Cap Growth R6	Registered Investment Companies	**	121,196
* PGIM High-Yield R6	Registered Investment Companies	**	57,285
* Pimco Commodity Real Ret Strat Instl	Registered Investment Companies	**	15,159
* Thornburg Strategic Income R6	Registered Investment Companies	**	234,599
* Vanguard 500 Index Admiral	Registered Investment Companies	**	4,257,325
* Vanguard Emerging Mkts Stock Inx Adm	Registered Investment Companies	**	275,778
* Vanguard Inflation-Protected Secs Adm	Registered Investment Companies	**	41,803
* Vanguard International Growth Adm	Registered Investment Companies	**	4,167
* Vanguard Mid Cap Index Fund - Admiral	Registered Investment Companies	**	122,282
* Vanguard Short-Term Investment-Grade Adm	Registered Investment Companies	**	55,577
* Vanguard Small Cap Growth Index Admiral	Registered Investment Companies	**	297,043
* Vanguard Small Cap Index Adm	Registered Investment Companies	**	638,088
* Vanguard Small Cap Value Index Admiral	Registered Investment Companies	**	51,287
* Vanguard Total Bond Market Index Admiral	Registered Investment Companies	**	98,942
* Vanguard Total Intl Stock Index Admiral	Registered Investment Companies	**	708,223
* Vanguard Windsor II Fund Admiral	Registered Investment Companies	**	276,424
			14,302,469
* EI Fixed Account - Series Class II	Fixed Annuities, 2.85%	**	461,697
* Forfeitures	Fixed Annuities, 2.85%	**	14,820
* Participant Loans	Interest rate 3.25%-15.5%. Maturity dates of October 2026 through February 2030	**	101,448
Plan Total			\$ 14,880,434

* Party-in-interest to the Plan

** Cost not required to be disclosed on participant directed investments

The above information has been certified by Empower Retirement, LLC., the Plan's custodian, as complete and accurate.

MONTGOMERY COUNTY MH/MR EMERGENCY SERVICE RETIREMENT PLAN
FORM 5500 SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
DECEMBER 31, 2025

EIN: 23-1894907 ; PN: 003

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(c) Cost of acquisitions	(d) Proceeds of dispositions
EI Fixed Account - Series Class II	Fixed Annuity, 2.85%	\$ 51,861	\$ 231,028

The above information has been certified by Empower Retirement, LLC., the Plan's custodian, as complete and accurate.

MONTGOMERY COUNTY MH/MR EMERGENCY SERVICE RETIREMENT PLAN
FORM 5500 SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2025

EIN: 23-1894907 ; PN: 003

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>	<u>(f)</u>	<u>(g)</u>	<u>(h)</u>	<u>(i)</u>
<u>Identity of party involved</u>	<u>Description of asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Expense incurred with transaction</u>	<u>Cost of Asset</u>	<u>Current Value of asset on transaction date</u>	<u>Net gain or (loss)</u>
*	Vanguard 500 Index Admiral	-	\$ 744,559	-	-	\$ 532,638	\$ 744,559	\$ 211,921

* Party in Interest to the Plan, Sale of a security on the market, thus we will not identify the person from whom sold

MONTGOMERY COUNTY MH/MR EMERGENCY SERVICE RETIREMENT PLAN
FORM 5500 SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2025

EIN: 23-1894907 ; PN: 003

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>	<u>(f)</u>	<u>(g)</u>	<u>(h)</u>	<u>(i)</u>
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MONTGOMERY COUNTY MH/MR EMERGENCY SERVICE RETIREMENT PLAN
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