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
RIVERSIDE HEALTH SYSTEM 403(B) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 09/01/1982

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)
RIVERSIDE MANAGEMENT SERVICES, INC.

12420 WARWICK BLVD.
BLDG 6, SUITE 6G
NEWPORT NEWS, VA 23606-3001

2b Employer Identification Number (EIN)
52-1241840

2c Plan Sponsor's telephone number
757-534-5547

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	JAIME COOK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2026	JAIME COOK
	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:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	13018
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)**	10368
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	10587
b	Retired or separated participants receiving benefits	**6b**	6
c	Other retired or separated participants entitled to future benefits	**6c**	2716
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	13309
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	18
f	Total. Add lines **6d** and **6e**.	**6f**	13327
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)**	8610
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)**	9011
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	93
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:

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

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

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [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 0
- **(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 4
- **(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
RIVERSIDE HEALTH SYSTEM 403(B) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
RIVERSIDE MANAGEMENT SERVICES, INC.

D Employer Identification Number (EIN)
52-1241840

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
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
42-0127290	61271	613953	13327	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
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

b	Balance at the end of the previous year			7b	11303652
c	Additions: (1) Contributions deposited during the year	7c(1)	688205		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	183664		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	776758		
	▶ OUTSIDE INVESTMENT TRANSFER, LOAN PAYMENT, ROLLOVER				
	(6)Total additions			7c(6)	1648627
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	12952279
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	964287		
	(2) Administration charge made by carrier	7e(2)	13726		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	784006		
	▶ LOAN WITHDRAWAL, OUTSIDE INVESTMENT TRANSFER				
	(5) Total deductions			7e(5)	1762019
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	11190260

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)**	
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)**	
(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)**	
(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
RIVERSIDE HEALTH SYSTEM 403(B) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
RIVERSIDE MANAGEMENT SERVICES, INC.

D Employer Identification Number (EIN)
52-1241840

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
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	892436/060/194	13327	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
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	484438
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year			7b	489130
c	Additions: (1) Contributions deposited during the year	7c(1)	68601		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	14518		
	(4) Transferred from separate account	7c(4)	25000		
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	108119
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	597249
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	112811		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	112811
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	484438

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)**	
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)**	
(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)**	
(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
RIVERSIDE HEALTH SYSTEM 403(B) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
RIVERSIDE MANAGEMENT SERVICES, INC.

D Employer Identification Number (EIN)
52-1241840

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
VALIC

(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
74-1625348	70238	46290	13327	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
0	0

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

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

(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	

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

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(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	87693
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year			7b	101356
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	2098		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	2098
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	103454
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	15761		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	15761
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	87693

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)**	
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)**	
(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)**	
(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
RIVERSIDE HEALTH SYSTEM 403(B) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
RIVERSIDE MANAGEMENT SERVICES, INC.

D Employer Identification Number (EIN)
52-1241840

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
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	RIV00VAOORN	13327	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
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	18863
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 ▶

b	Balance at the end of the previous year			7b	18314
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	549		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	549
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	18863
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	18863

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)**	
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)**	
(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)**	
(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
RIVERSIDE HEALTH SYSTEM 403(B) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
RIVERSIDE MANAGEMENT SERVICES, INC.

D Employer Identification Number (EIN)
52-1241840

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

LINCOLN NATIONAL CORPORATION

35-1140070

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

NATIONWIDE

31-4156860

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

VARIABLE ANNUITY LIFE INSURANCE CO

74-1625348

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

PRINCIPAL LIFE INS CO

42-0127290

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

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

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

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

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

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	723469	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

CHARLES SCHWAB & CO, INC.

94-1737782

(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?
33 50 71	BROKER/DEALER	2320	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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
RIVERSIDE HEALTH SYSTEM 403(B) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
RIVERSIDE MANAGEMENT SERVICES, INC.

D Employer Identification Number (EIN)
52-1241840

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		12934
(2) Participant contributions	1b(2)		68372
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	6011016	6644597
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	437530144	527931062
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	11912451	11781255
(15) Other	1c(15)	7709283	8665946

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	463162894	555104166
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
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	463162894	555104166

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)	1311844	
(B) Participants	2a(1)(B)	49573727	
(C) Others (including rollovers)	2a(1)(C)	5064991	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		55950562
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	520017	
(F) Other	2b(1)(F)	200829	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		720846
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	12002387	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		12002387
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		64848510
c Other income	2c		1179690
d Total income. Add all **income** amounts in column (b) and enter total	2d		134701995
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	41998522	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	1768	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		42000290
f Corrective distributions (see instructions)	2f		22621
g Certain deemed distributions of participant loans (see instructions)	2g		11906
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	725883	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	23	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		725906
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		42760723
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		91941272
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: PBMARES, LLP **(2)** EIN: 54-0737372

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		1500000
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
RIVERSIDE HEALTH SYSTEM 403(B) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
RIVERSIDE MANAGEMENT SERVICES, INC.

D Employer Identification Number (EIN)
52-1241840

Part I Distributions

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

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

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

EIN(s): 42-0127290

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 | 655

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 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500882A .

RIVERSIDE HEALTH SYSTEM
403(b) RETIREMENT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2025

PBMares SM

ASSURANCE, TAX & ADVISORY SERVICES

RIVERSIDE HEALTH SYSTEM 403(b) RETIREMENT PLAN

TABLE OF CONTENTS

	Page
INDEPENDENT AUDITOR'S REPORT	1 – 3
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6 – 13
SUPPLEMENTARY INFORMATION	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	14 – 16

INDEPENDENT AUDITOR'S REPORT

Those Charged with Governance
Riverside Health System 403(b) Retirement Plan

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

We were engaged to perform audits of the financial statements of Riverside Health System 403(b) Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, 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

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Further, as described in Note 2 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 statement 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.

Auditor’s 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 auditor's 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.

Other Matter - Supplemental Schedule Required by ERISA

The supplementary 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. 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.

PBMares, LLP

Norfolk, Virginia
September 29, 2026

FINANCIAL STATEMENTS

RIVERSIDE HEALTH SYSTEM 403(b) RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	2025	2024
Investments:		
Investments at fair value	**$ 536,703,564**	$ 445,359,097
Investments at contract value	**11,674,699**	11,792,781
Total investments	**548,378,263**	457,151,878
Receivables:		
Participants contributions	**68,372**	-
Employer contributions	**12,934**	-
Notes receivable from participants	**6,644,597**	6,011,016
Total receivables	**6,725,903**	6,011,016
Net assets available for benefits	**$ 555,104,166**	$ 463,162,894

See Notes to Financial Statements.

RIVERSIDE HEALTH SYSTEM 403(b) RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2025

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	**$ 66,028,200**
Interest and dividends	**12,203,216**
	78,231,416
Interest income on notes receivable from participants	**520,017**
Contributions:	
Participants	**49,573,727**
Employer	**1,311,844**
Rollovers	**5,064,991**
	55,950,562
Total additions	**134,701,995**
Deductions from net assets attributed to:	
Benefits paid to participants	**42,034,817**
Administrative expenses	**725,906**
Total deductions	**42,760,723**
Net change	**91,941,272**
Net assets available for benefits:	
Beginning of year	**463,162,894**
End of year	**$ 555,104,166**

See Notes to Financial Statements.

RIVERSIDE HEALTH SYSTEM 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan

The following description of the Riverside Health System (RHS) 403(b) Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution 403(b) Plan sponsored by Riverside Management Services, Inc. (RMS). The Plan covers substantially all employees of the participating RHS entities. RMS and the participating RHS entities are collectively referred to herein as "the Company". The Plan works in conjunction with the Riverside Health System 401(k) Savings Plan (the 401(k) Plan). All employee deferrals are made to the 403(b) Plan, while employer contributions are made to both plans. Employees are immediately eligible to make deferrals. Eligibility for the matching contributions is immediate; however, not all divisions or facilities are included in the match. RHS has appointed the Compensation Committee of the Board of Directors of Riverside Healthcare Association, Inc. and management to manage the operation and administration of the Plan. Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company (Principal) serves as the custodian of the Plan. The Lincoln National Life Insurance Company (Lincoln), Nationwide Life Insurance Company (Nationwide) and The Variable Annuity Life Insurance Company (VALIC) also serve as custodians of some of the Plan's assets. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions: Each year, participants may contribute up to 100 percent of their annual compensation, as defined in the Plan document, subject to Internal Revenue Code (IRC) limitations. Participant salary deferrals may be traditional 403(b) (pretax) or Roth 403(b) (after-tax). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans and certain individual retirement accounts. The Company’s matching contribution is 50 percent of the first 5 percent of eligible compensation that a participant contributes to the Plan. Additional discretionary amounts may be contributed at the option of the Company's Board of Directors. No additional contributions were made for the year ended December 31, 2025. Contributions are subject to certain limitations in addition to participant salary deferral limits.

Investment options: Participants direct the investment of their accounts into various investment options offered by the Plan. The Plan currently offers mutual funds, pooled separate accounts and guaranteed investment contracts as investment options for participants. In addition, participants may utilize an individual self-directed brokerage option, through which participants are able to invest in mutual funds in accordance with the Plan document.

Participant accounts: Each participant's account is credited with the participant's contributions and allocations of the Company's contributions and plan earnings (losses), and charged with benefit payments, transaction fees related to notes receivable from participants, distributions, and self-directed brokerage accounts, and allocations of administrative expenses. Allocations are based on participant earnings, participant contributions, or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Note 1. Description of Plan (Continued)

Vesting: Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of service. A participant is 100 percent vested in the Company's contribution portion after three years of credited service.

Notes receivable from participants: Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance. For purposes of the maximum borrowing amount, loans in all plans maintained by the Company are considered in determining the amount available to borrow. The loans are secured by the balance in the participant's account and bear interest at rates that are commensurate with local prevailing rates as determined by the plan administrator. At December 31, 2025, loans bear interest at rates that range from 4.25 percent to 9.50 percent per annum. A participant may have only one loan outstanding at a time. Loans granted to participants must have repayment terms ranging from one to five years for general-purpose loans and up to ten years for primary residence loans. Principal and interest is paid ratably over the term of the loans.

Payment of benefits: On termination of service, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum amount, installment payments, or annuity options, as provided by the Plan. Hardship distributions are permitted from salary deferral accounts, with limitations as defined in the Plan. Federal disaster and domestic abuse withdrawals are permitted, with limitations as defined in the Plan. In-service distributions are available from fully vested balances after the participant reaches the age of 59½.

Forfeited accounts: At December 31, 2025 and 2024, forfeited nonvested accounts totaled $6,308 and $115,836, respectively. These accounts will be used to reduce future Company contributions or to pay administrative expenses. During 2025 forfeitures of $216,165 were used to reduce Company contributions and $2,116 were used to pay administrative expenses.

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of estimates: The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates and assumptions.

Contributions: Participant salary deferrals and Company matching contributions are recorded in the year the salary deferrals are withheld from compensation.

Note 2. Summary of Significant Accounting Policies (Continued)

Investment valuation and income recognition: Investments are reported at fair value, except fully benefit-responsive investment contracts. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the custodians. See Note 3 for discussion of fair value measurements.

Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

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.

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Excluded contracts and accounts: The plan administrator has elected to exclude certain contracts and accounts from Plan assets in accordance with Department of Labor Field Assistance Bulletin No. 2010-01, due to the fact that:

- The contract or account was issued to a current or former employee before January 1**,** 2009;
- The Company ceased to have any obligation to make contributions;
- All the rights under the contract or account are legally enforceable against the insurer or custodian by the individual owner of the contract or account without any involvement by the Company; and
- The individual owner of the contract is fully vested in the contract or account.

Payment of benefits: Benefits are recorded when paid.

Administrative expenses: The Plan's administrative expenses are paid by either the Plan or the Company, as provided by the Plan document. Expenses that are paid by the Company are excluded from these financial statements. Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan. Investment related expenses are included in net appreciation of fair value of investments. Fees related to specific participant transactions (notes receivable from participants, distributions, and self-directed brokerage accounts) are charged directly to the participant's account.

Note 3. Fair Value Measurements

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

- Mutual funds are publicly traded investments and are valued daily at the closing price reported on the active market on which the funds are traded.
- Self-directed brokerage accounts consist of mutual funds that are valued on the basis of readily-determinable market prices.
- Pooled separate accounts are valued at the closing price of the units provided by the custodians.

Note 3. Fair Value Measurements (Continued)

- The fair value of the non-benefit-responsive investment contracts are estimated by the custodians, Nationwide and VALIC, as contract value. The custodians maintain contributions in a general account. The accounts are credited with earnings on the underlying investments and charged with withdrawals and administrative fees. Disclosure of unobservable inputs to fair value measurement has not been included for the non-benefit-responsive investment contracts because quantitative unobservable inputs are not developed by the Plan when measuring fair value and have not been made available to the Plan by the custodians.

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

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

	Assets at Fair Value as of December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual funds	**$ 524,655,637**	**$ -**	**$ -**	**$ 524,655,637**
Self-directed brokerage accounts	**8,665,946**	**-**	**-**	**8,665,946**
Pooled separate accounts	**-**	**3,275,425**	**-**	**3,275,425**
Non-benefit-responsive investment contracts	**-**	**-**	**106,556**	**106,556**
Investments at fair value	**$ 533,321,583**	**$ 3,275,425**	**$ 106,556**	**$ 536,703,564**

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 434,443,105	$ -	$ -	$ 434,443,105
Self-directed brokerage accounts	7,709,283	-	-	7,709,283
Pooled separate accounts	-	3,087,039	-	3,087,039
Non-benefit-responsive investment contracts	-	-	119,670	119,670
Investments at fair value	$ 442,152,388	$ 3,087,039	$ 119,670	$ 445,359,097

Note 3. Fair Value Measurements (Continued)

The following illustrates the changes of fair value in Level 3 non-benefit-responsive investments contracts from December 31, 2024 to December 31, 2025:

Fair value at December 31, 2024	$	119,670
Interest income		2,647
Distributions		(15,761)
Fair value at December 31, 2025	$	106,556

Note 4. Information Certified by the Custodians

The following is a summary of the Plan's investment information as of December 31, 2025 and 2024, and for the year ended December 31, 2025, included throughout the Plan's financial statements and ERISA required supplemental schedule, obtained by management and agreed to or derived from information certified as complete and accurate by Principal, Lincoln, Nationwide and VALIC, qualified institutions, and the Plan's custodians.

	2025	2024
Investments at fair value	**$ 536,703,564**	$ 445,359,097
Investments at contract value	**11,674,699**	11,792,781
Notes receivable from participants	**6,644,597**	6,011,016
Net appreciation in fair value of investments	**66,028,200**	n/a
Interest and dividends	**12,203,216**	n/a
Interest income on notes receivable from participants	**520,017**	n/a

Note 5. Fully Benefit-Responsive Investment Contract

The Principal Fixed Income Guaranteed Option is a single group annuity contract with a fixed rate of interest and has a contract value of $11,190,261 and $11,303,651 at December 31, 2025 and 2024, respectively. This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals and administrative expenses. The contract issuer, Principal Life Insurance Company, is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan.

Note 5. Fully Benefit-Responsive Investment Contract (Continued)

The Plan holds a traditional investment contract with Lincoln. Contract value was $484,438 and $489,130 at December 31, 2025 and 2024, respectively. Lincoln is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. There are no reserves against contract value for credit risk of the contract issuers or otherwise. The crediting interest rate is based on a formula agreed upon with the issuers, but it may not be less than zero. Such interest rates are reviewed on a quarterly basis for resetting.

The Plan's ability to receive amounts due in accordance with the fully benefit-responsive investment contracts is dependent on the issuers' ability to meet their financial obligations. The issuers' ability to meet their contractual obligations may be affected by future economic and regulatory developments.

Certain events limit the ability of the Plan to transact at contract value with the issuers. Such events include the following: (1) amendments to the Plan document (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) premature termination of the contract, (4) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (5) the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

In addition, certain events allow Lincoln and Principal Life Insurance Company to terminate the contracts with the Plan and settle at amounts different from contract values. Examples of such events include the following: (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, or (4) a material amendment to the agreements without the consent of Lincoln or Principal Life Insurance Company.

Note 6. Exempt Party-In-Interest Transactions

Certain plan investments are managed by the custodians or their affiliates. Fees paid for investment management services were included as a reduction of the return earned on each fund. The Plan paid Principal and its affiliates $723,469 for administrative services. The Plan also paid $2,437 to other providers for administrative and consulting services during 2025. These transactions qualify as exempt party-in-interest transactions.

Note 7. Plan Termination

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

Note 8. Tax Status

The Plan has been designed to qualify under Section 403(b) of the IRC. The Plan is required to operate in conformity with the IRC to maintain its qualification under Section 403(b). The Plan was completely restated effective November 1, 2019 utilizing a volume submitter document. The Plan is relying on the Internal Revenue Service (IRS) approval of the volume submitter plan. The IRS has determined and informed the document sponsor by a letter dated March 31, 2017 that the volume submitter plan document was designed in accordance with applicable sections of the IRC. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 9. Risks and Uncertainties

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

Note 10. Subsequent Events

The Plan has evaluated subsequent events through September 29, 2026, the date the financial statements were available to be issued.

Effective January 1, 2026, the Company amended its contribution allocation provisions. The employer matching contributions are no longer contributed to the 401(k) Plan and instead all employer matching contributions will be remitted to the 403(b) Plan. Employer core contribution allocation as defined in the 401(k) Plan for participants who are not fully vested are remitted to the 403(b) Plan.

SUPPLEMENTARY INFORMATION

RIVERSIDE HEALTH SYSTEM 403(b) RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025
EIN: 52-1241840 PN: 004

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current value
	Guaranteed investment contracts:			
*	Principal Life Insurance Company	Guaranteed investment contract	$	$ 11,190,261
*	Lincoln National Life Insurance Co.	Guaranteed investment contract		484,438
	Self-directed brokerage accounts:			
	Charles Schwab & Co.	Self-directed brokerage account		8,665,946
	Mutual funds:			
	Vanguard	Institutional Index Fund		114,678,003
	State Street Global Advisors	Retirement 2030 Fund		73,120,145
	State Street Global Advisors	Retirement 2040 Fund		64,930,850
	State Street Global Advisors	Retirement 2050 Fund		38,017,952
	State Street Global Advisors	Target Retirement Fund		34,670,465
	State Street Global Advisors	Retirement 2045 Fund		33,715,410
	State Street Global Advisors	Retirement 2035 Fund		33,182,133
	State Street Global Advisors	Retirement 2055 Fund		31,331,816
	State Street Global Advisors	Retirement 2025 Fund		19,095,554
	State Street Global Advisors	Retirement 2060 Fund		13,953,885
	American Funds	EuroPacific Growth Fund		9,259,687
*	Principal Funds, Inc.	Small Cap Growth Fund		8,520,106
	Vanguard	Total International Stock Index		8,443,351
	JP Morgan	Core Bond Fund		8,053,020
	Vanguard	Extended Market Index Fund		7,049,514
	Columbia	Small Cap Value II Fund		6,135,483
	Vanguard	Federal Money Market Investment Fund		5,799,206
	Vanguard	Total Bond Market Index		5,677,178
	State Street Global Advisors	Retirement 2065 Fund		5,310,557
	MFS Investment Management	Mid Cap Growth Fund		2,219,312
	MFS Investment Management	Mid Cap Value Fund		1,029,665
	State Street Global Advisors	Retirement 2070 Fund		462,345
	Pooled separate accounts:			
*	Lincoln National Life Insurance Co.	American Funds Growth Fund		874,678
*	Lincoln National Life Insurance Co.	Macquarie Social Awareness Fund		253,739
*	Lincoln National Life Insurance Co.	Macquarie U.S. Reit		89,058
*	Lincoln National Life Insurance Co.	American Funds International Fund		69,879
*	Lincoln National Life Insurance Co.	SSGA Small Cap Index Fund		67,502
*	Lincoln National Life Insurance Co.	SSGA S&P 500 Index Fund		60,416
*	Lincoln National Life Insurance Co.	Fidelity Growth Portfolio Fund		51,197
*	Lincoln National Life Insurance Co.	Fidelity Contrafund		44,548
*	Lincoln National Life Insurance Co.	Dimensional US Core Equity Fund		43,713
*	Lincoln National Life Insurance Co.	Baron Growth Opportunities Fund		27,291
*	Lincoln National Life Insurance Co.	American Funds Growth-Income Fund		18,258
*	Lincoln National Life Insurance Co.	Macquarie VIP Small Cap Value Series		17,872
*	Lincoln National Life Insurance Co.	T. Rowe Price Structured Mid Cap Growth		17,734
*	Lincoln National Life Insurance Co.	AllianceBernstein Large Cap Growth		13,779
*	Lincoln National Life Insurance Co.	Fidelity Asset Manager Fund		13,029
*	Lincoln National Life Insurance Co.	Janus Henderson Global Research Fund		8,100
*	Lincoln National Life Insurance Co.	American Century Balanced Fund		7,010
*	Lincoln National Life Insurance Co.	Global Moderate Allocation Fund		6,908
*	Lincoln National Life Insurance Co.	MFS Utilities Fund		4,267
*	Lincoln National Life Insurance Co.	Neuberger Berman Sustainable Equity		4,247
*	Lincoln National Life Insurance Co.	Macquarie Diversified Income Fund		4,214
*	Lincoln National Life Insurance Co.	Macquarie Mid Cap Value Fund		3,631

RIVERSIDE HEALTH SYSTEM 403(b) RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)
December 31, 2025
EIN: 52-1241840 PN: 004

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current value
*	Lincoln National Life Insurance Co.	Macquarie Wealth Builder Fund		3,196
*	Lincoln National Life Insurance Co.	Global Growth Allocation Fund		2,926
*	Lincoln National Life Insurance Co.	Mondrian International Value Fund		2,831
*	Lincoln National Life Insurance Co.	JP Morgan Retirement Income Fund		2,691
*	Lincoln National Life Insurance Co.	Dividend Value Fund		2,084
*	Lincoln National Life Insurance Co.	Macquarie Bond Fund		1,965
*	Lincoln National Life Insurance Co.	Macquarie High Yield Fund		978
*	Lincoln National Life Insurance Co.	T. Rowe Price International Stock Fund		618
*	Lincoln National Life Insurance Co.	Government Money Market Fund		326
*	Variable Annuity Life Insurance Co.	Vanguard Wellington Fund		102,689.00
*	Variable Annuity Life Insurance Co.	Science & Technology Fund		91,888.00
*	Variable Annuity Life Insurance Co.	NASDAQ-100 Index Fund		80,200.00
*	Variable Annuity Life Insurance Co.	Mid Cap Index Fund		56,618.00
*	Variable Annuity Life Insurance Co.	Growth Fund		55,637.00
*	Variable Annuity Life Insurance Co.	Stock Index Fund		49,495.00
*	Variable Annuity Life Insurance Co.	Mid Capt Strategic Growth Fund		44,955.00
*	Variable Annuity Life Insurance Co.	Vanguard Windsor II Fund		38,155.00
*	Variable Annuity Life Insurance Co.	Large Capital Growth Fund		34,759.00
*	Variable Annuity Life Insurance Co.	Small Cap Special Value Fund		22,110.00
*	Variable Annuity Life Insurance Co.	Blue Chip Growth Fund		20,346.00
*	Variable Annuity Life Insurance Co.	Systematic Value Fund		19,292.00
*	Variable Annuity Life Insurance Co.	Small Cap Index Fund		17,687.00
*	Variable Annuity Life Insurance Co.	Core Bond Fund		14,584.00
*	Variable Annuity Life Insurance Co.	International Opportunities		13,081.00
*	Variable Annuity Life Insurance Co.	International Value Fund		12,811.00
*	Variable Annuity Life Insurance Co.	Ariel Fund		12,176.00
*	Variable Annuity Life Insurance Co.	Vanguard Long-Term Treasury Fund		10,967.00
*	Variable Annuity Life Insurance Co.	Mid Cap Value Fund		10,882.00
*	Variable Annuity Life Insurance Co.	Ariel Appreciation Fund		10,551.00
*	Variable Annuity Life Insurance Co.	Vanguard Long-Term Inv-Grade Fund		7,640.00
*	Variable Annuity Life Insurance Co.	Small Cap Value Fund		7,211.00
*	Variable Annuity Life Insurance Co.	Emerging Economics Fund		7,135.00
*	Variable Annuity Life Insurance Co.	Small Cap Growth Fund		3,898.00
*	Variable Annuity Life Insurance Co.	Systematic Core Fund		3,724.00
*	Variable Annuity Life Insurance Co.	Vanguard Lifestrategy Growth Fund		3,568.00
*	Variable Annuity Life Insurance Co.	Dividend Value Fund		2,985.00
*	Variable Annuity Life Insurance Co.	Socially Responsible Fund		918.00
*	Variable Annuity Life Insurance Co.	International Growth Fund		696.00
*	Variable Annuity Life Insurance Co.	Global Strategy Fund		544.00
*	Variable Annuity Life Insurance Co.	Vanguard Lifestrategy Moderate Fund		452.00
*	Variable Annuity Life Insurance Co.	International Equities Fund		398.00
*	Variable Annuity Life Insurance Co.	Vanguard Lifestrategy Conservative Fund		273.00
*	Nationwide Life Insurance Co.	BNY Mellon Stock Index Fund		241,293
*	Nationwide Life Insurance Co.	NVIT J.P. Morgan Large Cap Growth Fund Class II		80,875
*	Nationwide Life Insurance Co.	NVIT Mellon Dynamic U.S. Core Fund		61,692
*	Nationwide Life Insurance Co.	Invesco Opportunities Global Fund		54,906
*	Nationwide Life Insurance Co.	Multi-Manager Small Company Fund		52,023
*	Nationwide Life Insurance Co.	NVIT Mellon Dynamic U.S. Equity Fund		41,193

RIVERSIDE HEALTH SYSTEM 403(b) RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)
December 31, 2025
EIN: 52-1241840 PN: 004

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current value
*	Nationwide Life Insurance Co.	NVIT BNY Mellon Dynamic U.S. Core Fund Class I		33,831
*	Nationwide Life Insurance Co.	Investor Destinations Moderately Aggressive		33,156
*	Nationwide Life Insurance Co.	Investor Destinations Moderate Fund		30,893
*	Nationwide Life Insurance Co.	Fidelity Mid Cap Service Fund		29,072
*	Nationwide Life Insurance Co.	NVIT Mid Cap Index Fund		28,691
*	Nationwide Life Insurance Co.	Investor Destinations Aggressive Fund		22,357
*	Nationwide Life Insurance Co.	NVIT Jacobs Levy Large Cap Growth Fund Class I		16,355
*	Nationwide Life Insurance Co.	NVIT Governmental Bond Fund		10,972
*	Nationwide Life Insurance Co.	NVIT Investor Destinations Conservative Fund Class II		9,588
*	Nationwide Life Insurance Co.	NVIT Real Estate I Fund		8,844
*	Nationwide Life Insurance Co.	NVIT Allspring Discovery Fund Class I		6,880
*	Nationwide Life Insurance Co.	Fidelity Equity Income Fund		6,743
*	Nationwide Life Insurance Co.	Fidelity Energy Service Fund		5,450
*	Nationwide Life Insurance Co.	NVIT AQR Large Cap Defensive Style Fund		4,387
*	Nationwide Life Insurance Co.	Franklin Income Fund		3,847
*	Nationwide Life Insurance Co.	NVIT Small Cap Value Fund Class I		3,214
*	Nationwide Life Insurance Co.	NVIT J.P. Morgan Inflation Managed Fund Class II		2,621
*	Nationwide Life Insurance Co.	Janus Henderson Overseas Fund		2,286
*	Nationwide Life Insurance Co.	NVIT Loomis Short Term Bond Fund Class II		1,841
*	Nationwide Life Insurance Co.	Investor Destinations Conservative Fund		1,379
*	Nationwide Life Insurance Co.	Fidelity Institutional AM Emerging Markets Fund		1,215
*	Nationwide Life Insurance Co.	Multi-Manager Mid Cap Value Fund		1,135
*	Nationwide Life Insurance Co.	Amundi NVIT Multi Sector Bond Fund		983
*	Nationwide Life Insurance Co.	Multi-Manager Small Cap Growth Fund		614
*	Nationwide Life Insurance Co.	NVIT Investor Destinations Conservative Fund Class II		79
	Non-benefit responsive investment contracts:			
*	Variable Annuity Life Insurance Co.	Fixed Account Plus Fund		82,303
*	Variable Annuity Life Insurance Co.	Short Term Fixed Account		5,390
*	Nationwide Life Insurance Co.	Fixed Account		18,863
*	Participant loans***	Interest bearing at 4.25% - 9.50% maturing through December 2035	-	6,644,597
			$ -	$ 555,022,860

* Party-in-interest
** Cost omitted for participant directed investments
*** The accompanying financial statements classify participant loans as notes receivable from participants.

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

R H S 403() R P

EIN 52 1241840
PLAN NUMBER 004
PLAN YEAR 01/01/2025 TO 12/31/2025

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	The American Funds	Registered Investment Company Am Funds EUPAC R6 Fund	$ 0.00	$ 9,259,687.48
	Lincoln National Life Insurance Co	Registered Investment Company AB VPS LARGE CAP GROWTH PORT	$ 0.00	$ 13,779.43
	Lincoln National Life Insurance Co	Registered Investment Company AMERICAN CENTURY VP BALANCED	$ 0.00	$ 7,010.37
	Lincoln National Life Insurance Co	Registered Investment Company AMERICAN FUNDS GROWTH FUND	$ 0.00	$ 874,687.56
	Lincoln National Life Insurance Co	Registered Investment Company AMERICAN FUNDS GROWTH-INCOME	$ 0.00	$ 18,257.77
	Lincoln National Life Insurance Co	Registered Investment Company AMERICAN FUNDS INTERNATIONAL	$ 0.00	$ 69,878.76
	VALIC	Registered Investment Company ARIEL APPRECIATION FUND	$ 0.00	$ 10,551.22
	VALIC	Registered Investment Company ARIEL FUND	$ 0.00	$ 12,175.90
	VALIC	Registered Investment Company BLUE CHIP GROWTH FUND	$ 0.00	$ 20,345.80
	Nationwide Life Insurance Co	Registered Investment Company BNYMEL STK INDX INITIAL	$ 0.00	$ 241,292.82
	Columbia Funds	Registered Investment Company Columbia SmCap Val n Infl I3 F	$ 0.00	$ 6,135,483.28
	VALIC	Registered Investment Company CORE BOND FUND	$ 0.00	$ 14,583.80
	Lincoln National Life Insurance Co	Registered Investment Company DELAWARE VIP DVRS INCOME	$ 0.00	$ 4,213.74
	Lincoln National Life Insurance Co	Registered Investment Company DELAWARE VIP HIGH YEILD SERIES	$ 0.00	$ 977.89
	Lincoln National Life Insurance Co	Registered Investment Company DELAWARE VIP REIT SERIES	$ 0.00	$ 89,058.41

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

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

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EIN 52 1241840
PLAN NUMBER 004
PLAN YEAR 01/01/2025 TO 12/31/2025

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	Lincoln National Life Insurance Co	Registered Investment Company DELAWARE VIP SMALL CAP VALUE	$ 0.00	$ 17,871.82
	Lincoln National Life Insurance Co	Registered Investment Company DELAWARE VIP SMID CAP CORE	$ 0.00	$ 1,679.50
	VALIC	Registered Investment Company DIVIDEND VALUE	$ 0.00	$ 2,985.46
	VALIC	Registered Investment Company EMERGING ECONOMIES	$ 0.00	$ 7,134.65
	NATIONWIDE LIFE INSURANCE COMPANY	Insurance Company General Fixed Account	$ 0.00	$ 18,863.43
	Lincoln National Life Insurance Co	Registered Investment Company FIDELITY ASSET MANAGER	$ 0.00	$ 13,029.38
	Lincoln National Life Insurance Co	Registered Investment Company FIDELITY CONTRAFUND PORTFOLIO	$ 0.00	$ 44,547.91
	Lincoln National Life Insurance Co	Registered Investment Company FIDELITY GROWTH PORTFOLIO	$ 0.00	$ 51,197.11
	Nationwide Life Insurance Co	Registered Investment Company FIDVIP ENRGY SVC 2	$ 0.00	$ 5,450.19
	Nationwide Life Insurance Co	Registered Investment Company FIDVIP EQ INC INITIAL	$ 0.00	$ 6,743.09
	Nationwide Life Insurance Co	Registered Investment Company FIDVIP MDCAP SVC	$ 0.00	$ 29,071.90
	VALIC	Insurance Company General FIXED ACCOUNT PLUS	$ 0.00	$ 82,303.20
	Nationwide Life Insurance Co	Registered Investment Company FNKLNTVIPT FNKLN INC VIP 2	$ 0.00	$ 3,847.47
	VALIC	Registered Investment Company GLOBAL STRATEGY	$ 0.00	$ 544.03
	VALIC	Registered Investment Company GROWTH FUND	$ 0.00	$ 55,636.81

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

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

R H S 403() R P

EIN 52 1241840
PLAN NUMBER 004
PLAN YEAR 01/01/2025 TO 12/31/2025

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	VALIC	Registered Investment Company INTERNATIONAL GROWTH FUND	$ 0.00	$ 695.94
	VALIC	Registered Investment Company INTERNATIONAL VALUE FUND	$ 0.00	$ 12,811.10
	VALIC	Registered Investment Company INTERNATL EQUITIES INDEX FUND	$ 0.00	$ 397.80
	VALIC	Registered Investment Company INTL OPPORTUNITIES	$ 0.00	$ 13,080.62
	Nationwide Life Insurance Co	Registered Investment Company INVSCO OPP VI GLBL I	$ 0.00	$ 54,905.67
	Lincoln National Life Insurance Co	Registered Investment Company JANUS HENDERSON GLB RESEARCH	$ 0.00	$ 8,099.71
	Nationwide Life Insurance Co	Registered Investment Company JNSHNDRSNVIT OVRSEAS SVC	$ 0.00	$ 2,285.74
	JP Morgan Funds	Registered Investment Company JP Morgan Core Bond R6 Fund	$ 0.00	$ 8,053,019.20
	Lincoln National Life Insurance Co	Insurance Company General Lincoln Fixed Account Fund	$ 0.00	$ 484,438.42
	VALIC	Registered Investment Company LARGE CAPITAL GROWTH	$ 0.00	$ 34,759.13
	Lincoln National Life Insurance Co	Registered Investment Company LINCOLN VIP BOND FUND	$ 0.00	$ 1,965.43
	Lincoln National Life Insurance Co	Registered Investment Company LINCOLN VIP SOCIAL AWARENESS	$ 0.00	$ 253,738.75
	Lincoln National Life Insurance Co	Registered Investment Company LVIP BARON GRTH OPPORTUNITIES	$ 0.00	$ 27,290.60
	Lincoln National Life Insurance Co	Registered Investment Company LVIP BR DIVIDEND VALUE MGDVLT	$ 0.00	$ 2,084.10
	Lincoln National Life Insurance Co	Registered Investment Company LVIP DELAWARE MID CAP VAL FUND	$ 0.00	$ 1,951.00

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

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EIN 52 1241840
PLAN NUMBER 004
PLAN YEAR 01/01/2025 TO 12/31/2025

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	Lincoln National Life Insurance Co	Registered Investment Company LVIP DELAWARE WEALTH BUILDER	$ 0.00	$ 3,195.77
	Lincoln National Life Insurance Co	Registered Investment Company LVIP DIMENSIONAL US CORE EQTY1	$ 0.00	$ 43,713.04
	Lincoln National Life Insurance Co	Registered Investment Company LVIP GLBAL MODERATE ALLOCTN MR	$ 0.00	$ 6,907.69
	Lincoln National Life Insurance Co	Registered Investment Company LVIP GLOBAL GROWTH ALLOCTN MR	$ 0.00	$ 2,925.78
	Lincoln National Life Insurance Co	Registered Investment Company LVIP GOVERNMENT MONEY MARKET	$ 0.00	$ 325.89
	Lincoln National Life Insurance Co	Registered Investment Company LVIP JP MORGAN RETIEMENT INCOME	$ 0.00	$ 2,691.24
	Lincoln National Life Insurance Co	Registered Investment Company LVIP MONDRIAN INT'L VALUE	$ 0.00	$ 2,831.25
	Lincoln National Life Insurance Co	Registered Investment Company LVIP SSGA S&P 500 INDEX	$ 0.00	$ 60,415.70
	Lincoln National Life Insurance Co	Registered Investment Company LVIP SSGA SMALL-CAP INDEX	$ 0.00	$ 67,501.90
	Lincoln National Life Insurance Co	Registered Investment Company LVIP T.ROWE PRICE STRUCTURED	$ 0.00	$ 17,734.99
	MFS Investment Management	Registered Investment Company MFS Mid Cap Value R6 Fund	$ 0.00	$ 1,029,664.80
	MFS Investment Management	Registered Investment Company MFS Mid-Cap Growth R6 Fund	$ 0.00	$ 2,219,311.63
	Lincoln National Life Insurance Co	Registered Investment Company MFS UTILITIES SERIES	$ 0.00	$ 4,266.88
	VALIC	Registered Investment Company MID CAP INDEX FUND	$ 0.00	$ 56,618.42
	VALIC	Registered Investment Company MID CAP STRATEGIC GWTH	$ 0.00	$ 44,955.35

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

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

R H S 403() R P

EIN 52 1241840
PLAN NUMBER 004
PLAN YEAR 01/01/2025 TO 12/31/2025

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	VALIC	Registered Investment Company MID CAP VALUE FUND	$ 0.00	$ 10,881.52
	VALIC	Registered Investment Company NASDAQ-100(R) INDEX FUND	$ 0.00	$ 80,200.39
	Lincoln National Life Insurance Co	Registered Investment Company NB AMT SUSTAINABLE EQ PORT	$ 0.00	$ 4,247.19
	Nationwide Life Insurance Co	Registered Investment Company NW AMUNDI NVITMULTSCTRBD I	$ 0.00	$ 983.09
	Nationwide Life Insurance Co	Registered Investment Company NW NVIT EMRG MKT I	$ 0.00	$ 1,214.90
	Nationwide Life Insurance Co	Registered Investment Company NW NVIT GOVT BD I	$ 0.00	$ 10,972.41
	Nationwide Life Insurance Co	Registered Investment Company NW NVIT INV DEST AGGR II	$ 0.00	$ 22,357.44
	Nationwide Life Insurance Co	Registered Investment Company NW NVIT INV DEST CNSRV II	$ 0.00	$ 1,458.34
	Nationwide Life Insurance Co	Registered Investment Company NW NVIT INV DEST MOD II	$ 0.00	$ 30,892.95
	Nationwide Life Insurance Co	Registered Investment Company NW NVIT INV DESTMODAGGR II	$ 0.00	$ 33,156.21
	Nationwide Life Insurance Co	Registered Investment Company NW NVIT INVDESTMODCNSRV II	$ 0.00	$ 9,588.27
	Nationwide Life Insurance Co	Registered Investment Company NW NVIT JCBSLVY LGCAPGR I	$ 0.00	$ 16,355.31
	Nationwide Life Insurance Co	Registered Investment Company NW NVIT JPM INFL MGD II	$ 0.00	$ 2,621.13
	Nationwide Life Insurance Co	Registered Investment Company NW NVIT JPM LGCAP GR II	$ 0.00	$ 80,874.59
	Nationwide Life Insurance Co	Registered Investment Company NW NVIT MDCAP INDX I	$ 0.00	$ 28,691.43

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

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EIN 52 1241840
PLAN NUMBER 004
PLAN YEAR 01/01/2025 TO 12/31/2025

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	Nationwide Life Insurance Co	Registered Investment Company NW NVIT MEL DYNMC US COR I	$ 0.00	$ 95,522.93
	Nationwide Life Insurance Co	Registered Investment Company NW NVIT MEL DYNMCUSEQINC I	$ 0.00	$ 41,192.51
	Nationwide Life Insurance Co	Registered Investment Company NW NVIT MULT MGR SM CO I	$ 0.00	$ 52,022.56
	Nationwide Life Insurance Co	Registered Investment Company NW NVIT MULT MGR SMCAPGR I	$ 0.00	$ 613.73
	Nationwide Life Insurance Co	Registered Investment Company NW NVIT MULT MGRSMCAPVAL I	$ 0.00	$ 3,214.19
	Nationwide Life Insurance Co	Registered Investment Company NW NVIT MULTMGRMDCAPVAL II	$ 0.00	$ 1,135.25
	Nationwide Life Insurance Co	Registered Investment Company NW NVIT REALEST I	$ 0.00	$ 8,843.65
	Nationwide Life Insurance Co	Registered Investment Company NW NVIT ST BD II	$ 0.00	$ 1,840.62
	Nationwide Life Insurance Co	Registered Investment Company NW NVIT WF DISC I	$ 0.00	$ 6,879.54
	Nationwide Life Insurance Co	Registered Investment Company NW NVITAQRLGCAPDEFNSTYLE I	$ 0.00	$ 4,387.07
*	Principal Life Insurance Company	Insurance Company General Prin Fixed Inc Guar Option	$ 0.00	$ 11,190,260.49
*	Principal Funds Inc	Registered Investment Company Princ SmallCap Growth I R6 Fd	$ 0.00	$ 8,520,105.66
	Schwab Funds	Brokerage Account Self-Directed Brokerage Acct	$ 0.00	$ 8,665,946.27
	VALIC	Registered Investment Company Small Cap Growth Fund	$ 0.00	$ 3,898.26
	STATE STREET GLOBAL ADV TRUST CO	Registered Investment Company State Street Target Rt K Fund	$ 0.00	$ 34,670,464.95

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

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

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PLAN YEAR 01/01/2025 TO 12/31/2025

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	VALIC	Registered Investment Company Systematic Core Fund	$ 0.00	$ 3,724.37
	VALIC	Registered Investment Company Systematic Value Fund	$ 0.00	$ 19,291.92
	VALIC	Registered Investment Company SCIENCE & TECHNOLOGY FUND	$ 0.00	$ 91,887.85
	VALIC	Insurance Company General SHORT TERM FIXED ACCOUNT	$ 0.00	$ 5,389.78
	VALIC	Registered Investment Company SMALL CAP INDEX FUND	$ 0.00	$ 17,686.69
	VALIC	Registered Investment Company SMALL CAP SPECIAL VALUE FUND	$ 0.00	$ 22,109.95
	VALIC	Registered Investment Company SMALL CAP VALUE FUND	$ 0.00	$ 7,210.64
	STATE STREET GLOBAL ADV TRUST CO	Registered Investment Company SSgA Target Ret 2025 K Fund	$ 0.00	$ 19,095,553.54
	STATE STREET GLOBAL ADV TRUST CO	Registered Investment Company SSgA Target Ret 2030 K Fund	$ 0.00	$ 73,120,145.41
	STATE STREET GLOBAL ADV TRUST CO	Registered Investment Company SSgA Target Ret 2035 K Fund	$ 0.00	$ 33,182,132.70
	STATE STREET GLOBAL ADV TRUST CO	Registered Investment Company SSgA Target Ret 2040 K Fund	$ 0.00	$ 64,930,850.20
	STATE STREET GLOBAL ADV TRUST CO	Registered Investment Company SSgA Target Ret 2045 K Fund	$ 0.00	$ 33,715,409.81
	STATE STREET GLOBAL ADV TRUST CO	Registered Investment Company SSgA Target Ret 2050 K Fund	$ 0.00	$ 38,017,952.47
	STATE STREET GLOBAL ADV TRUST CO	Registered Investment Company SSgA Target Ret 2055 K Fund	$ 0.00	$ 31,331,816.34
	STATE STREET GLOBAL ADV TRUST CO	Registered Investment Company SSgA Target Ret 2060 K Fund	$ 0.00	$ 13,953,884.89

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

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PLAN YEAR 01/01/2025 TO 12/31/2025

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	STATE STREET GLOBAL ADV TRUST CO	Registered Investment Company SSgA Target Ret 2065 K Fund	$ 0.00	$ 5,310,556.70
	STATE STREET GLOBAL ADV TRUST CO	Registered Investment Company SSGA TARGET RET 2070 K FUND	$ 0.00	$ 462,345.45
	VALIC	Registered Investment Company STOCK INDEX FUND	$ 0.00	$ 49,494.90
	Lincoln National Life Insurance Co	Registered Investment Company T. ROW PRICE INT'L STOCK	$ 0.00	$ 618.32
	VALIC	Registered Investment Company US SOCIALLY RESPONSIBLE FUND	$ 0.00	$ 918.36
	Vanguard Group	Registered Investment Company Vanguard Ext Mk Index Inst Fd	$ 0.00	$ 7,049,513.83
	Vanguard Group	Registered Investment Company Vanguard Fed Money Mrkt Inv Fd	$ 0.00	$ 5,799,205.69
	Vanguard Group	Registered Investment Company Vanguard Instl Idx Instl Fund	$ 0.00	$114,677,993.31
	Vanguard Group	Registered Investment Company Vanguard Ttl Bd Mkt Idx Inst	$ 0.00	$ 5,677,179.07
	Vanguard Group	Registered Investment Company Vgd Ttl Intl Stk Idx Inst Fund	$ 0.00	$ 8,443,351.55
	VALIC	Registered Investment Company VANGUARD LIFESTRATEGY GROWTH	$ 0.00	$ 3,567.98
	VALIC	Registered Investment Company VANGUARD LIFESTRATEGY MOD	$ 0.00	$ 725.03
	VALIC	Registered Investment Company VANGUARD LONG-TERM TREAS	$ 0.00	$ 10,966.90
	VALIC	Registered Investment Company VANGUARD LT INV-GRADE FUND	$ 0.00	$ 7,640.13
	VALIC	Registered Investment Company VANGUARD WELLINGTON FUND INC	$ 0.00	$ 102,688.55

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

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	VALIC	Registered Investment Company VANGUARD WINDSOR II	$ 0.00	$ 38,155.14
*	Participant Loans	Range of Interest Rates Rates Range From 0.00% To 9.50%	$ 0.00	$ 6,644,597.00

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