Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CONCORD HOSPITAL 403(B) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2003

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)
CONCORD HOSPITAL, INC.

250 PLEASANT STREET
CONCORD, NH 03301

2b Employer Identification Number (EIN) 22-2594672

2c Plan Sponsor's telephone number 603-225-2711

2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2026	PAUL TRAINOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

5	Total number of participants at the beginning of the plan year	**5**	5664
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	4886
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	4724
b	Retired or separated participants receiving benefits	**6b**	40
c	Other retired or separated participants entitled to future benefits	**6c**	960
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	5724
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	7
f	Total. Add lines **6d** and **6e**.	**6f**	5731
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	3850
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	4350
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	50
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:

2M 2R 3D 2F 2G 2T 3H 2S 2L

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 2
- **(4)** [X] **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

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

A Name of plan
CONCORD HOSPITAL 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
22-2594672

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.

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
71-0294708	86509	664311	254	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

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	(c) Amount	**(d)** Purpose	

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

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

(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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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 ▶ ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	10487175
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	107904		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	107904
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	10595079
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	2620432		
	(4) Other (specify below) ▶	7e(4)	1714057		
	(5) Total deductions			7e(5)	4334489
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	6260590

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 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

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

A Name of plan
CONCORD HOSPITAL 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
22-2594672

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.

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VE65367	2	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
24	0

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

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

SITARAS ANTHONY
188 STATE STE 412
PORTLAND, ME 04101

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24	0		

(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	
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.	6d	

Specify nature of costs ▶

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 ▶ ANNUITY

b	Balance at the end of the previous year			7b	23262
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	930		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	930
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	24192
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)	-10		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	19		
	▶				
	(5) Total deductions			7e(5)	9
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	24183

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

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

A Name of plan
CONCORD HOSPITAL 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
22-2594672

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65 71	RECORDKEEPER	199195	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

STRATEGIC ADVISERS LLC

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	36940	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DODGE & COX INCOME I - SS&C GIDS, 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.08%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
ARTISAN GLOBAL UNCONSTRAINED ADVSR 875 E WISCONSIN AVE STE 800 MILWAUKEE, WI 53202	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BAIRD CORE PLUS BOND INSTITUTIONAL 777 E. WISCONSIN AVE 18TH FL MILWAUKEE, WI 53202	0.03%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
CALAMOS MARKET NEUTRAL INCOME CL I	2020 CALAMOS COURT NAPERVILLE, IL 60563	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
CALAMOS PHINEUS LONG /SHORT CL I	2020 CALAMOS COURT NAPERVILLE, IL 60563	0.08%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DFA US CORE EQUITY II	6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DIMENSIONAL EMERGING MKTS VAL PRTF	6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DFA INT'L SMALL CAP VALUE	6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DFA US SMALL CAP VALUE PRTF INSTL	6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DFA US LARGE CAP VALUE PRTF INSTL	6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DFA GLOBAL REAL ESTATE SEC PORTFOL	6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DFA SHORT DURATION REAL RETURN INS	6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DIAMOND HILL SMALL MID CAP FD I	325 JOHN H MCCONNELL BLVD STE 200 COLUMBUS, OH 43215	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DIAMOND HILL LARGE CAP FUND CLASS	325 JOHN H MCCONNELL BLVD STE 200 COLUMBUS, OH 43215	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DFA INTERNATIONAL VALUE PRTF INSTL	6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
FMI INTERNATIONAL	777 EAST WISCONSIN AVE MILWAUKEE, WI 53202	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
FIRST EAGLE SMALL CAP OPPORTUNITY	1345 AVE OF THE AMERICAS 48TH FLR NEW YORK, NY 10105	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
FIRST EAGLE GOLD CLASS A	1345 AVE OF THE AMERICAS 48TH FLR NEW YORK, NY 10105	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
FIRST EAGLE GLOBAL CLASS I	1345 AVE OF THE AMERICAS 48TH FLR NEW YORK, NY 10105	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
GABELLI GOLD FUND CL A	401 THEODORE FREMD. AVE. RYE, NY 10580	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
GOLDMAN SACHS RISING DIVIDEND GROW	71 S. WACKER DR 4TH FL CHICAGO, IL 60606	0.12%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
GUGGENHEIM TOTAL RETURN BOND FD IN 9601 BLACKWELL RD STE 500 ROCKVILLE, MD 20850	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
OAKMARK FUND INVESTOR CLASS 111 SOUTH WACKER DR. CHICAGO, IL 60606	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPMORGAN MID CAP EQUITY FUND CLASS 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
LORD ABBETT BOND DEBENTURE CLASS I	90 HUDSON ST 10TH FL JERSEY CITY, NJ 07302	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
MADISON MID CAP FUNDCL Y	550 SCIENCE DR MADISON, WI 53711	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
MATTHEWS ASIA GROWTH INST'L	4 EMBARCADERO CENTER STE 550 SAN FRANCISCO, CA 94111	0.10%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
LOOMIS SAYLES CORE PLUS BOND FUND 399 BOYLSTON ST 8TH FL BOSTON, MA 02116	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PFG GLOBAL EQUITY INDEX STRATEGY C 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PFG MFS AGGRESSIVE GROWTH STRATEGY 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PFG JP MORGAN TACTICAGGRESSIVE STR 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PFG BNY MELLON DIVERSIFIER STRAT R 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PFG MEEDER TACTICAL STRATEGY FUND 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PFG INVESCO EQ FACTRROTATION STRAT	777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PFG JANUS HENDERSON BALANCED STRAT	777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PFG JANUS HENDERSON TACTICAL INC S	777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PFG SECTOR EQUITY BUS CYCLE STRAT 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PFG BR TRGT ALLOCAT EQ STRATEGY FD 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PFG AMERICAN FUNDS GROWTH STRAT CL 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
OCM GOLD FUND ATLAS CLASS SHARES	235 W. GALENA ST MILWAUKEE, WI 53212	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PIMCO INTL BD FD U SDOLLAR HEDGED	1633 BROADWAY NEW YORK, NY 10019	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL DIVERSIFIED REAL ASSET F	620 COOLIDGE DR STE 300 FOLSOM, CA 95630	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
T ROWE PRICE BLUE CHIP GROWTH INC 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
T ROWE PRICE INTL BOND USD HEDGED 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
T ROWE PRICE ULTRA SHORT TERM BD I 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
SEGALL BRYANT HAMILL PLUS BOND INS	370 17TH ST STE 5000 DENVER, CO 80202	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
THORNBURG INTL EQUITY FUND CL I	2300 NORTH RIDGETOP RD SANTA FE, NM 87506	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
VICTORY NASDAQ 100 INDEX FUND	4900 TIEDEMAN RD 4TH FL BROOKLYN, OH 44114	0.10%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
HARRISON STREET REAL ESTATE FUND 5555 DTC PARKWAY STE 330 GREENWOOD VILLAGE, CO 80111	0.20%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
WASATCH GLOBAL OPPORTUNITIES INSTL 505 WAKARA WAY STE 300 SALT LAKE CITY, UT 84108	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
WASATCH SMALL CAP VALUE INSTITUTIO 505 WAKARA WAY STE 300 SALT LAKE CITY, UT 84108	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
ALLSPRING PRECIOUS METALS FUND A 525 MARKET ST MAC A0103 122 SAN FRANCISCO, CA 94105	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
APPLIED FIN EXPLORERFUND INVESTOR 8730 STONY POINT PKWY STE 205 RICHMOND, VA 23235	0.40%

(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 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
CONCORD HOSPITAL 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
22-2594672

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)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6387981	11113680
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	1429497	1715272
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	250900470	299674069
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	10576913	6369821
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	269294861	318872842
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	269294861	318872842

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)	1112840	
(B) Participants	2a(1)(B)	25434565	
(C) Others (including rollovers)	2a(1)(C)	9068796	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		35616201
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	359390	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	140787	
(F) Other	2b(1)(F)	125167	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		625344
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	16966144	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		16966144
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		23120813
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		76328502
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	26478494	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		26478494
f Corrective distributions (see instructions)	2f		8412
g Certain deemed distributions of participant loans (see instructions)	2g		27728
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	300	
(3) Recordkeeping fees	2i(3)	198647	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	36940	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		235887
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		26750521
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		49577981
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: BAKER NEWMAN NOYES LLC **(2)** EIN: 01-0494526

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

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
CONCORD HOSPITAL 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
22-2594672

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** |

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

EIN(s): 04-6568107

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**

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 08 / 07 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500955A .

Concord Hospital 403(b) Plan

Financial Statements
and Supplemental Schedule

December 31, 2025 and 2024
With Independent Auditors' Report

Baker Newman & Noyes LLC
MAINE | MASSACHUSETTS | NEW HAMPSHIRE
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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants
Concord Hospital 403(b) Plan

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

We were engaged to perform audits of the financial statements of Concord Hospital 403(b) Plan (the Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, 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 audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

As described in Note 1 to the financial statements, the Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the DOL's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statements of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably determinable. Accounting principles generally accepted in the United States of America (U.S. GAAP) require that these accounts and the related income and distributions be included in the accompanying financial statements.

Responsibilities of Management for the Financial Statements

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

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

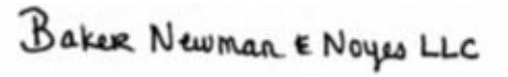
Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditors' report. However, because of the matters described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of the Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits.

To the Plan Administrator and Participants
Concord Hospital 403(b) Plan

Other Matter - *Supplemental Schedule Required by ERISA*

The supplemental schedule of assets (held at end of year) as of December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.



Manchester, New Hampshire
October 5, 2026

CONCORD HOSPITAL 403(b) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2025 and 2024

	2025	2024
Investments, at fair value:		
Mutual funds	$297,010,014	$248,867,966
Money market fund	10,790,372	6,161,671
Self-directed brokerage accounts	2,987,363	2,258,814
	310,787,749	257,288,451
Investments, at contract value:		
Group fixed contract	6,369,821	10,576,913
Total investments	317,157,570	267,865,364
Contributions receivable:		
Employer	2,928,821	1,112,840
Notes receivable from participants	1,715,272	1,429,497
Net assets available for benefits	$321,801,663	$270,407,701

See accompanying notes.

CONCORD HOSPITAL 403(b) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2025

Additions to net assets attributed to:	
Investment income:	
Interest and dividends	$ 17,648,186
Net appreciation in fair value of investments	22,923,328
Net investment income	40,571,514
Interest income on notes receivable from participants	140,787
Contributions:	
Participants	25,434,565
Employer	2,928,821
Rollovers	9,068,796
Total contributions	37,432,182
Total additions	78,144,483
Deductions from net assets attributed to:	
Benefit payments	26,514,634
Administrative expenses	235,887
Total deductions	26,750,521
Net increase	51,393,962
Net assets available for benefits, beginning of year	270,407,701
Net assets available for benefits, end of year	$321,801,663

See accompanying notes.

1. Plan Description

The following description of the Concord Hospital 403(b) Plan (the Plan) provides general information. Concord Hospital, Inc. is the Plan Sponsor. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Participants should refer to the Plan document for a more complete description of the Plan's provisions, copies of which may be obtained from the Plan Sponsor.

General

The Plan was established by the Board of Trustees of Concord Hospital (the Hospital or the Sponsor). The Plan is a defined contribution plan qualified under Section 403(b) of the U.S. Internal Revenue Code (IRC) covering eligible employees of the Hospital. All employees of the Hospital are eligible to participate in the Plan. Effective January 1, 2024, the Plan changed its recordkeeper and trustee to Fidelity Workplace Services LLC and Fidelity Management Trust Company (collectively referred to as Fidelity), respectively. Prior to January 1, 2024, Voya Institutional Trust Company and Voya Retirement Insurance and Annuity Company (collectively referred to as Voya) served as the recordkeepers and custodians of the Plan. The Plan was amended and restated effective January 1, 2024 to operate under a 403(b) Volume Submitter Plan document sponsored by Fidelity.

The Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's (DOL) Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded from the accompanying statements of changes in net assets available for benefits. Under accounting principles generally accepted in the United States of America, these accounts and the related income and distributions should have been included in the accompanying financial statements. The amount of these excluded annuity and custodial accounts and the related income and distributions are not determinable.

On December 29, 2022, the *Setting Every Community Up for Retirement Enhancement Act of 2022* (SECURE 2.0 Act) was signed into law. It includes mandatory and optional provisions impacting defined contribution plans. Applicable provisions outlined in the SECURE 2.0 Act will be adopted if elected and/or required. Plan amendments for these changes are not yet required.

Contributions

Eligible employees can elect to contribute up to 100% of their individual eligible compensation pursuant to IRC Section 403(b) and subject to the maximum amount allowable under federal income tax regulations. Participants are allowed to make pre-tax or post-tax Roth 403(b) contributions, or a combination of the two. Rollover contributions are subject to conditions stated in the Plan and in the appropriate sections of the IRC.

Effective January 1, 2024, the Plan was amended to provide for automatic enrollment into the Plan. All employees who are hired or rehired on or after January 1, 2024 are automatically enrolled in the Plan and 3% of eligible compensation is deferred, unless the participant specifically elects another amount or opts out of the Plan.

1. Plan Description (Continued)

Effective January 1, 2024, the Plan was amended and restated to provide for employer matching and employer nonelective contributions to employees who are hired or rehired on or after January 1, 2024. Effective January 1, 2024, the Hospital matches 50% of an eligible participant's contributions not to exceed 6% of eligible compensation. Effective January 1, 2024, the Hospital also provides for a nonelective contribution of 2% of each eligible participant's compensation for the Plan year. In addition to being hired or rehired on or after January 1, 2024, employees must also be 21 years of age, employed on the last day of the Plan year and complete 1,000 hours of service in the Plan year, as defined, to receive an allocation of employer contributions.

Participant Accounts

Each participant's account is credited with the contributions of the participant and the Hospital and an allocation of earnings or losses and administrative expenses based on the participant's relative account balances.

Vesting

Participants are immediately 100% vested in their contributions and the earnings or losses thereon and become 100% vested in employer contributions after completing three years of vesting service, as defined.

Forfeitures

Forfeitures of employer contributions are used first to reduce employer contributions and then to pay Plan expenses. Forfeiture activity as of December 31, 2025 and 2024, and for the year ended December 31, 2025, was not significant.

Investment Options

Upon enrollment in the Plan, a participant may direct employee contributions to one or more of the investment options offered by the Plan.

In addition, participants have the option to invest assets in a self-directed brokerage service that allows participants access to a wide variety of mutual funds.

Payment of Benefits

Upon separation from service with the Hospital due to death, disability, retirement or termination, a participant may elect to receive a lump-sum amount equal to the vested value of his or her account, payments over a specified period, or other participant options as defined in the Plan document. Effective January 1, 2024, the Plan provides for the direct rollover to an individual retirement account for balances greater than $1,000 and not more than $7,000, unless directed otherwise by the participant, as permitted by SECURE 2.0 Act.

1. Plan Description (Continued)

In-service withdrawals are available once the participant reaches age 59 1/2 and in certain other limited circumstances, as defined in the Plan. Hardship withdrawals are allowed for participants incurring an immediate and heavy financial need, as defined by the Plan.

Notes Receivable From Participants

A participant may borrow the lesser of 50% of their vested account balance or $50,000, reduced by the highest outstanding loan balance in the participant's account during the prior 12-month period. Effective January 1, 2024, loans are repayable through payroll deductions generally over 60 months (previously 57 months) unless the loan is for the purchase of a principal residence. Effective January 1, 2024, the interest rate is equal to the prime rate plus 1%. The interest rate on notes receivable outstanding at December 31, 2025 ranged from 5.25% to 10.50% with various maturities through February 2041. Principal and interest is paid ratably through bi-weekly payroll deductions.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Plan Termination

Although it has not expressed any intent to do so, the Hospital has the right under the Plan to terminate the Plan subject to the provisions of ERISA. Upon termination of the Plan, the trustee, once notified by the Hospital of the termination date, will distribute to each participant his or her account balance on that date in accordance with the terms of the Plan. In the event of the Plan's termination, participants will become fully vested in their employer contributions.

Administrative Expenses

The Hospital pays certain expenses incurred in the administration of the Plan. Certain investment fees are included in administrative expenses.

Payment of Benefits

Benefits are recorded when paid.

Contributions

Contributions are recorded in the period in which payroll deductions are made. Employer contributions are determined on an annual basis and recorded in the year for which the related employee service was performed.

2. Summary of Significant Accounting Policies (Continued)

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from those estimates.

Notes Receivable From Participants

Notes receivable are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned on an accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

Risks and Uncertainties

The Plan provides for various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility and credit risk. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the value of investment securities in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value except for the fully benefit-responsive investment contract which is stated at contract value. See Note 7 for disclosure of fair value measurements. Investment contracts held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measurement attribute for fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract plus interest earned, less participant withdrawals and administrative expenses.

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

Subsequent Events

Events occurring after the statement of net assets available for benefits date are evaluated by management to determine whether such events should be recognized or disclosed in the financial statements. Management has evaluated subsequent events through October 5, 2026 which is the date the financial statements were available to be issued.

2. Summary of Significant Accounting Policies (Continued)

Effective September 1, 2026, the Plan was amended and restated to conform with Fidelity's Cycle 2 pre-approved 403(b) Plan document. The amendment and restatement did not result in any significant changes to Plan provisions.

3. Tax Status

The Plan is subject to ERISA and certain provisions of the IRC. Effective January 1, 2024, the Plan adopted a 403(b) Volume Submitter Plan document sponsored by Fidelity that has received an opinion letter from the Internal Revenue Service (IRS) dated August 7, 2017, stating that the form of the 403(b) Volume Submitter Plan document was in compliance with applicable requirements of the IRC. The Plan has been amended since adopting the preapproved Plan document. However, the Plan Administrator believes the Plan is designed, and is being operated, in conformity with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified.

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 (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

4. Information Certified by the Trustee and Custodian

The Plan Administrator has elected the method of compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the auditors not to perform any auditing procedures with respect to the information certified by the trustee/custodian except for comparing such information with the related information included in the accompanying financial statements and supplemental schedule. The Plan Administrator has obtained certifications as of and for the year ended December 31, 2025 and as of December 31, 2024 from Fidelity Management Trust Company, the trustee, stating that the information provided to the Plan Administrator by the trustee is complete and accurate, except for the information related to the fully-benefit responsive contract. The Plan Administrator has obtained certifications as of and for the year ended December 31, 2025 and as of December 31, 2024 related to the fully-benefit responsive contract from Voya Retirement Insurance and Annuity Company, the custodian, stating that the information provided to the Plan Administrator by the custodian is complete and accurate. As discussed in Note 5, Voya Retirement Insurance and Annuity Company remains the contract holder of the fully benefit-responsive contract and certified the information related to this contract as of and for the year ended December 31, 2025 and as of December 31, 2024 as being complete and accurate. The Plan Administrator has determined that the trustee and custodian meet the requirements of qualified institutions as defined by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such certified information includes investments, notes receivable from participants, net appreciation in fair value of investments, interest and dividend income, investment transactions, interest income on notes receivable and notes receivable transactions.

5. Fully Benefit-Responsive Investment Contract

For the Plan's fully benefit-responsive investment contract, there are no reserves against contract value for credit risk of the contract issuer or otherwise. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Certain events may limit the ability of the Plan to transact at contract value with the issuer. Such events include spin-offs, sales or divestures, mergers or consolidations, corporate relocation or facility closings, layoffs or retirement incentive programs, establishment of a competing investment option and partial or total plan termination. The grouped fixed contract is invested in a general account, backed by the assets of Voya Retirement and Insurance Company and guarantee a minimum rate of interest. The crediting interest rate is based on a formula agreed upon with the issuer and is reset on a monthly basis at minimum. At December 31, 2025, the minimum guaranteed crediting rate was 1.00%.

In the event the Plan initiates a full withdrawal of the contract, distributions from the fund will be paid out in annual installments over a five year period. As previously discussed in Note 1, during 2024 the Plan changed recordkeepers and custodians/trustee from Voya to Fidelity and, as a result of this change, the Plan initiated a full withdrawal of the contract. Effective January 4, 2024, the contract was frozen to new contributions and exchanges into the fund. However, participants may continue to withdraw or transfer balances at contract value. The five-year payout structure applies to participant balances as part of the Plan's withdrawal from the contract. Transfers are scheduled automatically over five years unless participants elect otherwise. Participant-directed transactions continue to be honored at contract value without delay, penalty, or restriction. Given participant access remains unrestricted and the issuer continues to fulfill its obligations, the contract continues to be classified as fully benefit-responsive as of December 31, 2025 and 2024. The terminated contract is subject to the following annual transfer schedule:

- Plan Year 2024: 1/5 of balance in the contract
- Plan Year 2025: 1/4 of balance in the contract
- Plan Year 2026: 1/3 of balance in the contract
- Plan Year 2027: 1/2 of balance in the contract
- Plan Year 2028: Full remaining balance will be transferred and the option will be removed from the Plan.

This event did not limit the Plan's ability to transact at contract value with participants.

6. Party-in-Interest Transactions

Fidelity and Voya manage certain plan investments; therefore, these transactions qualify as party-in-interest transactions, however, they are exempt from the prohibited transaction rules under ERISA. In addition, loans to participants qualify as party-in-interest transactions. Certain administrative fees charged to the Plan and paid to Fidelity and Voya, including fees incurred by the Plan for certain investment management and administrative services, totaled $235,887 during 2025.

7. Fair Value Measurements

Fair value is the price that would be received upon sale of an asset or paid upon transfer of a liability in an orderly transaction between market participants at the measurement date and in the principal or most advantageous market for that asset or liability. The fair value should be calculated based on assumptions that market participants would use in pricing the asset or liability, not on assumptions specific to the entity.

The fair value hierarchy for valuation inputs prioritizes the inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. Each fair value measurement is reported in one of the three levels which is determined by the lowest level input that is significant to the fair value measurement in its entirety. These levels are:

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 method 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.

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

Valuation techniques used need to maximize the use of 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.

Mutual funds and money market fund: Valued at the closing price reported in the active market in which the security is traded.

Self-directed brokerage accounts: Accounts primarily consist of mutual funds and money market funds that are valued at the closing prices reported on an active market.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

7. Fair Value Measurements (Continued)

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

	Level 1	Level 2	Level 3	Total
2025:				
Mutual funds	$297,010,014	$ –	$ –	$297,010,014
Money market fund	10,790,372	–	–	10,790,372
Self-directed brokerage accounts	2,987,363	–	–	2,987,363
Total investments, at fair value	$310,787,749	$ –	$ –	$310,787,749
2024:				
Mutual funds	$248,867,966	$ –	$ –	$248,867,966
Money market fund	6,161,671	–	–	6,161,671
Self-directed brokerage accounts	2,258,814	–	–	2,258,814
Total investments, at fair value	$257,288,451	$ –	$ –	$257,288,451

8. Reconciliation of the Financial Statements to Form 5500

The following is a reconciliation of the financial statements to Form 5500 as of December 31, 2025 and 2024:

	2025	2024
Net assets available for benefits per the financial statements	$321,801,663	$270,407,701
Employer contributions receivable	(2,928,821)	(1,112,840)
Net assets available for benefits per Form 5500	$318,872,842	$269,294,861

The following is a reconciliation of the financial statements to Form 5500 for the year ended December 31, 2025:

Increase in net assets available for benefits per the financial statements	$51,393,962
Employer contributions receivable at December 31, 2024	1,112,840
Employer contributions receivable at December 31, 2025	(2,928,821)
Increase in net assets available for benefits per Form 5500	$49,577,981

Notes receivable from participants are reflected as a receivable on the financial statements which is different from the Form 5500 presentation. On Form 5500, notes receivable from participants are classified as investments.

CONCORD HOSPITAL 403(b) PLAN

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

EIN: 22-2594672
Plan #002

December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investments, Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	(d) Cost[1]	(e) Current Value
	Money market fund:			
	Vanguard	Federal Money Market Fund	$ –	$ 10,790,372
	Mutual funds:			
	American Funds	EuroPacific R6	–	2,989,008
	American Funds	Washington Mutual Investors Fund – R6	–	8,974,490
	Dodge & Cox	Dodge & Cox Income I	–	5,295,072
	Invesco	Main Street Fund R6	–	6,921,803
	MFS Funds	Growth Fund – Class R6	–	42,155,992
	Touchstone	Mid Cap Growth Fund	–	14,277,847
	T. Rowe Price	Retirement I 2005 Fund – I Class	–	296,838
	T. Rowe Price	Retirement I 2010 Fund – I Class	–	321,559
	T. Rowe Price	Retirement I 2015 Fund – I Class	–	754,091
	T. Rowe Price	Retirement I 2020 Fund – I Class	–	2,497,685
	T. Rowe Price	Retirement I 2025 Fund – I Class	–	11,396,717
	T. Rowe Price	Retirement I 2030 Fund – I Class	–	18,346,860
	T. Rowe Price	Retirement I 2035 Fund – I Class	–	18,805,358
	T. Rowe Price	Retirement I 2040 Fund – I Class	–	21,057,815
	T. Rowe Price	Retirement I 2045 Fund – I Class	–	15,777,752
	T. Rowe Price	Retirement I 2050 Fund – I Class	–	16,146,103
	T. Rowe Price	Retirement I 2055 Fund – I Class	–	8,149,281
	T. Rowe Price	Retirement I 2060 Fund – I Class	–	5,737,161
	T. Rowe Price	Retirement I 2065 Fund – I Class	–	1,659,906
	Vanguard	Extended Market Index Fund	–	8,879,643
	Vanguard	Institutional Index Fund	–	39,603,116
	Vanguard	Total Bond Market Index Fund	–	11,897,277
	Vanguard	Total International Stock Index Fund	–	26,856,077
	Victory	Sycamore Established Value Fund – Class R6	–	8,212,563
			–	297,010,014
	Group fixed contract:			
*	Voya Retirement Insurance and Annuity Company	Voya Fixed Plus Account III	–	6,369,821
	Self-directed brokerage accounts:			
	American Funds	Emerging Markets Bond Fund F-3	–	7,970
	Artisan Global	Unconstrained Fund	–	11,283
	Baird Core	Plus Bond Fund CL International	–	33,030
	Calamos Funds	Market Neutral Income A	–	9,982
	Calamos Funds	Phineus Long/Short Fund Class I	–	10,214

CONCORD HOSPITAL 403(b) PLAN

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

EIN: 22-2594672
Plan #002

December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investments, Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	(d) Cost[1]	(e) Current Value
	Self-directed brokerage accounts (continued)			
	DFA	Global Real Estate Securities Portfolio	$ –	$ 18,997
	DFA	International Small Cap Value Portfolio Institutional Class	–	48,926
	DFA	Short Duration Real Return Instl	–	129,671
	DFA	US Core Equity II Portfolio	–	5,187
	Diamond Hill Funds	Large Cap Fund Class I	–	12,471
	Diamond Hill Funds	Small Mid Cap Fund Class I	–	9,938
	Dimensional Advisor	Emerging Markets Value	–	43,118
	Dimensional Advisor	US Large Cap Value	–	8,598
	Dimensional Advisor	US Small Cap Value Port	–	88,199
	Dimensional Investment Group	International Value ETF	–	56,458
	Dodge & Cox	Income Fund Class I	–	21,389
*	Fidelity Investments	500 Index Institutional Prem	–	298,002
*	Fidelity Investments	Aggressive Growth	–	15,433
*	Fidelity Investments	Blue Chip Growth	–	1,026
*	Fidelity Investments	Cash Reserves External Fund	–	323,309
*	Fidelity Investments	Contrafund	–	9,859
*	Fidelity Investments	Contrafund II	–	168,191
*	Fidelity Investments	Equity Income II	–	31,003
*	Fidelity Investments	Global Commodity Stock Fund	–	60
*	Fidelity Investments	Growth & Income II	–	6,260
*	Fidelity Investments	Int'l Bond Index Fund	–	60,392
*	Fidelity Investments	Investment Grade	–	93,866
*	Fidelity Investments	Large Cap Growth Index Intl	–	2,228
*	Fidelity Investments	Large Cap Value Index	–	31,805
*	Fidelity Investments	Mid Cap Growth Index FD	–	15,692
*	Fidelity Investments	Nasdaq Composite Index	–	13,030
*	Fidelity Investments	New Millennium	–	71,933
*	Fidelity Investments	Puritan	–	5,466
*	Fidelity Investments	Select Electronics	–	21,328
*	Fidelity Investments	Select Gold Fund	–	4,593
*	Fidelity Investments	Select Industrial Materials	–	201
*	Fidelity Investments	Select Technology	–	19,647
*	Fidelity Investments	Small Cap Index	–	40,865
*	Fidelity Investments	Total Bond	–	32,945
*	Fidelity Investments	Total Int'l Index Fund	–	34,402
*	Fidelity Investments	Total Market Index Inst'l Premium Class	–	27,389
*	Fidelity Investments	Worldwide	–	53,196
*	Fidelity Investments	Zero Total Market Index	–	85,033

CONCORD HOSPITAL 403(b) PLAN

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

EIN: 22-2594672
Plan #002

December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investments, Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	(d) Cost[1]	(e) Current Value
	Self-directed brokerage accounts (continued):			
	First Eagle Funds	Global Fund Class I	$ –	$ 19,395
	First Eagle Funds	Small Cap Opportunity Fund Class I	–	10,275
	First Eagle Funds	Sogen Gold Class A	–	3,835
	FMI	Fund Investor Class	–	93,300
	Gabelli Gold	Fund Class A	–	268
	Goldman Sachs Funds	Rising Dividend Growth Fund Institutional Class	–	9,789
	Guggenheim	Total Return Bond	–	55,894
	JP Morgan Funds	Mid Cap Equity Fund Class I	–	9,807
	Loomis Sayles	Core Plus Bond Fund Class Y	–	54,766
	Lord Abbett	Bond Debenture Fund Class A	–	7,490
	Madison Funds	Mid Cap	–	47,482
	Matthews	Asia Growth Instl	–	11,864
	New World Fund	Fund Class F-3	–	14,829
	Oakmark Funds	Oakmark Fund	–	103,764
	OCM Gold Fund	Gold Fund Advisor Class Shares	–	5,864
	Pacific Financial Group	0-15 Fund Class R	–	15,100
	Pacific Financial Group	30+ Fund Class Fund R	–	9,846
	Pacific Financial Group	30+ Fund Class Fund R	–	22,903
	Pacific Financial Group	American Funds Growth Strategy Fund R	–	23,287
	Pacific Financial Group	BR Equity ESG Strategy Class R	–	23,257
	Pacific Financial Group	Equity Sector Strategy Fund Class R	–	22,214
	Pacific Financial Group	Global Equity Index Strategy Fund Class R	–	17,010
	Pacific Financial Group	Janus Henderson Balanced Strategy Class I	–	33,105
	Pacific Financial Group	Tactical 0-30 Fund Class R	–	10,026
	Pacific Financial Group	Tactical Income Strategy Fund Class R	–	11,918
	Pacific Financial Group	Thematic ESG Strategy Class R	–	16,184
	PIMCO International	Bond Fund Institutional Class	–	17,957
	Principal Diversified	Real Asset A	–	5,970
	Seqall Bryant & Hamill	Plus Bond Retail	–	12,441
	Thornburg Funds	International Equity Fund	–	16,414
	T. Rowe Price	Blue Chip Growth	–	49,977
	T. Rowe Price	International Bond Fund	–	34,965
	T. Rowe Price	Ultra Short-Term Bond Fund	–	30,654
	Toreador Explorer	Class Investor	–	46,042
	Vanguard	500 Index Fund Admiral Shares	–	70,701
	Vanguard	Small-Cap Growth Index Fund Admiral Shares	–	1,775
	Vanguard	Target Retirement 2035 Fund	–	9,458

CONCORD HOSPITAL 403(b) PLAN

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

EIN: 22-2594672
Plan #002

December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investments, Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	(d) Cost[1]	(e) Current Value
	Self-directed brokerage accounts (continued):			
	Versus Capital	Real Estate Fund	$ –	$ 16,795
	Victory	USAA Nasdaq 100 Index Fund	–	3,241
	Wasatch Funds	Global Opp Investor	–	14,475
	Wasatch Funds	Small Cap Value Investor	–	15,219
	Wells Fargo	Precious Metals Fund Class A	–	5,222
			–	2,987,363
*	Participant loans	Interest at various rates from 5.25% - 10.50% secured by participant account balances	–	1,715,272

* Represents a party-in-interest to the Plan.
[1] Cost is not required for participant-directed investments.
The above information has been certified by Fidelity Management Trust Company, the trustee, as complete and accurate, except for the group annuity contract, which was certified by Voya Retirement Insurance and Annuity Company, the custodian, as complete and accurate.

Concord Hospital 403(b) Plan

Financial Statements
and Supplemental Schedule

December 31, 2025 and 2024
With Independent Auditors' Report

Baker Newman & Noyes LLC
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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants
Concord Hospital 403(b) Plan

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

We were engaged to perform audits of the financial statements of Concord Hospital 403(b) Plan (the Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, 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 audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

As described in Note 1 to the financial statements, the Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the DOL's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statements of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably determinable. Accounting principles generally accepted in the United States of America (U.S. GAAP) require that these accounts and the related income and distributions be included in the accompanying financial statements.

Responsibilities of Management for the Financial Statements

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

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

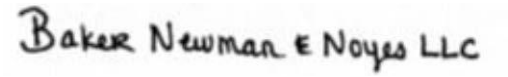
Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditors' report. However, because of the matters described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of the Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits.

To the Plan Administrator and Participants
Concord Hospital 403(b) Plan

Other Matter - *Supplemental Schedule Required by ERISA*

The supplemental schedule of assets (held at end of year) as of December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.



Manchester, New Hampshire
October 5, 2026

CONCORD HOSPITAL 403(b) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2025 and 2024

	2025	2024
Investments, at fair value:		
Mutual funds	$297,010,014	$248,867,966
Money market fund	10,790,372	6,161,671
Self-directed brokerage accounts	2,987,363	2,258,814
	310,787,749	257,288,451
Investments, at contract value:		
Group fixed contract	6,369,821	10,576,913
Total investments	317,157,570	267,865,364
Contributions receivable:		
Employer	2,928,821	1,112,840
Notes receivable from participants	1,715,272	1,429,497
Net assets available for benefits	$321,801,663	$270,407,701

See accompanying notes.

CONCORD HOSPITAL 403(b) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2025

Additions to net assets attributed to:	
Investment income:	
Interest and dividends	$ 17,648,186
Net appreciation in fair value of investments	22,923,328
Net investment income	40,571,514
Interest income on notes receivable from participants	140,787
Contributions:	
Participants	25,434,565
Employer	2,928,821
Rollovers	9,068,796
Total contributions	37,432,182
Total additions	78,144,483
Deductions from net assets attributed to:	
Benefit payments	26,514,634
Administrative expenses	235,887
Total deductions	26,750,521
Net increase	51,393,962
Net assets available for benefits, beginning of year	270,407,701
Net assets available for benefits, end of year	$321,801,663

See accompanying notes.

1. Plan Description

The following description of the Concord Hospital 403(b) Plan (the Plan) provides general information. Concord Hospital, Inc. is the Plan Sponsor. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Participants should refer to the Plan document for a more complete description of the Plan's provisions, copies of which may be obtained from the Plan Sponsor.

General

The Plan was established by the Board of Trustees of Concord Hospital (the Hospital or the Sponsor). The Plan is a defined contribution plan qualified under Section 403(b) of the U.S. Internal Revenue Code (IRC) covering eligible employees of the Hospital. All employees of the Hospital are eligible to participate in the Plan. Effective January 1, 2024, the Plan changed its recordkeeper and trustee to Fidelity Workplace Services LLC and Fidelity Management Trust Company (collectively referred to as Fidelity), respectively. Prior to January 1, 2024, Voya Institutional Trust Company and Voya Retirement Insurance and Annuity Company (collectively referred to as Voya) served as the recordkeepers and custodians of the Plan. The Plan was amended and restated effective January 1, 2024 to operate under a 403(b) Volume Submitter Plan document sponsored by Fidelity.

The Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's (DOL) Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded from the accompanying statements of changes in net assets available for benefits. Under accounting principles generally accepted in the United States of America, these accounts and the related income and distributions should have been included in the accompanying financial statements. The amount of these excluded annuity and custodial accounts and the related income and distributions are not determinable.

On December 29, 2022, the *Setting Every Community Up for Retirement Enhancement Act of 2022* (SECURE 2.0 Act) was signed into law. It includes mandatory and optional provisions impacting defined contribution plans. Applicable provisions outlined in the SECURE 2.0 Act will be adopted if elected and/or required. Plan amendments for these changes are not yet required.

Contributions

Eligible employees can elect to contribute up to 100% of their individual eligible compensation pursuant to IRC Section 403(b) and subject to the maximum amount allowable under federal income tax regulations. Participants are allowed to make pre-tax or post-tax Roth 403(b) contributions, or a combination of the two. Rollover contributions are subject to conditions stated in the Plan and in the appropriate sections of the IRC.

Effective January 1, 2024, the Plan was amended to provide for automatic enrollment into the Plan. All employees who are hired or rehired on or after January 1, 2024 are automatically enrolled in the Plan and 3% of eligible compensation is deferred, unless the participant specifically elects another amount or opts out of the Plan.

1. Plan Description (Continued)

Effective January 1, 2024, the Plan was amended and restated to provide for employer matching and employer nonelective contributions to employees who are hired or rehired on or after January 1, 2024. Effective January 1, 2024, the Hospital matches 50% of an eligible participant's contributions not to exceed 6% of eligible compensation. Effective January 1, 2024, the Hospital also provides for a nonelective contribution of 2% of each eligible participant's compensation for the Plan year. In addition to being hired or rehired on or after January 1, 2024, employees must also be 21 years of age, employed on the last day of the Plan year and complete 1,000 hours of service in the Plan year, as defined, to receive an allocation of employer contributions.

Participant Accounts

Each participant's account is credited with the contributions of the participant and the Hospital and an allocation of earnings or losses and administrative expenses based on the participant's relative account balances.

Vesting

Participants are immediately 100% vested in their contributions and the earnings or losses thereon and become 100% vested in employer contributions after completing three years of vesting service, as defined.

Forfeitures

Forfeitures of employer contributions are used first to reduce employer contributions and then to pay Plan expenses. Forfeiture activity as of December 31, 2025 and 2024, and for the year ended December 31, 2025, was not significant.

Investment Options

Upon enrollment in the Plan, a participant may direct employee contributions to one or more of the investment options offered by the Plan.

In addition, participants have the option to invest assets in a self-directed brokerage service that allows participants access to a wide variety of mutual funds.

Payment of Benefits

Upon separation from service with the Hospital due to death, disability, retirement or termination, a participant may elect to receive a lump-sum amount equal to the vested value of his or her account, payments over a specified period, or other participant options as defined in the Plan document. Effective January 1, 2024, the Plan provides for the direct rollover to an individual retirement account for balances greater than $1,000 and not more than $7,000, unless directed otherwise by the participant, as permitted by SECURE 2.0 Act.

1. Plan Description (Continued)

In-service withdrawals are available once the participant reaches age 59 1/2 and in certain other limited circumstances, as defined in the Plan. Hardship withdrawals are allowed for participants incurring an immediate and heavy financial need, as defined by the Plan.

Notes Receivable From Participants

A participant may borrow the lesser of 50% of their vested account balance or $50,000, reduced by the highest outstanding loan balance in the participant's account during the prior 12-month period. Effective January 1, 2024, loans are repayable through payroll deductions generally over 60 months (previously 57 months) unless the loan is for the purchase of a principal residence. Effective January 1, 2024, the interest rate is equal to the prime rate plus 1%. The interest rate on notes receivable outstanding at December 31, 2025 ranged from 5.25% to 10.50% with various maturities through February 2041. Principal and interest is paid ratably through bi-weekly payroll deductions.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Plan Termination

Although it has not expressed any intent to do so, the Hospital has the right under the Plan to terminate the Plan subject to the provisions of ERISA. Upon termination of the Plan, the trustee, once notified by the Hospital of the termination date, will distribute to each participant his or her account balance on that date in accordance with the terms of the Plan. In the event of the Plan's termination, participants will become fully vested in their employer contributions.

Administrative Expenses

The Hospital pays certain expenses incurred in the administration of the Plan. Certain investment fees are included in administrative expenses.

Payment of Benefits

Benefits are recorded when paid.

Contributions

Contributions are recorded in the period in which payroll deductions are made. Employer contributions are determined on an annual basis and recorded in the year for which the related employee service was performed.

2. Summary of Significant Accounting Policies (Continued)

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from those estimates.

Notes Receivable From Participants

Notes receivable are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned on an accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

Risks and Uncertainties

The Plan provides for various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility and credit risk. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the value of investment securities in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value except for the fully benefit-responsive investment contract which is stated at contract value. See Note 7 for disclosure of fair value measurements. Investment contracts held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measurement attribute for fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract plus interest earned, less participant withdrawals and administrative expenses.

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

Subsequent Events

Events occurring after the statement of net assets available for benefits date are evaluated by management to determine whether such events should be recognized or disclosed in the financial statements. Management has evaluated subsequent events through October 5, 2026 which is the date the financial statements were available to be issued.

2. Summary of Significant Accounting Policies (Continued)

Effective September 1, 2026, the Plan was amended and restated to conform with Fidelity's Cycle 2 pre-approved 403(b) Plan document. The amendment and restatement did not result in any significant changes to Plan provisions.

3. Tax Status

The Plan is subject to ERISA and certain provisions of the IRC. Effective January 1, 2024, the Plan adopted a 403(b) Volume Submitter Plan document sponsored by Fidelity that has received an opinion letter from the Internal Revenue Service (IRS) dated August 7, 2017, stating that the form of the 403(b) Volume Submitter Plan document was in compliance with applicable requirements of the IRC. The Plan has been amended since adopting the preapproved Plan document. However, the Plan Administrator believes the Plan is designed, and is being operated, in conformity with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified.

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 (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

4. Information Certified by the Trustee and Custodian

The Plan Administrator has elected the method of compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the auditors not to perform any auditing procedures with respect to the information certified by the trustee/custodian except for comparing such information with the related information included in the accompanying financial statements and supplemental schedule. The Plan Administrator has obtained certifications as of and for the year ended December 31, 2025 and as of December 31, 2024 from Fidelity Management Trust Company, the trustee, stating that the information provided to the Plan Administrator by the trustee is complete and accurate, except for the information related to the fully-benefit responsive contract. The Plan Administrator has obtained certifications as of and for the year ended December 31, 2025 and as of December 31, 2024 related to the fully-benefit responsive contract from Voya Retirement Insurance and Annuity Company, the custodian, stating that the information provided to the Plan Administrator by the custodian is complete and accurate. As discussed in Note 5, Voya Retirement Insurance and Annuity Company remains the contract holder of the fully benefit-responsive contract and certified the information related to this contract as of and for the year ended December 31, 2025 and as of December 31, 2024 as being complete and accurate. The Plan Administrator has determined that the trustee and custodian meet the requirements of qualified institutions as defined by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such certified information includes investments, notes receivable from participants, net appreciation in fair value of investments, interest and dividend income, investment transactions, interest income on notes receivable and notes receivable transactions.

5. Fully Benefit-Responsive Investment Contract

For the Plan's fully benefit-responsive investment contract, there are no reserves against contract value for credit risk of the contract issuer or otherwise. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Certain events may limit the ability of the Plan to transact at contract value with the issuer. Such events include spin-offs, sales or divestures, mergers or consolidations, corporate relocation or facility closings, layoffs or retirement incentive programs, establishment of a competing investment option and partial or total plan termination. The grouped fixed contract is invested in a general account, backed by the assets of Voya Retirement and Insurance Company and guarantee a minimum rate of interest. The crediting interest rate is based on a formula agreed upon with the issuer and is reset on a monthly basis at minimum. At December 31, 2025, the minimum guaranteed crediting rate was 1.00%.

In the event the Plan initiates a full withdrawal of the contract, distributions from the fund will be paid out in annual installments over a five year period. As previously discussed in Note 1, during 2024 the Plan changed recordkeepers and custodians/trustee from Voya to Fidelity and, as a result of this change, the Plan initiated a full withdrawal of the contract. Effective January 4, 2024, the contract was frozen to new contributions and exchanges into the fund. However, participants may continue to withdraw or transfer balances at contract value. The five-year payout structure applies to participant balances as part of the Plan's withdrawal from the contract. Transfers are scheduled automatically over five years unless participants elect otherwise. Participant-directed transactions continue to be honored at contract value without delay, penalty, or restriction. Given participant access remains unrestricted and the issuer continues to fulfill its obligations, the contract continues to be classified as fully benefit-responsive as of December 31, 2025 and 2024. The terminated contract is subject to the following annual transfer schedule:

- Plan Year 2024: 1/5 of balance in the contract
- Plan Year 2025: 1/4 of balance in the contract
- Plan Year 2026: 1/3 of balance in the contract
- Plan Year 2027: 1/2 of balance in the contract
- Plan Year 2028: Full remaining balance will be transferred and the option will be removed from the Plan.

This event did not limit the Plan's ability to transact at contract value with participants.

6. Party-in-Interest Transactions

Fidelity and Voya manage certain plan investments; therefore, these transactions qualify as party-in-interest transactions, however, they are exempt from the prohibited transaction rules under ERISA. In addition, loans to participants qualify as party-in-interest transactions. Certain administrative fees charged to the Plan and paid to Fidelity and Voya, including fees incurred by the Plan for certain investment management and administrative services, totaled $235,887 during 2025.

7. Fair Value Measurements

Fair value is the price that would be received upon sale of an asset or paid upon transfer of a liability in an orderly transaction between market participants at the measurement date and in the principal or most advantageous market for that asset or liability. The fair value should be calculated based on assumptions that market participants would use in pricing the asset or liability, not on assumptions specific to the entity.

The fair value hierarchy for valuation inputs prioritizes the inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. Each fair value measurement is reported in one of the three levels which is determined by the lowest level input that is significant to the fair value measurement in its entirety. These levels are:

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 method 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.

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

Valuation techniques used need to maximize the use of 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.

Mutual funds and money market fund: Valued at the closing price reported in the active market in which the security is traded.

Self-directed brokerage accounts: Accounts primarily consist of mutual funds and money market funds that are valued at the closing prices reported on an active market.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

7. Fair Value Measurements (Continued)

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

	Level 1	Level 2	Level 3	Total
2025:				
Mutual funds	$297,010,014	$ –	$ –	$297,010,014
Money market fund	10,790,372	–	–	10,790,372
Self-directed brokerage accounts	2,987,363	–	–	2,987,363
Total investments, at fair value	$310,787,749	$ –	$ –	$310,787,749
2024:				
Mutual funds	$248,867,966	$ –	$ –	$248,867,966
Money market fund	6,161,671	–	–	6,161,671
Self-directed brokerage accounts	2,258,814	–	–	2,258,814
Total investments, at fair value	$257,288,451	$ –	$ –	$257,288,451

8. Reconciliation of the Financial Statements to Form 5500

The following is a reconciliation of the financial statements to Form 5500 as of December 31, 2025 and 2024:

	2025	2024
Net assets available for benefits per the financial statements	$321,801,663	$270,407,701
Employer contributions receivable	(2,928,821)	(1,112,840)
Net assets available for benefits per Form 5500	$318,872,842	$269,294,861

The following is a reconciliation of the financial statements to Form 5500 for the year ended December 31, 2025:

Increase in net assets available for benefits per the financial statements	$51,393,962
Employer contributions receivable at December 31, 2024	1,112,840
Employer contributions receivable at December 31, 2025	(2,928,821)
Increase in net assets available for benefits per Form 5500	$49,577,981

Notes receivable from participants are reflected as a receivable on the financial statements which is different from the Form 5500 presentation. On Form 5500, notes receivable from participants are classified as investments.

CONCORD HOSPITAL 403(b) PLAN

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

EIN: 22-2594672
Plan #002

December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investments, Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	(d) Cost[1]	(e) Current Value
	Money market fund:			
	Vanguard	Federal Money Market Fund	$ –	$ 10,790,372
	Mutual funds:			
	American Funds	EuroPacific R6	–	2,989,008
	American Funds	Washington Mutual Investors Fund – R6	–	8,974,490
	Dodge & Cox	Dodge & Cox Income I	–	5,295,072
	Invesco	Main Street Fund R6	–	6,921,803
	MFS Funds	Growth Fund – Class R6	–	42,155,992
	Touchstone	Mid Cap Growth Fund	–	14,277,847
	T. Rowe Price	Retirement I 2005 Fund – I Class	–	296,838
	T. Rowe Price	Retirement I 2010 Fund – I Class	–	321,559
	T. Rowe Price	Retirement I 2015 Fund – I Class	–	754,091
	T. Rowe Price	Retirement I 2020 Fund – I Class	–	2,497,685
	T. Rowe Price	Retirement I 2025 Fund – I Class	–	11,396,717
	T. Rowe Price	Retirement I 2030 Fund – I Class	–	18,346,860
	T. Rowe Price	Retirement I 2035 Fund – I Class	–	18,805,358
	T. Rowe Price	Retirement I 2040 Fund – I Class	–	21,057,815
	T. Rowe Price	Retirement I 2045 Fund – I Class	–	15,777,752
	T. Rowe Price	Retirement I 2050 Fund – I Class	–	16,146,103
	T. Rowe Price	Retirement I 2055 Fund – I Class	–	8,149,281
	T. Rowe Price	Retirement I 2060 Fund – I Class	–	5,737,161
	T. Rowe Price	Retirement I 2065 Fund – I Class	–	1,659,906
	Vanguard	Extended Market Index Fund	–	8,879,643
	Vanguard	Institutional Index Fund	–	39,603,116
	Vanguard	Total Bond Market Index Fund	–	11,897,277
	Vanguard	Total International Stock Index Fund	–	26,856,077
	Victory	Sycamore Established Value Fund – Class R6	–	8,212,563
			–	297,010,014
	Group fixed contract:			
*	Voya Retirement Insurance and Annuity Company	Voya Fixed Plus Account III	–	6,369,821
	Self-directed brokerage accounts:			
	American Funds	Emerging Markets Bond Fund F-3	–	7,970
	Artisan Global	Unconstrained Fund	–	11,283
	Baird Core	Plus Bond Fund CL International	–	33,030
	Calamos Funds	Market Neutral Income A	–	9,982
	Calamos Funds	Phineus Long/Short Fund Class I	–	10,214

CONCORD HOSPITAL 403(b) PLAN

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

EIN: 22-2594672
Plan #002

December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investments, Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	(d) Cost[1]	(e) Current Value
	Self-directed brokerage accounts (continued)			
	DFA	Global Real Estate Securities Portfolio	$ –	$ 18,997
	DFA	International Small Cap Value Portfolio Institutional Class	–	48,926
	DFA	Short Duration Real Return Instl	–	129,671
	DFA	US Core Equity II Portfolio	–	5,187
	Diamond Hill Funds	Large Cap Fund Class I	–	12,471
	Diamond Hill Funds	Small Mid Cap Fund Class I	–	9,938
	Dimensional Advisor	Emerging Markets Value	–	43,118
	Dimensional Advisor	US Large Cap Value	–	8,598
	Dimensional Advisor	US Small Cap Value Port	–	88,199
	Dimensional Investment Group	International Value ETF	–	56,458
	Dodge & Cox	Income Fund Class I	–	21,389
*	Fidelity Investments	500 Index Institutional Prem	–	298,002
*	Fidelity Investments	Aggressive Growth	–	15,433
*	Fidelity Investments	Blue Chip Growth	–	1,026
*	Fidelity Investments	Cash Reserves External Fund	–	323,309
*	Fidelity Investments	Contrafund	–	9,859
*	Fidelity Investments	Contrafund II	–	168,191
*	Fidelity Investments	Equity Income II	–	31,003
*	Fidelity Investments	Global Commodity Stock Fund	–	60
*	Fidelity Investments	Growth & Income II	–	6,260
*	Fidelity Investments	Int'l Bond Index Fund	–	60,392
*	Fidelity Investments	Investment Grade	–	93,866
*	Fidelity Investments	Large Cap Growth Index Intl	–	2,228
*	Fidelity Investments	Large Cap Value Index	–	31,805
*	Fidelity Investments	Mid Cap Growth Index FD	–	15,692
*	Fidelity Investments	Nasdaq Composite Index	–	13,030
*	Fidelity Investments	New Millennium	–	71,933
*	Fidelity Investments	Puritan	–	5,466
*	Fidelity Investments	Select Electronics	–	21,328
*	Fidelity Investments	Select Gold Fund	–	4,593
*	Fidelity Investments	Select Industrial Materials	–	201
*	Fidelity Investments	Select Technology	–	19,647
*	Fidelity Investments	Small Cap Index	–	40,865
*	Fidelity Investments	Total Bond	–	32,945
*	Fidelity Investments	Total Int'l Index Fund	–	34,402
*	Fidelity Investments	Total Market Index Inst'l Premium Class	–	27,389
*	Fidelity Investments	Worldwide	–	53,196
*	Fidelity Investments	Zero Total Market Index	–	85,033

CONCORD HOSPITAL 403(b) PLAN

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

EIN: 22-2594672
Plan #002

December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investments, Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	(d) Cost[1]	(e) Current Value
	Self-directed brokerage accounts (continued):			
	First Eagle Funds	Global Fund Class I	$ –	$ 19,395
	First Eagle Funds	Small Cap Opportunity Fund Class I	–	10,275
	First Eagle Funds	Sogen Gold Class A	–	3,835
	FMI	Fund Investor Class	–	93,300
	Gabelli Gold	Fund Class A	–	268
	Goldman Sachs Funds	Rising Dividend Growth Fund Institutional Class	–	9,789
	Guggenheim	Total Return Bond	–	55,894
	JP Morgan Funds	Mid Cap Equity Fund Class I	–	9,807
	Loomis Sayles	Core Plus Bond Fund Class Y	–	54,766
	Lord Abbett	Bond Debenture Fund Class A	–	7,490
	Madison Funds	Mid Cap	–	47,482
	Matthews	Asia Growth Instl	–	11,864
	New World Fund	Fund Class F-3	–	14,829
	Oakmark Funds	Oakmark Fund	–	103,764
	OCM Gold Fund	Gold Fund Advisor Class Shares	–	5,864
	Pacific Financial Group	0-15 Fund Class R	–	15,100
	Pacific Financial Group	30+ Fund Class Fund R	–	9,846
	Pacific Financial Group	30+ Fund Class Fund R	–	22,903
	Pacific Financial Group	American Funds Growth Strategy Fund R	–	23,287
	Pacific Financial Group	BR Equity ESG Strategy Class R	–	23,257
	Pacific Financial Group	Equity Sector Strategy Fund Class R	–	22,214
	Pacific Financial Group	Global Equity Index Strategy Fund Class R	–	17,010
	Pacific Financial Group	Janus Henderson Balanced Strategy Class I	–	33,105
	Pacific Financial Group	Tactical 0-30 Fund Class R	–	10,026
	Pacific Financial Group	Tactical Income Strategy Fund Class R	–	11,918
	Pacific Financial Group	Thematic ESG Strategy Class R	–	16,184
	PIMCO International	Bond Fund Institutional Class	–	17,957
	Principal Diversified	Real Asset A	–	5,970
	Seqall Bryant & Hamill	Plus Bond Retail	–	12,441
	Thornburg Funds	International Equity Fund	–	16,414
	T. Rowe Price	Blue Chip Growth	–	49,977
	T. Rowe Price	International Bond Fund	–	34,965
	T. Rowe Price	Ultra Short-Term Bond Fund	–	30,654
	Toreador Explorer	Class Investor	–	46,042
	Vanguard	500 Index Fund Admiral Shares	–	70,701
	Vanguard	Small-Cap Growth Index Fund Admiral Shares	–	1,775
	Vanguard	Target Retirement 2035 Fund	–	9,458

CONCORD HOSPITAL 403(b) PLAN

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

EIN: 22-2594672
Plan #002

December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investments, Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	(d) Cost[1]	(e) Current Value
	Self-directed brokerage accounts (continued):			
	Versus Capital	Real Estate Fund	$ –	$ 16,795
	Victory	USAA Nasdaq 100 Index Fund	–	3,241
	Wasatch Funds	Global Opp Investor	–	14,475
	Wasatch Funds	Small Cap Value Investor	–	15,219
	Wells Fargo	Precious Metals Fund Class A	–	5,222
			–	2,987,363
*	Participant loans	Interest at various rates from 5.25% - 10.50% secured by participant account balances	–	1,715,272

* Represents a party-in-interest to the Plan.
[1] Cost is not required for participant-directed investments.
The above information has been certified by Fidelity Management Trust Company, the trustee, as complete and accurate, except for the group annuity contract, which was certified by Voya Retirement Insurance and Annuity Company, the custodian, as complete and accurate.