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. . . . . ▶ [X]

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
TEMPLE UNIVERSITY HEALTH SYSTEM, INC. 403(B) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2007

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)
TEMPLE UNIVERSITY HEALTH SYSTEM INC

3509 NORTH BROAD STREET 9TH FLOOR
PHILADELPHIA, PA 19140

2b Employer Identification Number (EIN)
23-2825881

2c Plan Sponsor's telephone number
215-707-5977

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.	10/11/2026	FREDERICK BERGER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2026	GERALD OETZEL
	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 **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	17441
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)**	12681
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	13390
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	8027
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	21417
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	102
f	Total. Add lines **6d** and **6e**.	**6f**	21519
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)**	17016
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)**	18082
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2F 2G 2L 2M

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 3
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE 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
TEMPLE UNIVERSITY HEALTH SYSTEM, INC. 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TEMPLE UNIVERSITY HEALTH SYSTEM INC

D Employer Identification Number (EIN)
23-2825881

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
THE 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	GP46086	68	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
25375	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

LINCOLN FINANCIAL ADVISORS
PO BOX 2239
FORT WAYNE, IN 46801-2239

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
25375			4

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			7b	3171043
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	106269		
	(4) Transferred from separate account	7c(4)	9012		
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	115281
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	3286324
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	309281		
	(2) Administration charge made by carrier	7e(2)	66		
	(3) Transferred to separate account	7e(3)	96000		
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	405347
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2880977

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
TEMPLE UNIVERSITY HEALTH SYSTEM, INC. 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TEMPLE UNIVERSITY HEALTH SYSTEM INC

D Employer Identification Number (EIN)
23-2825881

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
TIAA-CREF

(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
13-1624203	69345	405373	4948	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	214143254
5	Current value of plan's interest under this contract in separate accounts at year end	5	189141871

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	209979598
c	Additions: (1) Contributions deposited during the year	7c(1)	3298401		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	8718085		
	(4) Transferred from separate account	7c(4)	17931992		
	(5) Other (specify below)	7c(5)	375065		
	▶				
	(6)Total additions			7c(6)	30323543
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	240303141
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	16417738		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	9625127		
	(4) Other (specify below)	7e(4)	117022		
	▶ CONTRACT SURRENDER CHARGES				
	(5) Total deductions			7e(5)	26159887
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	214143254

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
TEMPLE UNIVERSITY HEALTH SYSTEM, INC. 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TEMPLE UNIVERSITY HEALTH SYSTEM INC

D Employer Identification Number (EIN)
23-2825881

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
VARIABLE ANNUITY LIFE INSURANCE

(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	71678	86	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	
			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	1993358
5	Current value of plan's interest under this contract in separate accounts at year end	5	12164281

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	1983037
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	61211		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	61211
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	2044248
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	50891		
	(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)	50891
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1993357

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
TEMPLE UNIVERSITY HEALTH SYSTEM, INC. 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TEMPLE UNIVERSITY HEALTH SYSTEM INC

D Employer Identification Number (EIN)
23-2825881

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

TIAA

13-1624203

(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

VALIC

74-1625348

(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

(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

(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)

TIAA-TEACHERS INSURANCE AND ANNUITY

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	SERVICE PROVIDER	466932	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

CAP FINANCIAL PARTNERS, LLC

26-0058143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	48542	Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GRANT THORNTON LLP

36-6055558

(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?
10	AUDITOR	26670	Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

AON CONSULTING INC

22-2232264

(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?
16	CONSULTANT	17752	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
TEMPLE UNIVERSITY HEALTH SYSTEM, INC. 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TEMPLE UNIVERSITY HEALTH SYSTEM INC

D Employer Identification Number (EIN)
23-2825881

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA REAL ESTATE ACCOUNT

b Name of sponsor of entity listed in (a): TIAA-CREF

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1624203-004	P	7045073

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
TEMPLE UNIVERSITY HEALTH SYSTEM, INC. 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TEMPLE UNIVERSITY HEALTH SYSTEM INC

D Employer Identification Number (EIN)
23-2825881

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)	27	90
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(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)	0	0
(8) Participant loans	1c(8)	7722677	8952925
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	7509684	7045073
(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)	1076509701	1285218908
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	215133679	214143254
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	1306875768	1515360250
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	0	
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	1306875768	1515360250

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)	1985	
(B) Participants	2a(1)(B)	77865500	
(C) Others (including rollovers)	2a(1)(C)	27339689	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		105207174
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	8705627	
(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)	766009	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9471636
(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)	55275808	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		55275808
(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)	129410848	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		129410848

		(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)		
c Other income	2c		885384
d Total income. Add all **income** amounts in column (b) and enter total	2d		300250850
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	91206441	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		91206441
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	466963	
(4) IQPA audit fees	2i(4)	26670	
(5) Investment advisory and investment management fees	2i(5)	48542	
(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)	17752	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		559927
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		91766368
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		208484482
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: GRANT THORNTON, LLP **(2)** EIN: 36-6055558

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		15000000
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 [X] No

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ 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
TEMPLE UNIVERSITY HEALTH SYSTEM, INC. 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TEMPLE UNIVERSITY HEALTH SYSTEM INC

D Employer Identification Number (EIN)
23-2825881

Part I Distributions

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

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

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

EIN(s): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** |

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6	**a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	**6a**	
	b Enter the amount contributed by the employer to the plan for this plan year	**6b**	
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	**6c**	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Financial Statements and Report of Independent Certified Public Accountants

Temple University Health System, Inc. 403(b) Plan

December 31, 2025 and 2024

Contents

	Page
Report of Independent Certified Public Accountants	3
Financial Statements	
Statements of net assets available for benefits	5
Statement of changes in net assets available for benefits	6
Notes to financial statements	7
Supplemental Information	
Schedule H, line 4i - schedule of assets (held at end of year)	19

GRANT THORNTON LLP
Two Commerce Square
2001 Market St., Suite 800
Philadelphia, PA 19103

D +1 215 561 4200
F +1 215 561 1066

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

The Participants and Plan Administrator
Temple University Health System, Inc. 403(b) Plan

Scope and nature of the ERISA Section 103(a)(3)(C) audit
We were engaged to perform audits of the financial statements of Temple University Health System, Inc. 403(b) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note D 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 matter 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 financial statements may have been affected by these conditions.

Grant Thornton LLP is a U.S. member firm of Grant Thornton International Ltd (GTIL). GTIL and each of its member firms are separate legal entities and are not a worldwide partnership.

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

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

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

Auditor's responsibilities for the audit of the financial statements
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 matter 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 schedules required by ERISA
The supplemental schedule of assets (held at end of year) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the 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 matter 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.

Grant Thornton LLP

Philadelphia, Pennsylvania
October 8, 2026

Temple University Health System, Inc.
403(b) Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	2025	2024
ASSETS		
Investments, at fair value (Note E)	$ 1,455,198,189	$ 1,245,492,046
Fully benefit-responsive investment contracts at contract value (Note F)	51,209,046	53,661,018
Employer contributions receivable	90	27
Notes receivable from participants	8,952,925	7,722,677
Total assets	1,515,360,250	1,306,875,768
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,515,360,250	$ 1,306,875,768

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

Temple University Health System, Inc.
403(b) Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31, 2025

Additions to net assets attributable to	
Investment income	
Dividend income	$ 55,275,808
Interest income	8,705,627
Net appreciation in fair value of investments	129,410,848
Net investment income	193,392,283
Interest income on notes receivable from participants	766,009
Contributions	
Employee contributions	77,865,500
Employer contributions	1,985
Rollover contributions	27,339,689
	105,207,174
Other income (Note D)	885,384
Total	300,250,850
Deductions from net assets attributable to	
Benefits paid to participants	91,206,441
Administrative expenses	559,927
Total	91,766,368
NET INCREASE	208,484,482
Net assets available for benefits, beginning of year	1,306,875,768
Net assets available for benefits, end of year	$ 1,515,360,250

The accompanying notes are an integral part of this financial statement.

NOTE A - DESCRIPTION OF THE PLAN

The following description of the Temple University Health System, Inc. 403(b) Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan was established January 1, 2007 as a defined contribution plan covering all active employees of Temple University Health System, Inc. ("TUHS"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Effective July 1, 2019, the Plan was amended to add Temple Faculty Practice Plan as a participating employer and to allow dual-employed faculty to be eligible to participate in the Plan. Effective November 1, 2019, the Plan was amended to permit employees who had been employed by Temple University of the Commonwealth System of Higher Education (the "University") and became employed by Temple University Hospital - Episcopal Division in November 2019 to participate in the Plan.

Effective January 1, 2021, staff members of Temple Faculty Physicians employed by the University terminated employment with the University and commenced employment with TUHS or Temple Faculty Practice Plan (the "TFP Staff"). TUHS adopted a Plan amendment on December 23, 2021 to reflect the TFP Staff's participation in the Plan and to provide that they are fully vested in their accounts in the Plan effective January 1, 2021.

Effective August 5, 2022, CHH Community Health, Inc. and Chestnut Hill Clinic Co LLC (nonprofit corporations for which TUHS is a less than 80% equity owner) purchased certain assets of Chestnut Hill Hospital. TUHS will operate the acquired Chestnut Hill Hospital assets while CHH Community Health, Inc. and Chestnut Hill Clinic Co LLC will employ the associated employees. The Plan was amended effective January 1, 2023 to reflect that it will constitute a multiple employer plan within the meaning of Section 413(c) of the Code and to add CHH Community Health, Inc. and Chestnut Hill Clinic Co LLC as Eligible Employers to the Plan. Effective August 19, 2025, TUHS purchased an additional 20% ownership interest in Chestnut Hill from Holy Redeemer, resulting in TUHS owning an 80% interest in Chestnut Hill. As a result of the transaction, effective August 19, 2025, the Plan became a single-employer plan, with TUHS serving as the sole sponsoring employer.

Effective January 1, 2024, a Participant who was employed by CHH Community Health, Inc. and/or Chestnut Hill Clinic Co LLC on December 31, 2022 and who became an Employee of TUHS on January 1, 2023 had a 100% nonforfeitable interest in his or her Employer Contribution Account. All Participants employed by CHH Community Health, Inc. and/or Chestnut Hill Clinic Co LLC shall be subject to the vesting schedule set forth in the plan document.

Contributions

Participants direct their contributions into various investment options offered by the Plan. Contributions are subject to certain limitations. Employee contributions are calculated in accordance with schedules provided in the Plan document (for purposes of calculating TUHS contributions in the TUHS Defined Contribution Retirement Plan) or by voluntary election. Contributions can be pretax, Roth or, in limited circumstances, after tax. Participant contributions are made on an after-tax basis in limited circumstances once the annual IRS 402(g) limit for pre-tax contributions is reached.

Nonelective and matching employer contributions are made to the Plan for former grandfathered participants in the Jeanes Hospital Defined Contribution Program ("Jeanes"), which was merged into the Plan as of June 1, 2011. No other employer contributions are permitted by the Plan.

Participant Accounts

Participants direct the investment of their account balances into various investment options offered by the Plan and may change their investment options at any time, subject to the terms of the funding vehicles. The recordkeepers of the Plan are Teachers Insurance and Annuity Association of America ("TIAA"), Variable Annuity Life Insurance Company ("VALIC") and Lincoln National Life Insurance Company ("Lincoln").

Participants may select from investment options available on the TIAA platform. Participants are not permitted to make contributions to accounts held by Lincoln or VALIC.

Each participant's account is credited with an allocation of their contributions (and, for certain Jeanes participants, TUHS contributions) and investment earnings, and is charged with withdrawals and an allocation of investment losses and administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting and Forfeitures

Participants' contributions and earnings thereon are immediately fully vested. TUHS's contributions for Jeanes participants are subject to a six-year graded vesting schedule. As of December 31, 2025 and 2024, forfeited non-vested accounts amounted to $281,271 and $250,484, respectively. During 2025, the plan utilized $67,028 of forfeitures.

Notes Receivable From Participants

Participants may borrow from their elective salary deferral, rollover and transfer accounts, as applicable, beginning at a $1,000 minimum up to a maximum equal to the lesser of $50,000 or 50% of their account balance. Loan terms range from one to five years, or a longer repayment term may be permitted for the purchase of a primary residence. Except in limited circumstances, a participant may not have more than one loan outstanding at any point in time. The loans bear interest at a rate of Prime plus 1%. Loans are repaid through automated clearinghouse debit transactions. Failure to repay a loan will reduce the participant's benefit he or she would have otherwise been entitled to from the Plan. Loan defaults are processed on a quarterly basis for all delinquent loans and are reported as income to the participant in an amount equal to the delinquent principal and interest. Interest rates on notes receivable from participants were 4.25% - 9.50% at December 31, 2025 and 2024.

Plan Loans

Loans also were available to participants who invest through the TIAA Traditional Annuity accounts, subject to certain limitations. Participants could have borrowed a minimum loan amount of $1,000 and a maximum loan amount not to exceed the lesser of 45% of the participant's accumulation account balance or $50,000. Participants were only permitted to borrow one loan at a time. Plan loans were issued directly from the funds owned by TIAA, and loan proceeds were not removed from a participant's account balance. However, a portion of the participant's account balance was reserved, or held in collateral, to cover 110% of the outstanding loan amount for the period of time the loan is outstanding. See Note F for discussion of the Traditional Annuity. At December 31, 2025 and 2024, participants had outstanding plan loan balances due to TIAA of $912,992 and $1,227,345, respectively. These loans were collateralized by Traditional Annuity account balances of $1,004,291 and $1,350,079 as of December 31, 2025 and 2024, respectively. These

amounts are included in the Traditional Annuity account balances reported in the accompanying statements of net assets available for benefits. Interest expense is offset by the income received by the participants on the collateralized annuity contracts.

During 2025, accumulations totaling $60,813 were used to satisfy plan loan defaults, which have been recorded as distributions in the accompanying statement of changes in net assets available for benefits.

Payment of Benefits

Upon termination of service, death, disability, or retirement, a participant is eligible to receive a distribution of their vested account balance. In addition, participants over the age 59½ are eligible to receive a distribution of their vested account balance in accordance with the terms of the Plan. Participants may elect to receive their Plan benefits in the form of a lump-sum payment or through various payment options available under the Plan. Per IRS regulations, participants are required to take a Required Minimum Distribution ("RMD") by April 1 of the year following the later of the year they reach age 73 or the year in which they have a severance from employment.

Effective January 1, 2025, participants employed by Temple University and Temple Faculty Practice who have attained age 59½ may withdraw, not more than once during any Plan year, up to the total vested portion of their accumulation account, less amounts previously withdrawn; however, such withdrawal shall not include amounts held in a participant's Roth account.

NOTE B - PLAN RECORDS MANAGEMENT

In November 2007, the Department of Labor ("DOL") issued amended regulations eliminating an exemption granted to 403(b) plans from the annual Form 5500 reporting and disclosure requirements under Part 1 of Subtitle B of Title I of ERISA, as amended. Prior to the amended regulations, the Fox Chase Cancer Center Defined Contribution Retirement Plan ("FCCC Plan") (established in 1950) was not viewed as a separate reporting entity. Assets in the amount of $285,027,636 were transferred into the Plan effective July 21, 2015. Historically, the FCCC Plan was viewed as a collection of individual contracts with which participants could engage in a range of actions with limited involvement, if any, by the Plan sponsor. Accordingly, various custodial accounting and recordkeeping reports related to the FCCC Plan's 403(b) annuity contracts and custodial accounts issued to current and former employees prior to July 1, 2009 were not sufficiently maintained. Moreover, the third-party custodians were unable to provide those records to management necessary to substantiate the historical balances. Consequently, the financial statements and supplemental schedule of assets (held at end of year) have been prepared based on available records analyzed by Plan management. As certain records were not available from the inception of the FCCC Plan, the effect, if any, on the completeness or accuracy of the Plan's financial statements and supplemental schedule cannot be determined.

NOTE C - 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").

Investment contracts held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for that 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 would receive if they were to initiate permitted transactions under the terms of the Plan.

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.

Investment Valuation and Income Recognition

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

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

Payment of Benefits

Benefits are recorded when paid.

ERISA Account

The Plan maintains an "ERISA Account," which represents a suspense account under the Plan that shall be credited all amounts received by the Plan that do not consist of earnings on Plan investments or Plan contributions and are not especially attributable to identified participant accounts. The ERISA Account can be used to pay expenses incurred in connection with the operation of the Plan.

Also, at the sole discretion of TUHS, all amounts remaining in the ERISA Account as of the last day of the Plan year may be allocated to the accounts of participants and beneficiaries who have account balances as of the allocation date. Any allocation will be made on either a per capita or pro rata basis. The ERISA account balance was $58,266 and $301,050 at December 31, 2025 and 2024, respectively. Amounts totaling $92,965 were used for administrative expenses for the year ended December 31, 2025. Amounts totaling $301,050 were allocated to participants for the year ended December 31, 2025.

Notes Receivable From Participants

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

Administrative Expenses

The Plan's administrative expenses for investment management and Plan Administration are charged directly to the various investment funds. Participants are charged an administrative fee to process distributions from the Plan. Certain expenses are paid by funds from the forfeiture and/or ERISA Account. All other administrative expenses are paid by TUHS.

NOTE D - INVESTMENTS AND INFORMATION CERTIFIED BY CUSTODIANS

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, TIAA and College Retirement Equities Fund ("CREF"), custodians of the Plan, VALIC, a custodian of the Plan, and Lincoln, a custodian of the Plan, have certified that the following information included in the accompanying financial statements and supplemental schedule is complete and accurate. The certification also extends to those investments, if any, which TIAA Trust, N.A. national trust bank, held as the directed trustee or custodian that were record kept by TIAA for the years ended December 31, 2025 and 2024, respectively.

- Investments, at fair value and contract value, and notes receivable from participants, as shown in the statements of net assets available for benefits as of December 31, 2025 and 2024.

- Net investment income, interest income on notes receivable and other income, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2025.

- Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2025.

NOTE E - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board Accounting Standards Codification ("ASC") 820, *Fair Value Measurements*, provides the framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy 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; and

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

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

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

- The fair values of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

- The fair values of accumulation units held by the Plan in registered investment companies held as variable annuity accounts are based on each account's daily net asset value ("NAV"), which is considered by Plan management to be the best approximation of fair value. Variable annuity accounts are not exchange traded. Data for NAVs are available daily to Plan Administrators and client investors on NASDAQ's website and provide sufficient corroborative evidence to ascertain the relationship between each fund's NAV and the values of individual underlying holdings. Underlying holdings are primarily valued using market quotations or prices obtained from independent pricing sources.

- Variable annuity accounts are valued using NAV as a practical expedient. Underlying holdings are primarily valued using market quotations or prices obtained from independent pricing sources.

- The fair value of the Plan's interest in the TIAA Real Estate Account (a pooled separate account) is based on the fund's daily NAV, which is considered by Plan management to be the best approximation of fair value. The unit value of the fund is calculated daily and available to Plan Administrators and client investors on NASDAQ's website. Underlying holdings are primarily valued using independent appraisals or independent pricing sources. Although the underlying assets of the fund cannot be quickly sold and converted to liquid assets, the TIAA general account provides the fund with a liquidity guarantee whereby TIAA ensures that the fund has funds available to meet participant redemption, transfer or cash withdrawal requests.

- The fair value of the Plan's interest in the TIAA Traditional Annuity contracts (fixed annuity contracts) is reported at contract value, which approximates fair value. As these investments are contract-based, observable prices for identical or similar investments do not exist and, accordingly, these investments are valued using unobservable inputs (Level 3). The contract value equals the accumulated cash contributions and interest credited to the contract, less any withdrawals. Liquidity restrictions apply to these investments that could impact the value realized upon exiting the contract. See Note F for discussion of the TIAA Traditional Annuity. In determining the reasonableness of the methodology, Plan management evaluates a variety of factors including a review of existing contracts, economic conditions, industry and market developments, and overall credit ratings. Certain unobservable inputs are assessed through review of contract terms, while others are substantiated utilizing available market data.

- The fair value of investments in the Lincoln Fixed Accounts are reported at contract value, which approximates fair value. As these investments are contract-based, observable prices for identical or similar investments do not exist and, accordingly, these investments are valued using unobservable inputs (Level 3). The contract value equals the accumulated cash contributions and interest credited to the contract, less any withdrawals.

- Investments in VALIC Fixed Accounts are reported at contract value, which approximates fair value. As these investments are contract-based, observable prices for identical or similar investments do not exist and, accordingly, these investments are valued using unobservable inputs (Level 3).

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair 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 tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

	2025			
	Level 1	Level 2	Level 3	Total
Mutual funds	$1,076,602,887	$ -	$ -	$1,076,602,887
Registered investment companies	182,096,800	-	-	182,096,800
Pooled separate account	7,045,073	-	-	7,045,073
Fixed annuity accounts	-	-	167,808,544	167,808,544
Investments, at fair value	$1,265,744,760	$ -	$ 167,808,544	1,433,553,304
Investment measured at NAV[(a)]				21,644,885
Total investments, at fair value				$1,455,198,189

	2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 886,717,932	$ -	$ -	$ 886,717,932
Registered investment companies	169,062,097	-	-	169,062,097
Pooled separate account	7,509,684	-	-	7,509,684
Fixed annuity accounts	-	-	161,472,661	161,472,661
Investments, at fair value	$1,063,289,713	$ -	$ 161,472,661	1,224,762,374
Investment measured at NAV[(a)]				20,729,672
Total investments, at fair value				$1,245,492,046

[(a)] In accordance with ASC Subtopic 820-10, certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net appreciation in fair value of investments in the statement of changes in net assets available for benefits.

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

There are no unrealized gains or losses from the TIAA Traditional Annuity guaranteed investment contracts included in the statement of changes in net assets available for benefits as the contracts are recorded at contract value, which approximates fair value for purposes of the net assets available for benefits.

The Plan's Level 3 assets for the year ended December 31, 2025 included purchases of $21,748,883. There were no transfers into or out of Level 3 during 2025 and 2024.

The following table presents information about significant unobservable inputs related to the Plan's investment in assets categorized as Level 3 at December 31, 2025 and 2024:

Year	Type	Fair Value	Valuation Technique	Significant Unobservable Inputs	Range*
2025	TIAA Traditional Annuity accounts	$162,934,209	Discounted cash flow	Risk-adjusted discount rate applied	GRA 3.55% - 6.50%
2024	TIAA Traditional Annuity accounts	$156,318,581	Discounted cash flow	Risk-adjusted discount rate applied	GRA 3.65% - 6.50%

* See Note F for definition of the GRA contract type.

In accordance with the fair value measurements and disclosures guidance, the following table presents the category, fair value, redemption frequency, and redemption notice period for plan investments, the fair values of which are estimated using the NAV per share as practical expedient, as of December 31, 2025 and 2024:

	2025	2024	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Variable annuity accounts				
Real estate funds[(a)]	$ 65,810	$ 65,233	Daily	Daily
Growth funds[(b)]	3,101,780	2,779,919	Daily	Daily
Index funds[(c)]	3,171,516	3,521,745	Daily	Daily
Fixed income funds[(d)]	1,385,737	1,226,781	Daily	Daily
International funds[(e)]	776,246	646,037	Daily	Daily
Equity funds[(f)]	11,106,471	9,374,909	Daily	Daily
Balance funds[(g)]	900,690	641,813	Daily	Daily
Money market funds[(h)]	52,447	55,623	Daily	Daily
Social choice funds[(i)]	1,011,059	1,266,272	Daily	Daily
Inflation-index funds[(j)]	42,075	40,093	Daily	Daily
Other	31,054	1,111,247	Daily	Daily
	$ 21,644,885	$ 20,729,672		

There are no unfunded commitments as of December 31, 2025 and 2024.

[(a)] These accounts invest in real estate properties, other real estate-related investments, and securities. Underlying real estate holdings are valued principally using external appraisals. Underlying securities are generally priced using values obtained from independent pricing sources. Redemptions are permitted daily, except participant transfers out of the fund are limited to one per calendar quarter.

(b) These accounts seek a favorable long-term rate of return mainly through capital appreciation, primarily from a diversified portfolio of common stocks that present the opportunity for exceptional growth. The accounts invest primarily in large, established companies, particularly those with new or innovative products or services that enhance future earnings prospects.

(c) These accounts seek a favorable long-term rate of return, from a diversified portfolio selected to track the overall market for common stocks publicly traded in the U.S., as represented by broad stock market indices.

(d) These accounts seek a favorable long-term rate of return, primarily through high current income consistent with preserving capital. Principal will fluctuate depending on the movement of interest rates. The accounts invest assets in a broad range of debt securities, including U.S. government securities, corporate bonds and mortgage-backed or other asset-backed securities.

(e) These accounts seek a favorable long-term rate of return through capital appreciation and income from broadly diversified portfolios that consist primarily of foreign and domestic common stocks. The accounts typically invest assets in equity securities of domestic and foreign companies.

(f) These accounts seek a favorable long-term rate of return through capital appreciation and investment income by investing primarily in broadly diversified portfolios of common stocks. The accounts typically invest 80% of their assets in broadly diversified portfolios of domestic and foreign common stocks by using a combination of three investment strategies: active management, enhanced indexing and pure indexing.

(g) These accounts seek a favorable long-term rate of return through asset allocation, thereby balancing risk versus reward and investing primarily in diversified portfolios that have a mixture of safety, income and modest capital appreciation.

(h) These accounts seek high current income consistent with maintaining liquidity and preserving capital. The accounts primarily invest in high quality, short-term instruments such as commercial paper, bank obligations and U.S. government-issued securities that are classified as “first-tier” securities.

(i) These accounts seek a favorable long-term rate of return that reflects the investment performance of the financial markets while giving special consideration to certain social criteria. The accounts typically invest in broadly diversified portfolios of common stocks, foreign stocks and fixed-income securities in domestic and foreign equities and in fixed-income securities to achieve a long-term rate of return while giving special consideration to certain social criteria.

(j) These accounts seek a favorable long-term rate of return that outpaces inflation, primarily through investment in inflation-indexed bonds - fixed-income securities whose returns are designed to track a specified inflation index over the life of the bond. The accounts typically invest at least 80% of their assets in U.S. Treasury inflation-linked securities.

NOTE F - TIAA TRADITIONAL ANNUITY

The TIAA Traditional Annuity is a guaranteed fixed annuity contract available as an investment option to Plan participants. Each contract is fully and unconditionally guaranteed by TIAA. The Traditional Annuity is offered through a variety of contract types, including individual Group Retirement Annuities (“GRA”) and Group Supplemental Retirement Annuities (“GSRA”). Because the GSRA is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the fixed annuity contract. The GSRA guaranteed fixed annuity contract is presented on the face of the statements of net assets available for benefits at contract value. Contract value, as reported by

TIAA and CREF, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may direct the withdrawal or transfer of all or a portion of their GSRA investment at contract value. The type of contract through which a participant invests in the TIAA Traditional Annuity determines the applicability of certain account features, such as the guaranteed minimum interest rate, additional interest declarations, the degree of liquidity of the participant's account, and the options for receiving income upon retirement. The GRA contract is not fully benefit-responsive; this contract is reported on the statements of net assets available for benefits at fair value.

When participants choose to allocate a portion of their retirement savings to the TIAA Traditional Annuity during the accumulation phase of the contract, their contributions purchase a specific amount of lifetime income based on the contractual rate schedule in effect at the time the premium is paid. Participants' principal, plus a specified minimum rate of interest, is guaranteed by TIAA's claims-paying ability. The TIAA Traditional Annuity also provides the potential for additional interest if declared by TIAA's Board of Trustees. Additional interest, when declared, remains in effect for the declaration year, which begins each March 1 for accumulating annuities and January 1 for lifetime payout annuities. Additional interest is not guaranteed for future years. Together, the guaranteed minimum and additional amounts make up the crediting interest rate. For accumulating GRA contracts, the crediting interest rate was 4.75% and 5.25% as of December 31, 2025 and 2024, respectively. For accumulating GSRA contracts, the crediting interest rate was 4.0% and 4.50% as of December 31, 2025 and 2024, respectively. TIAA and CREF, at their discretion, may credit additional interest in any year.

All GRA contracts may be withdrawn in a single lump sum within 120 days of termination of employment; this transaction is subject to a 2.50% surrender charge. When a participant's accumulation in the TIAA Traditional Annuity is converted to a lifetime payout annuity, the present value of the stream of payments is equal to the accumulated balance, and the entire amount is recorded as a distribution in the statement of changes in net assets available for benefits.

NOTE G - RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments in fixed annuity contracts, registered investment companies, mutual funds and a pooled separate account are managed by TIAA and CREF, custodians of the Plan and recordkeeper and agent for TIAA Trust, N.A. for the year ended December 31, 2025 and VALIC, a custodian, and Lincoln, a custodian. Certain administrative functions of the Plan are performed by employees of TUHS. No such employee receives compensation from the Plan. Notes receivable from participants are also considered party-in-interest transactions. These transactions qualify as party-in-interest transactions and are exempt from the prohibited transaction rules.

NOTE H - PLAN TERMINATION

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

NOTE I - TAX STATUS

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (the "Code"). The terms of the Plan have been prepared to conform to the sample language provided by the IRS in Revenue Procedure 2007-71. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for Plan participants under Section 403(b). TUHS believes that the Plan is currently designed and operated in accordance with the applicable requirements of Section 403(b) of the Code.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination 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 asset) 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 J - 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 changes could materially affect participants' account balances, and the amounts reported in the statements of net assets available for benefits.

NOTE K - SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 8, 2026, which is the date the financial statements were available to be issued. The Plan Administrator is not aware of any subsequent events, which would require recognition or disclosure in the financial statements.

SUPPLEMENTAL INFORMATION

Temple University Health System, Inc.
403(b) Plan

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

December 31, 2025

EIN 23-2825881, Plan #002

(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
	TIAA 403(b) Program:			
*	CREF Total Global Stock R2	Registered Investment Company	**	$ 89,198,589
*	CREF Money Market R2	Registered Investment Company	**	2,731,804
*	CREF Responsible Balanced R2	Registered Investment Company	**	6,224,875
*	CREF Global Equities R2	Registered Investment Company	**	17,699,611
*	CREF Growth R2	Registered Investment Company	**	41,427,729
*	CREF S&P 500 Index R2	Registered Investment Company	**	18,533,948
*	CREF Inflation-Linked Bond R2	Registered Investment Company	**	2,433,200
*	CREF Core Bond R2	Registered Investment Company		3,847,044
				182,096,800
*	TIAA Real Estate Fund	Pooled Separate Account	**	7,045,073
*	TIAA Traditional Non Benefit Responsive	Fixed Annuity Contracts	**	162,934,209
	American EuroPac Growth R6	Mutual Fund	**	37,207,208
	NYLI Winslow Large Cap Grw I	Mutual Fund	**	56,982,004
	PIMCO Real Return Inst Class	Mutual Fund	**	12,104,671
	T Rowe Price Small Cap Value	Mutual Fund	**	12,797,632
	T. Rowe Price Cap Apprec Adv	Mutual Fund	**	654
	Vanguard Equity Income Adm	Mutual Fund	**	58,559,864
	Vanguard Extended Mkt Idx Inst	Mutual Fund	**	59,525,424
	Vanguard Federal Money Mkt Inv	Mutual Fund	**	29,389,841
	Vanguard Inst Idx Inst Plus	Mutual Fund	**	222,906,206
	Vanguard Inst Idx Inst	Mutual Fund	**	82
	Vanguard Ttl Intl Stk Idx Inst	Mutual Fund	**	63,921,695
	Vanguard Ttl Bd Mkt Idx Inst	Mutual Fund	**	30,665,725
	Vanguard Ttl Intl Stk Idx Adm	Mutual Fund	**	165
	Glenmede Sml Cap Eq Port Inst	Mutual Fund	**	158
	T. Rowe Price Rtmt I Bal I	Mutual Fund	**	2,228,556
	T. Rowe Price Rtmt I 2005 I	Mutual Fund	**	1,045,971
	T. Rowe Price Rtmt I 2010 I	Mutual Fund	**	1,533,362
	T. Rowe Price Rtmt I 2015 I	Mutual Fund	**	6,163,701
	T. Rowe Price Rtmt I 2020 I	Mutual Fund	**	23,422,644
	T. Rowe Price Rtmt I 2025 I	Mutual Fund	**	43,466,279
	T. Rowe Price Rtmt I 2030 I	Mutual Fund	**	67,121,237
	T. Rowe Price Rtmt I 2035 I	Mutual Fund	**	66,806,644
	T. Rowe Price Rtmt I 2040 I	Mutual Fund	**	60,289,501
	T. Rowe Price Rtmt I 2045 I	Mutual Fund	**	65,430,740
	T. Rowe Price Rtmt I 2050 I	Mutual Fund	**	60,704,291
	T. Rowe Price Rtmt I 2055 I	Mutual Fund	**	54,595,867
	T. Rowe Price Rtmt I 2060 I	Mutual Fund	**	12,670,038
	T. Rowe Price Rtmt I 2065 I	Mutual Fund	**	3,676,091
	Dodge & Cox Income Fund - Cl X	Mutual Fund	**	23,386,636
				1,076,602,887
	Total TIAA 403(b) Program, at fair value			$ 1,428,678,969
	VALIC 403(b) Program:			
*	Fixed Account Plus	Fixed Annuity Contract	**	$ 1,195,782
*	Short-Term Fixed Account	Fixed Annuity Contract	**	797,576
				1,993,358
*	GS Vit Gov Money Mkt Fd Inst	Cash and cash equivalent	**	52,106
*	Ariel Appreciation Fund	Variable Annuity Account	**	52,756
*	Ariel Fund	Variable Annuity Account	**	79,890
*	Asset Allocation Fund	Variable Annuity Account	**	117,789
*	Core Bond Fund	Variable Annuity Account	**	108,865

Temple University Health System, Inc.
403(b) Plan

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

December 31, 2025

EIN 23-2825881, Plan #002

(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
*	Dividend Value	Variable Annuity Account	**	$ 42,984
*	Emerging Economies	Variable Annuity Account	**	133,772
*	Global Real Estate Fund	Variable Annuity Account	**	25,895
*	Global Strategy	Variable Annuity Account	**	35,498
*	Government Securities Fund	Variable Annuity Account	**	12,814
*	Growth Fund	Variable Annuity Account	**	1,050,883
*	High Yield Bond Fund	Variable Annuity Account	**	209,628
*	Inflation Protected Fund	Variable Annuity Account	**	42,075
*	International Government Bond	Variable Annuity Account	**	15,426
*	International Growth Fund	Variable Annuity Account	**	76,746
*	International Value Fund	Variable Annuity Account	**	69,148
*	International Equities Index Fund	Variable Annuity Account	**	127,972
*	International Opportunities	Variable Annuity Account	**	16,227
*	International Socially Responsible Fund	Variable Annuity Account	**	1,321
*	Large Capital Growth	Variable Annuity Account	**	575,152
*	Loan Collateral Fund	Variable Annuity Account	**	30,703
*	Loan Escrow Fund	Variable Annuity Account	**	352
*	Mid Cap Index Fund	Variable Annuity Account	**	293,214
*	Mid Cap Strategic Gwth	Variable Annuity Account	**	226,898
*	Mid Cap Value Fund	Variable Annuity Account	**	49,073
*	NASDAQ-100(R) Index Fund	Variable Annuity Account	**	268,663
*	Science & Technology Fund	Variable Annuity Account	**	2,692,164
*	Small Cap Growth Fund	Variable Annuity Account	**	95,796
*	Small Cap Index Fund	Variable Annuity Account	**	189,443
*	Small Cap Special Value Fund	Variable Annuity Account	**	15,201
*	Small Cap Value Fund	Variable Annuity Account	**	8,107
*	Stock Index Fund	Variable Annuity Account	**	2,259,841
*	Systematic Core Fund	Variable Annuity Account	**	496,088
*	Systematic Growth Fund	Variable Annuity Account	**	48,198
*	Systematic Value	Variable Annuity Account	**	24,360
*	T Rowe Price Retirmnt 2020 Adv	Variable Annuity Account	**	20,404
*	T Rowe Price Retirmnt 2025 Adv	Variable Annuity Account	**	217,813
*	T Rowe Price Retirmnt 2030 Adv	Variable Annuity Account	**	29,115
*	T Rowe Price Retirmnt 2035 Adv	Variable Annuity Account	**	370
*	US Socially Responsible Fund	Variable Annuity Account	**	11,992
*	Vanguard Long-Term Treasury	Variable Annuity Account	**	167,474
*	Vanguard Lt Inv-Grade Fund	Variable Annuity Account	**	54,179
*	Vanguard Wellington Fund Inc	Variable Annuity Account	**	318,412
*	Vanguard Windsor II	Variable Annuity Account	**	1,799,471
				12,164,278
	Total VALIC 403(b) Program, at fair value			$ 14,157,636

Temple University Health System, Inc.
403(b) Plan

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

December 31, 2025

EIN 23-2825881, Plan #002

	(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 403(b) Program:			
*		Fixed Account	Fixed Annuity Contract	**	$ 2,880,977
*		LVIP GOVERNMENT MONEY MARKET	Cash and cash equivalent	**	341
*		AB VPS SUSTAIN GLOBAL THEMATIC PORT	Variable Annuity Account	**	6,057
*		AMERICAN FUNDS GLOBAL GROWTH	Variable Annuity Account	**	8,473
*		AMERICAN FUNDS GROWTH	Variable Annuity Account	**	116,368
*		AMERICAN FUNDS GROWTH-INCOME	Variable Annuity Account	**	66,723
*		AMERICAN FUNDS INTERNATIONAL	Variable Annuity Account	**	14,105
*		FIDELITY VIP CONTRAFUND	Variable Annuity Account	**	110,691
*		FIDELITY VIP FREEDOM TARGET DATE 2040	Variable Annuity Account	**	26,123
*		FIDELITY VIP FREEDOM TARGET DATE 2035	Variable Annuity Account	**	135,166
*		FIDELITY VIP GROWTH	Variable Annuity Account	**	137,378
*		LVIP BARON GROWTH OPPORTUNITIES	Variable Annuity Account	**	47,481
*		LVIP BLACKROCK DIVIDEND VALUE MNGDVLTLTY	Variable Annuity Account	**	512,164
*		LVIP BLENDED LRG CAP GROWTH MNGD VOLTLTY	Variable Annuity Account	**	1,024,031
*		LVIP DIMENSIONAL U.S. CORE EQUITY 1	Variable Annuity Account	**	2,746,125
*		LVIP FRANKLIN TEMPLETON MF EM EQFND	Variable Annuity Account	**	19,246
*		LVIP JPMORGAN RETIREMENT INCOME FUND	Variable Annuity Account	**	663,689
*		LVIP MACQUARIE BOND	Variable Annuity Account	**	127,347
*		LVIP MACQUARIE DIVERSIFIED INCOME	Variable Annuity Account	**	8,122
*		LVIP MACQUARIE HIGH YIELD FUND	Variable Annuity Account	**	33,620
*		LVIP MACQUARIE MID CAP VALUE FUND	Variable Annuity Account	**	1,077,379
*		LVIP MACQUARIE SMID CAP CORE SERIES	Variable Annuity Account	**	208,189
*		LVIP MACQUARIE SOCIAL AWARENESS	Variable Annuity Account	**	997,746
*		LVIP MACQUARIE U.S. REIT FUND	Variable Annuity Account	**	39,915
*		LVIP MACQUARIE VALUE SERIES	Variable Annuity Account	**	280,215
*		LVIP MACQUARIE WEALTH BUILDER	Variable Annuity Account	**	283,661
*		LVIP MONDRIAN INTERNATIONAL VALUE	Variable Annuity Account	**	224,888
*		LVIP SSGA BOND INDEX	Variable Annuity Account	**	15,244
*		LVIP SSGA INTERNATIONAL INDEX	Variable Annuity Account	**	66,474
*		LVIP SSGA S&P 500 INDEX	Variable Annuity Account	**	134,598
*		LVIP SSGA SMALL-CAP INDEX	Variable Annuity Account	**	10,513
*		LVIP T. ROWE PRICE STRUCTURED MID-CAP GROWTH	Variable Annuity Account	**	230,523
*		LVIP VANGUARD INTERNATIONAL EQUITY ETF	Variable Annuity Account	**	12,241
*		MACQUARIE SMALL CAP VALUE	Variable Annuity Account	**	56,174
*		MFS UTILITIES	Variable Annuity Account	**	39,597
					9,480,266
		Total Lincoln 403(b) Program, at fair value			12,361,584
		Total investments, at fair value			$1,455,198,189
*		Participant loans	Interest rate of 4.25% - 9.50% with maturity of 2035		$ 8,952,925
		Fully benefit-responsive investment contracts			
*		TIAA Traditional Benefit Responsive	Fixed Annuity Contracts	**	$ 51,209,046

* Party-in-interest as defined by ERISA.
** Cost is not required for participant-directed investments.

SUPPLEMENTAL INFORMATION

Temple University Health System, Inc.
403(b) Plan

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

December 31, 2025

EIN 23-2825881, Plan #002

(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
	TIAA 403(b) Program:			
*	CREF Total Global Stock R2	Registered Investment Company	**	$ 89,198,589
*	CREF Money Market R2	Registered Investment Company	**	2,731,804
*	CREF Responsible Balanced R2	Registered Investment Company	**	6,224,875
*	CREF Global Equities R2	Registered Investment Company	**	17,699,611
*	CREF Growth R2	Registered Investment Company	**	41,427,729
*	CREF S&P 500 Index R2	Registered Investment Company	**	18,533,948
*	CREF Inflation-Linked Bond R2	Registered Investment Company	**	2,433,200
*	CREF Core Bond R2	Registered Investment Company		3,847,044
				182,096,800
*	TIAA Real Estate Fund	Pooled Separate Account	**	7,045,073
*	TIAA Traditional Non Benefit Responsive	Fixed Annuity Contracts	**	162,934,209
	American EuroPac Growth R6	Mutual Fund	**	37,207,208
	NYLI Winslow Large Cap Grw I	Mutual Fund	**	56,982,004
	PIMCO Real Return Inst Class	Mutual Fund	**	12,104,671
	T Rowe Price Small Cap Value	Mutual Fund	**	12,797,632
	T. Rowe Price Cap Apprec Adv	Mutual Fund	**	654
	Vanguard Equity Income Adm	Mutual Fund	**	58,559,864
	Vanguard Extended Mkt Idx Inst	Mutual Fund	**	59,525,424
	Vanguard Federal Money Mkt Inv	Mutual Fund	**	29,389,841
	Vanguard Inst Idx Inst Plus	Mutual Fund	**	222,906,206
	Vanguard Inst Idx Inst	Mutual Fund	**	82
	Vanguard Ttl Intl Stk Idx Inst	Mutual Fund	**	63,921,695
	Vanguard Ttl Bd Mkt Idx Inst	Mutual Fund	**	30,665,725
	Vanguard Ttl Intl Stk Idx Adm	Mutual Fund	**	165
	Glenmede Sml Cap Eq Port Inst	Mutual Fund	**	158
	T. Rowe Price Rtmt I Bal I	Mutual Fund	**	2,228,556
	T. Rowe Price Rtmt I 2005 I	Mutual Fund	**	1,045,971
	T. Rowe Price Rtmt I 2010 I	Mutual Fund	**	1,533,362
	T. Rowe Price Rtmt I 2015 I	Mutual Fund	**	6,163,701
	T. Rowe Price Rtmt I 2020 I	Mutual Fund	**	23,422,644
	T. Rowe Price Rtmt I 2025 I	Mutual Fund	**	43,466,279
	T. Rowe Price Rtmt I 2030 I	Mutual Fund	**	67,121,237
	T. Rowe Price Rtmt I 2035 I	Mutual Fund	**	66,806,644
	T. Rowe Price Rtmt I 2040 I	Mutual Fund	**	60,289,501
	T. Rowe Price Rtmt I 2045 I	Mutual Fund	**	65,430,740
	T. Rowe Price Rtmt I 2050 I	Mutual Fund	**	60,704,291
	T. Rowe Price Rtmt I 2055 I	Mutual Fund	**	54,595,867
	T. Rowe Price Rtmt I 2060 I	Mutual Fund	**	12,670,038
	T. Rowe Price Rtmt I 2065 I	Mutual Fund	**	3,676,091
	Dodge & Cox Income Fund - Cl X	Mutual Fund	**	23,386,636
				1,076,602,887
	Total TIAA 403(b) Program, at fair value			$ 1,428,678,969
	VALIC 403(b) Program:			
*	Fixed Account Plus	Fixed Annuity Contract	**	$ 1,195,782
*	Short-Term Fixed Account	Fixed Annuity Contract	**	797,576
				1,993,358
*	GS Vit Gov Money Mkt Fd Inst	Cash and cash equivalent	**	52,106
*	Ariel Appreciation Fund	Variable Annuity Account	**	52,756
*	Ariel Fund	Variable Annuity Account	**	79,890
*	Asset Allocation Fund	Variable Annuity Account	**	117,789
*	Core Bond Fund	Variable Annuity Account	**	108,865

Temple University Health System, Inc.
403(b) Plan

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

December 31, 2025

EIN 23-2825881, Plan #002

(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
*	Dividend Value	Variable Annuity Account	**	$ 42,984
*	Emerging Economies	Variable Annuity Account	**	133,772
*	Global Real Estate Fund	Variable Annuity Account	**	25,895
*	Global Strategy	Variable Annuity Account	**	35,498
*	Government Securities Fund	Variable Annuity Account	**	12,814
*	Growth Fund	Variable Annuity Account	**	1,050,883
*	High Yield Bond Fund	Variable Annuity Account	**	209,628
*	Inflation Protected Fund	Variable Annuity Account	**	42,075
*	International Government Bond	Variable Annuity Account	**	15,426
*	International Growth Fund	Variable Annuity Account	**	76,746
*	International Value Fund	Variable Annuity Account	**	69,148
*	International Equities Index Fund	Variable Annuity Account	**	127,972
*	International Opportunities	Variable Annuity Account	**	16,227
*	International Socially Responsible Fund	Variable Annuity Account	**	1,321
*	Large Capital Growth	Variable Annuity Account	**	575,152
*	Loan Collateral Fund	Variable Annuity Account	**	30,703
*	Loan Escrow Fund	Variable Annuity Account	**	352
*	Mid Cap Index Fund	Variable Annuity Account	**	293,214
*	Mid Cap Strategic Gwth	Variable Annuity Account	**	226,898
*	Mid Cap Value Fund	Variable Annuity Account	**	49,073
*	NASDAQ-100(R) Index Fund	Variable Annuity Account	**	268,663
*	Science & Technology Fund	Variable Annuity Account	**	2,692,164
*	Small Cap Growth Fund	Variable Annuity Account	**	95,796
*	Small Cap Index Fund	Variable Annuity Account	**	189,443
*	Small Cap Special Value Fund	Variable Annuity Account	**	15,201
*	Small Cap Value Fund	Variable Annuity Account	**	8,107
*	Stock Index Fund	Variable Annuity Account	**	2,259,841
*	Systematic Core Fund	Variable Annuity Account	**	496,088
*	Systematic Growth Fund	Variable Annuity Account	**	48,198
*	Systematic Value	Variable Annuity Account	**	24,360
*	T Rowe Price Retirmnt 2020 Adv	Variable Annuity Account	**	20,404
*	T Rowe Price Retirmnt 2025 Adv	Variable Annuity Account	**	217,813
*	T Rowe Price Retirmnt 2030 Adv	Variable Annuity Account	**	29,115
*	T Rowe Price Retirmnt 2035 Adv	Variable Annuity Account	**	370
*	US Socially Responsible Fund	Variable Annuity Account	**	11,992
*	Vanguard Long-Term Treasury	Variable Annuity Account	**	167,474
*	Vanguard Lt Inv-Grade Fund	Variable Annuity Account	**	54,179
*	Vanguard Wellington Fund Inc	Variable Annuity Account	**	318,412
*	Vanguard Windsor II	Variable Annuity Account	**	1,799,471
				12,164,278
	Total VALIC 403(b) Program, at fair value			$ 14,157,636

Temple University Health System, Inc.
403(b) Plan

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

December 31, 2025

EIN 23-2825881, Plan #002

	(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 403(b) Program:			
*		Fixed Account	Fixed Annuity Contract	**	$ 2,880,977
*		LVIP GOVERNMENT MONEY MARKET	Cash and cash equivalent	**	341
*		AB VPS SUSTAIN GLOBAL THEMATIC PORT	Variable Annuity Account	**	6,057
*		AMERICAN FUNDS GLOBAL GROWTH	Variable Annuity Account	**	8,473
*		AMERICAN FUNDS GROWTH	Variable Annuity Account	**	116,368
*		AMERICAN FUNDS GROWTH-INCOME	Variable Annuity Account	**	66,723
*		AMERICAN FUNDS INTERNATIONAL	Variable Annuity Account	**	14,105
*		FIDELITY VIP CONTRAFUND	Variable Annuity Account	**	110,691
*		FIDELITY VIP FREEDOM TARGET DATE 2040	Variable Annuity Account	**	26,123
*		FIDELITY VIP FREEDOM TARGET DATE 2035	Variable Annuity Account	**	135,166
*		FIDELITY VIP GROWTH	Variable Annuity Account	**	137,378
*		LVIP BARON GROWTH OPPORTUNITIES	Variable Annuity Account	**	47,481
*		LVIP BLACKROCK DIVIDEND VALUE MNGDVLTLTY	Variable Annuity Account	**	512,164
*		LVIP BLENDED LRG CAP GROWTH MNGD VOLTLTY	Variable Annuity Account	**	1,024,031
*		LVIP DIMENSIONAL U.S. CORE EQUITY 1	Variable Annuity Account	**	2,746,125
*		LVIP FRANKLIN TEMPLETON MF EM EQFND	Variable Annuity Account	**	19,246
*		LVIP JPMORGAN RETIREMENT INCOME FUND	Variable Annuity Account	**	663,689
*		LVIP MACQUARIE BOND	Variable Annuity Account	**	127,347
*		LVIP MACQUARIE DIVERSIFIED INCOME	Variable Annuity Account	**	8,122
*		LVIP MACQUARIE HIGH YIELD FUND	Variable Annuity Account	**	33,620
*		LVIP MACQUARIE MID CAP VALUE FUND	Variable Annuity Account	**	1,077,379
*		LVIP MACQUARIE SMID CAP CORE SERIES	Variable Annuity Account	**	208,189
*		LVIP MACQUARIE SOCIAL AWARENESS	Variable Annuity Account	**	997,746
*		LVIP MACQUARIE U.S. REIT FUND	Variable Annuity Account	**	39,915
*		LVIP MACQUARIE VALUE SERIES	Variable Annuity Account	**	280,215
*		LVIP MACQUARIE WEALTH BUILDER	Variable Annuity Account	**	283,661
*		LVIP MONDRIAN INTERNATIONAL VALUE	Variable Annuity Account	**	224,888
*		LVIP SSGA BOND INDEX	Variable Annuity Account	**	15,244
*		LVIP SSGA INTERNATIONAL INDEX	Variable Annuity Account	**	66,474
*		LVIP SSGA S&P 500 INDEX	Variable Annuity Account	**	134,598
*		LVIP SSGA SMALL-CAP INDEX	Variable Annuity Account	**	10,513
*		LVIP T. ROWE PRICE STRUCTURED MID-CAP GROWTH	Variable Annuity Account	**	230,523
*		LVIP VANGUARD INTERNATIONAL EQUITY ETF	Variable Annuity Account	**	12,241
*		MACQUARIE SMALL CAP VALUE	Variable Annuity Account	**	56,174
*		MFS UTILITIES	Variable Annuity Account	**	39,597
					9,480,266
		Total Lincoln 403(b) Program, at fair value			12,361,584
		Total investments, at fair value			$1,455,198,189
*		Participant loans	Interest rate of 4.25% - 9.50% with maturity of 2035		$ 8,952,925
		Fully benefit-responsive investment contracts			
*		TIAA Traditional Benefit Responsive	Fixed Annuity Contracts	**	$ 51,209,046

* Party-in-interest as defined by ERISA.
** Cost is not required for participant-directed investments.