Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CHASE BREXTON HEALTH SERVICES, INC. 403(B) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1999

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)
CHASE BREXTON HEALTH SERVICES, INC.

1111 NORTH CHARLES STREET
BALTIMORE, MD 21201

2b Employer Identification Number (EIN)
52-1638592

2c Plan Sponsor's telephone number
410-837-2050

2d Business code (see instructions)
531120

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.	10/14/2026	LINDSEY BROWN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

5	Total number of participants at the beginning of the plan year	**5**	713
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)**	598
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	619
b	Retired or separated participants receiving benefits	**6b**	3
c	Other retired or separated participants entitled to future benefits	**6c**	114
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	736
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	736
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)**	685
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)**	715
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:

2L 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)		**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 4
- **(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
CHASE BREXTON HEALTH SERVICES, INC. 403(B) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CHASE BREXTON HEALTH SERVICES, INC.

D Employer Identification Number (EIN)
52-1638592

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1041383	93432	ART0100578EE	28	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

CANTANUCCI, JOSEPH M
1593 SPRING HILL RD STE 500E
VIENA, VA 22182-2292

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

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

O'CONNELL, CHARLES J.
1593 SPRING HILL RD, STE 500E
VIENNA, VA 22182-2392

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

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

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

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

(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	178285
5	Current value of plan's interest under this contract in separate accounts at year end	5	705610

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) [X] individual policies (2) [ ] group deferred annuity

(3) [ ] other (specify) ▶

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

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

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee

(3) [ ] guaranteed investment (4) [ ] other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
CHASE BREXTON HEALTH SERVICES, INC. 403(B) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CHASE BREXTON HEALTH SERVICES, INC.

D Employer Identification Number (EIN)
52-1638592

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	613953	762	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	279

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

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

CBIZ BENEFITS & INSURANCE SERVICES
700W 47TH ST STE 1100
KANSAS CITY, MO 64112-2050

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	279	REFERRAL/SERVICE FEE	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ CUSTODIAL GUARANTEED INT. CONTRACT

b	Balance at the end of the previous year			7b	623506
c	Additions: (1) Contributions deposited during the year	7c(1)	63579		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	8240		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	17950		
	▶ LOAN PAYMENT, ROLLOVER, OUTSIDE INVESTMENT TRANSFER				
	(6)Total additions			7c(6)	89769
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	713275
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	12166		
	(2) Administration charge made by carrier	7e(2)	2878		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	348279		
	▶ LOAN WITHDRAW, OUTSIDE INVESTMENT TRANSFER				
	(5) Total deductions			7e(5)	363323
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	349952

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
CHASE BREXTON HEALTH SERVICES, INC. 403(B) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CHASE BREXTON HEALTH SERVICES, INC.

D Employer Identification Number (EIN)
52-1638592

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
MASSMUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	A010079680	5	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

POLMATEER, LLOYD H
7101 WISCONSIN AVE.
BETHESDA, MD 20814-4884

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

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

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

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

(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	2529
5	Current value of plan's interest under this contract in separate accounts at year end	5	12017

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) [X] individual policies (2) [ ] group deferred annuity

(3) [ ] other (specify) ▶

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

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

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee

(3) [ ] guaranteed investment (4) [ ] other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
CHASE BREXTON HEALTH SERVICES, INC. 403(B) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CHASE BREXTON HEALTH SERVICES, INC.

D Employer Identification Number (EIN)
52-1638592

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	CR27030	10	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
2612	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	
2612	0	SALES AND BASE COMMISSION	4

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	3584
5	Current value of plan's interest under this contract in separate accounts at year end	5	680589

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			7b	42330
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	1385		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	1385
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	43715
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	40125		
	(2) Administration charge made by carrier	7e(2)	6		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	40131
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	3584

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	160774	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

CBIZ INVESTMENT ADVISORY SERVICES

81-3968784

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 99	INVESTMENT ADVISORY	0	Yes [X] No [ ]	Yes [ ] No [X]	40114	Yes [ ] No [X]

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

CBIZ BENEFITS & INSURANCE SERVICES

31-1582098

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 99 13 50	CONTRACT ADMINISTRATOR	450	Yes [X] No [ ]	Yes [ ] No [X]	31566	Yes [ ] No [X]

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)

MORNINGSTAR INVESTMENT MANAGEMENT

36-4317381

(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?
26 70	IND. ADV. PARTICIPANT	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CBIZ BENEFITS AND INSURANCE SERVICE	49 99 13 50	31566

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	CONTRACT ADMINISTRATOR

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CBIZ INVESTMENT ADVISORY SERVICES	27 99	37114

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE CO. 42-0127290	INVESTMENT ADVISORY (PLAN)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MORNINGSTAR INVESTMENT MANAGEMENT	26	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	14 BASIS POINTS ON ASSESTS MANAGED BY MORNINGSTAR INVESTMENT MANAGEMENT, LLC FOR TARGET MY RETIREMENT

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

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CHASE BREXTON HEALTH SERVICES, INC.

D Employer Identification Number (EIN)
52-1638592

Part I **Information 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: AB VPS GLOBAL THERMATIC

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

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)
35-0472300-001	P	11780

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP BLENDED LRG CAP GROWTH MNGD VO

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

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)
35-0472300-001	P	23865

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GLOBAL GROWTH

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

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)
35-0472300-001	P	27334

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

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

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)
35-0472300-001	P	17114

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GROWTH - INCOME

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

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)
35-0477230-001	P	33524

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

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

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)
35-0472300-001	P	19876

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP SSGA S&P 500 INDEX

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

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)
35-0472300-001	P	113299

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP MACQUARIE WEALTH BUILDER FUND

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

c EIN-PN 35-0472300-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1949

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

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

c EIN-PN 35-0472300-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4279

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP SSGA GLBL TACTICAL ALLOCTN MGD

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP MACQUARIE SOCIAL AWARENESS

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

c EIN-PN 35-0472300-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42138

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP MACQUARIE MID CAP VALUE

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

c EIN-PN 35-0472300-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16431

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP MONDRIAN INTERNATIONAL VALUE

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

c EIN-PN 35-0472300-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP SSGA SMALL-CAP INDEX

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

c EIN-PN 35-0472300-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13385

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP T. ROWE PRICE STRUCTURED MID-C

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

c EIN-PN 35-0472300-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27618

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP T. ROWE PRICE MID CAP GROWTH

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP VANGUARD DOMESTIC EQTY

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	LVIP DIMENSIONAL U.S. CORE EQUITY 1		
b Name of sponsor of entity listed in (a):	LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-0472300-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	96015
a Name of MTIA, CCT, PSA, or 103-12 IE:	LVIP GLOBAL GROWTH ALLOCATION MANGD		
b Name of sponsor of entity listed in (a):	LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-0472300-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	96093
a Name of MTIA, CCT, PSA, or 103-12 IE:	MFS UTILITIES		
b Name of sponsor of entity listed in (a):	LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-0472300-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	28956
a Name of MTIA, CCT, PSA, or 103-12 IE:	BLACKROCK GLOBAL ALLOCATION		
b Name of sponsor of entity listed in (a):	LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-0472300-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	FIDELITY VIP CONTRAFUND		
b Name of sponsor of entity listed in (a):	LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-0472300-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	32044
a Name of MTIA, CCT, PSA, or 103-12 IE:	LVIP BARON GROWTH OPPORTUNITIES		
b Name of sponsor of entity listed in (a):	LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-0472300-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	29673
a Name of MTIA, CCT, PSA, or 103-12 IE:	LVIP BLACKROCK DIVIDEND VALUE		
b Name of sponsor of entity listed in (a):	LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-0472300-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	98
a Name of MTIA, CCT, PSA, or 103-12 IE:	LVIP MACQUIRIE SMALL MID CAP CORE		
b Name of sponsor of entity listed in (a):	LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-0472300-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7821
a Name of MTIA, CCT, PSA, or 103-12 IE:	LVIP MACQUARIE US REIT FUND		
b Name of sponsor of entity listed in (a):	LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-0472300-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	19542
a Name of MTIA, CCT, PSA, or 103-12 IE:	LVIP MACQUARIE VALUE SERIES		
b Name of sponsor of entity listed in (a):	LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-0472300-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	17729

a Name of MTIA, CCT, PSA, or 103-12 IE: MML STRATEGIC EMERGING MARKETS

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO V.I. GOVN'T MONEY

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

c EIN-PN 06-1041383-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9522

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

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

c EIN-PN 06-1041383-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3285

a Name of MTIA, CCT, PSA, or 103-12 IE: MML AMERICAN FUNDS CORE ALLOCATION

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

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

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

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: MML AMERICAN FUNDS INTERNATIONAL

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

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

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

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

c EIN-PN 06-1041383-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5524

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

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

c EIN-PN 06-1041383-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 82243

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

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

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

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

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	FIDELITY VIP CONTRAFUND		
b Name of sponsor of entity listed in (a):	MASSMUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 06-1041383-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	241165
a Name of MTIA, CCT, PSA, or 103-12 IE:	MML SUSTAINABLE EQUITY		
b Name of sponsor of entity listed in (a):	MASSMUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 06-1041383-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	MML EQUITY INCOME		
b Name of sponsor of entity listed in (a):	MASSMUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 06-1041383-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	647
a Name of MTIA, CCT, PSA, or 103-12 IE:	MML MANAGED BOND		
b Name of sponsor of entity listed in (a):	MASSMUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 06-1041383-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	18372
a Name of MTIA, CCT, PSA, or 103-12 IE:	MML MID CAP VALUE		
b Name of sponsor of entity listed in (a):	MASSMUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 06-1041383-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	45698
a Name of MTIA, CCT, PSA, or 103-12 IE:	MML U.S. GOVERNMENT MONEY MARKET		
b Name of sponsor of entity listed in (a):	MASSMUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 06-1041383-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	71202
a Name of MTIA, CCT, PSA, or 103-12 IE:	INVESCO V.I. GLBL STRAT INCOME		
b Name of sponsor of entity listed in (a):	MASSMUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 06-1041383-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	14582
a Name of MTIA, CCT, PSA, or 103-12 IE:	MML BLUE CHIP GRTH		
b Name of sponsor of entity listed in (a):	MASSMUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 06-1041383-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	21902
a Name of MTIA, CCT, PSA, or 103-12 IE:	INVESCO V.I. INTERN'L GROWTH		
b Name of sponsor of entity listed in (a):	MASSMUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 06-1041383-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8530
a Name of MTIA, CCT, PSA, or 103-12 IE:	MML MANAGED VOL		
b Name of sponsor of entity listed in (a):	MASSMUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 06-1041383-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	12264

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO V.I. DISCOVERY MID CAP GRTH

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

c EIN-PN 04-1590850-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49198

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP VANGUARD INTL EQUITY ETF

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: MACQUARIE SMALL CAP VALUE

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO VIT TOTAA RETURN

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

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

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

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

c EIN-PN 06-1041383-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 112432

a Name of MTIA, CCT, PSA, or 103-12 IE: MML INVESCO DISCOVERY LARGE

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

c EIN-PN 06-1041383-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21058

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

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

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CHASE BREXTON HEALTH SERVICES, INC.

D Employer Identification Number (EIN)
52-1638592

Part I Asset and Liability Statement

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)	382	4153
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	569557	660377
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1552626	1398217
(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)	25215997	30627669
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	832737	534351
(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	28171299	33224767
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	28171299	33224767

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)	1206307	
(B) Participants	2a(1)(B)	2769572	
(C) Others (including rollovers)	2a(1)(C)	770273	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4746152
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	47883	
(F) Other	2b(1)(F)	15833	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		63716
(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)	1155201	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1155201
(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)	92	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		92

		(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)		181947
(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)		3392660
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		9539768
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4310858	
(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)		4310858
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		14086
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	137630	
(3) Recordkeeping fees	2i(3)	385	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	23341	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		161356
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4486300
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		5053468
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: SMITH ELLIOTT KEARNS & COMPANY, LLC **(2)** EIN: 52-0783935

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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
CHASE BREXTON HEALTH SERVICES, INC. 403(B) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CHASE BREXTON HEALTH SERVICES, INC.

D Employer Identification Number (EIN)
52-1638592

Part I Distributions

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

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

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

EIN(s): 42-0127290 35-0472300

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

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

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500493A .

Audited Financial Statements

December 31, 2025

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

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INDEPENDENT AUDITOR'S REPORT

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

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

We have performed audits of the financial statements of Chase Brexton Health Services, Inc. 403(b) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for plan benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for plan 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 Chase Brexton Health Services, Inc. 403(b) 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 Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company (Principal Trust Company), Lincoln National Life Insurance Company and Massachusetts Mutual Life Insurance Company and C.M. Life Insurance Company (collectively "MassMutual"), qualified institutions as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Chase Brexton Health Services, Inc. 403(b) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of 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 Chase Brexton Health Services, Inc. 403(b) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Chase Brexton Health Services, Inc. 403(b) Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Chase Brexton Health Services, Inc. 403(b) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental Form 5500 Schedule H, Part IV, line 4i – 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. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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



Camp Hill, Pennsylvania
October 9, 2026

CHASE BREXTON HEALTH SERVICES, INC. 403(b) PLAN
Statements of Net Assets Available for Plan Benefits
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments		
Participant-Directed Investments, at Fair Value		
Mutual funds	$ 30,627,669	$ 25,215,997
Variable Annuity Contracts		
Fixed accounts	184,399	209,231
Separate accounts	1,398,217	1,552,626
	32,210,285	26,977,854
Participant-Directed Investments, at Contract Value		
Principal fixed income guaranteed option	349,952	623,506
Total Investments	32,560,237	27,601,360
Receivables		
Employer contributions	4,153	382
Notes receivable from participants	660,377	601,129
Total Receivables	664,530	601,511
TOTAL ASSETS/NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 33,224,767	$ 28,202,871

CHASE BREXTON HEALTH SERVICES, INC. 403(b) PLAN
Statement of Changes in Net Assets Available for Plan Benefits
Year Ended December 31, 2025

ADDITIONS TO NET ASSETS		
Investment Income		
Net appreciation in fair value of investments (including realized gains and losses)	$	3,574,699
Interest		15,833
Dividends		1,155,201
		4,745,733
Interest on Notes Receivable from Participants		46,975
Contributions		
Employer		1,206,307
Participant		2,769,572
Rollover		770,273
		4,746,152
Total Additions		9,538,860
DEDUCTIONS FROM NET ASSETS		
Benefits paid to participants		4,341,522
Deemed distributions		14,086
Administrative expenses		161,356
Total Deductions		4,516,964
Net Increase		5,021,896
NET ASSETS AVAILABLE FOR PLAN BENEFITS, BEGINNING OF YEAR		28,202,871
NET ASSETS AVAILABLE FOR PLAN BENEFITS, END OF YEAR	$	33,224,767

NOTE 1 DESCRIPTION OF PLAN

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

General

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

Participation and Eligibility

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

Contributions

Participants may elect to defer a portion of their annual eligible compensation on a pre-tax or Roth basis up to the maximum amount allowed under IRS regulations. Participants who have attained age 50 before the end of the year may make an additional catch-up contribution. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Company contributes a matching contribution to participants who have completed two years of service. The Company contributes a matching contribution equal to 100% of the participant's elective deferrals up to 5% of eligible compensation, as defined by the Plan. The Company's matching contribution was $1,206,307 for the year ended December 31, 2025. Both participant and employer contributions are subject to limitations under applicable provisions of the Internal Revenue Service (IRS).

Participant Accounts

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

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Vesting

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

Notes Receivable from Participants

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

Participant Loans Issued by the Insurance Company

Participants may borrow directly from MassMutual a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their contract value at MassMutual. Under no circumstances can the loan exceed the contract withdrawal value on the date the loan is established, reduced by any contract loans and applicable security. Loan terms may not exceed 5 years except for loans for the purchase of a principal residence. The loans are secured by the contract. The contract must be assigned to MassMutual as security for the loan. An amount equal to the loan must be in the guaranteed principal account or the loan secured fixed account. The loan interest rate for the duration of the loan is a fixed annual rate based on the Moody's Corporate Bond Yield monthly average for the calendar month two months prior to the date the loan rate is declared, but not less than 5%. Principal and interest are paid monthly to MassMutual directly from the participant. The outstanding balances of participant loans issued by MassMutual at December 31, 2025 and 2024 totaled $1,268 and $1,214, respectively.

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

Payment of Benefits

On termination of service due to death, disability, retirement, or other reasons, a participant may elect to receive either a lump-sum amount equal to the vested balance of their account, or annual installments over the life expectancy of the participant. Distributions of vested account balances of less than $7,000, but greater than $1,000 that meet the provisions for a mandatory distribution will be paid as a direct rollover into an individual retirement account designated by the Plan Administrator if the participant does not elect the distribution method. Distributions of a vested account balance less than $1,000 that meet the provisions for a mandatory distribution will automatically be paid directly to the participant if the participant does not elect the distribution method. In addition, hardship and in-service distributions are permitted if certain criteria are met.

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Hardship Distributions

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

Forfeited Accounts

At December 31, 2025 and 2024, forfeited nonvested accounts totaled $0. These accounts are used to reduce future employer contributions or pay plan expenses. During 2025, no forfeitures were used to reduce employer contributions or to pay plan expenses.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Sponsor determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note 4 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 in fair value of investments includes the Plan's gains and losses on investments purchased and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Payment of Benefits

Benefits are recorded when paid.

Expenses

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

Contributions

Contributions from Plan participants and the matching contributions from the Company are recorded in the year in which the employee contributions are withheld from compensation and on compensation paid during the year.

NOTE 3 INFORMATION CERTIFIED BY CUSTODIANS

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

Certain information in the accompanying financial statements and ERISA-required supplemental schedule related to investments and notes receivable from participants held as of December 31, 2025 and 2024, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by the custodians previously described.

NOTE 4 FAIR VALUE MEASUREMENTS

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

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

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

Mutual Funds

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

Variable Annuity Contracts - Fixed Accounts

Valued at fair value which approximates contract value. Contract value represents contributions made to the contracts, plus interest credited, less participant withdrawals and administrative charges. These annuity-based investments are not traded on an exchange and generally do not have a readily determinable market value.

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

Variable Annuity Contracts – Separate Accounts

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

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

	Fair Value			
	Level 1	Level 2	Level 3	Total
December 31, 2025				
Principal Accounts				
Mutual Funds	$ 30,627,669	$ -	$ -	$ 30,627,669
Lincoln Alliance Variable Annuity Contracts				
Fixed Accounts	-	-	3,584	3,584
MassMutual Variable Annuity Contracts				
Fixed Accounts	-	-	180,815	180,815
Total Assets in the Fair Value Hierarchy	30,627,669	-	184,399	30,812,068
Investments measured at net asset value [(a)]				
Lincoln Alliance Variable Annuity Contracts				
Separate Accounts	-	-	-	680,589
MassMutual Variable Annuity Contracts				
Separate Accounts	-	-	-	717,628
Total Investments Measured at Net Asset Value	-	-	-	1,398,217
Total Investments at Fair Value	$ 30,627,669	$ -	$ 184,399	$ 32,210,285
December 31, 2024				
Principal Accounts				
Mutual Funds	$ 25,215,997	$ -	$ -	$ 25,215,997
Lincoln Alliance Variable Annuity Contracts				
Fixed Accounts	-	-	10,758	10,758
MassMutual Variable Annuity Contracts				
Fixed Accounts	-	-	198,473	198,473
Total Assets in the Fair Value Hierarchy	25,215,997	-	209,231	25,425,228
Investments measured at net asset value [(a)]				
Lincoln Alliance Variable Annuity Contracts				
Separate Accounts	-	-	-	776,471
MassMutual Variable Annuity Contracts:				
Separate Accounts	-	-	-	776,155
Total Investments Measured at Net Asset Value	-	-	-	1,552,626
Total Investments at Fair Value	$ 25,215,997	$ -	$ 209,231	$ 26,977,854

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

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

The Plan evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for plan benefits.

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2025.

	Lincoln Alliance Fixed Accounts	MassMutual Fixed Accounts
Balance, Beginning of Year	$ 10,758	$ 198,473
Unrealized gains relating to instruments still held at the reporting date	2,292	5,299
Full surrender	(9,460)	(22,932)
Sales	(6)	(25)
Balance, End of Year	$ 3,584	$ 180,815

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

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments as of December 31, 2025 and 2024, and the significant unobservable inputs and the ranges of value for those inputs.

December 31, 2025					
Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values	Weighted Average
Variable Annuity Contracts - Fixed Income	$ 184,399	Market Value Formula	Composite Crediting Rate	3.00%-3.50%	3.01%

December 31, 2024					
Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values	Weighted Average
Variable Annuity Contracts - Fixed Income	$ 209,231	Market Value Formula	Composite Crediting Rate	3.00%-3.50%	3.03%

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2025 and 2024. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
December 31, 2025				
Lincoln Alliance Variable Annuity Contracts				
Nature of Separate Accounts:				
ESG/Socially Conscious	$ 53,918	N/A	Daily	None
Growth and Income	70,893	N/A	Daily	None
Income	4,279	N/A	Daily	None
Long Term Growth	351,095	N/A	Daily	None
Maximum Capital Appreciation	78,497	N/A	Daily	None
Risk Managed	121,907	N/A	Daily	None
Total	680,589			
MassMutual Variable Annuity Contracts				
Nature of Separate Accounts:				
Balanced	5,525	N/A	Daily	None
Fixed Income	32,955	N/A	Daily	None
International/Global	120,962	N/A	Daily	None
Large Cap Blend	253,429	N/A	Daily	None
Large Cap Growth	42,961	N/A	Daily	None
Large Cap Value	82,890	N/A	Daily	None
Money Market	80,725	N/A	Daily	None
Small/Mid Cap Growth	49,198	N/A	Daily	None
Small/Mid Cap Value	45,698	N/A	Daily	None
Specialty	3,285	N/A	Daily	None
Total	717,628			
	$ 1,398,217			

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
December 31, 2024				
Lincoln Alliance Variable Annuity Contracts				
Nature of Separate Accounts:				
Asset Allocation	$ 1,243	N/A	Daily	None
ESG/Socially Conscious	91,519	N/A	Daily	None
Growth and Income	111,986	N/A	Daily	None
Income	744	N/A	Daily	None
Long Term Growth	330,861	N/A	Daily	None
Maximum Capital Appreciation	128,953	N/A	Daily	None
Risk Managed	111,165	N/A	Daily	None
Total	776,471			
MassMutual Variable Annuity Contracts				
Nature of Separate Accounts:				
Balanced	4,994	N/A	Daily	None
Fixed Income	30,296	N/A	Daily	None
International/Global	160,454	N/A	Daily	None
Large Cap Blend	205,204	N/A	Daily	None
Large Cap Growth	37,584	N/A	Daily	None
Large Cap Value	71,407	N/A	Daily	None
Money Market	90,273	N/A	Daily	None
Small/Mid Cap Growth	119,526	N/A	Daily	None
Small/Mid Cap Value	42,435	N/A	Daily	None
Specialty	13,982	N/A	Daily	None
Total	776,155			
	$ 1,552,626			

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

NOTE 5 PRINCIPAL FIXED INCOME GUARANTEED OPTION

The Plan maintains a fully benefit-responsive guaranteed investment contract with Principal totaling $349,952 and $623,506 as of December 31, 2025 and 2024, respectively. Principal maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the plan. The crediting rate is based on a formula established by the contract issuer but may not be less than zero percent. Such interest rate is reviewed on a monthly or quarterly basis for resetting. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

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

NOTE 5 PRINCIPAL FIXED INCOME GUARANTEED OPTION (CONTINUED)

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

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

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

NOTE 6 RELATED-PARTY TRANSACTIONS AND PARTIES IN INTEREST TRANSACTIONS

Certain Plan investments are held by Principal, Lincoln National Life Insurance Company and MassMutual, the custodians as defined by the Plan and, therefore, these transactions qualify as party in interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investment rather than a direct payment. The Plan made direct payments to Principal of $160,971, Lincoln National Life Insurance Company of $325 and MassMutual of $60. The Company pays directly any other fees related to the Plan's operations.

NOTE 7 PLAN TERMINATION

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

NOTE 8 TAX STATUS

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

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

NOTE 9 RISKS AND UNCERTAINTIES

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

NOTE 10 RECONCILIATION OF FORM 5500 TO FINANCIAL STATEMENTS

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

	2025	2024
Net Assets Available for Plan Benefits, per Form 5500	$ 33,224,767	$ 28,171,299
Add: Defaulted loans deemed distributed for Form 5500 purposes only	-	31,572
Net Assets Available for Plan Benefits, per Financial Statements	$ 33,224,767	$ 28,202,871

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

	2025
Net Income, per Form 5500	$ 5,053,468
Certain deemed distributions of participant loans in 2025, net	(31,572)
Net Increase, per Financial Statements	$ 5,021,896

NOTE 11 SUBSEQUENT EVENTS

The Plan administrator has evaluated events and transactions subsequent to December 31, 2025 through October 9, 2026 the date these financial statements were available to be issued. Based on the definitions and requirements of generally accepted accounting principles, management has not identified any events that occurred subsequent to December 31, 2025 and through October 9, 2026 that require recognition or disclosure in the financial statements.

CHASE BREXTON HEALTH SERVICES, INC. 403(b) PLAN
Form 5500 Schedule H Part IV Line 4i – Schedule of Assets (Held at End of Year)
As of December 31, 2025
Employer Identification Number 52-1638592; Plan No. 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
		Principal Investments		
*	Principal Life Insurance Company	Principal Fixed Income Guaranteed Option	**	$ 349,952
		Mutual Funds:		
	American Beacon Funds	AB Large Cap Growth Z Fund	**	858,605
	American Beacon Funds	American Beacon SmallCap Value R5 Fund	**	123,644
	American Century Investments	American Century MidCap Value R6 Fund	**	180,811
	The American Funds	American Funds New Perspective R6 Fund	**	1,171,606
	The American Funds	American Funds Washington Mutual Investors R6 Fund	**	401,367
	BlackRock	BlackRock Emerging Markets K Funds	**	337,275
	BlackRock	BlackRock Total Return K Fund	**	237,938
	Calvert Funds	Calvert Equity I Fund	**	153,754
	Columbia Funds	Columbia Div Income I3 Fund	**	108,233
	JP Morgan Funds	JP Morgan MidCap Growth R6 Fund	**	254,873
*	Principal Funds Inc.	LargeCap S&P 500 Index Inst Fund	**	1,919,173
	Lord Abbett	Lord Abbett Short Duration Income R6 Fund	**	81,530
*	Principal Funds Inc.	MidCap S&P 400 Index Inst Fund	**	579,812
	PGIM Investments	PGIM High Yield R6 Fund	**	165,281
*	Principal Funds Inc.	SmallCap Growth I Inst Fund	**	63,046
*	Principal Funds Inc.	SmallCap S&P 600 Index Inst Fund	**	348,735
	Vanguard Group	Vanguard RE Index Adm Fund	**	194,257
	Vanguard Group	Vanguard Target Retirement 2020 Inv Fund	**	833,290
	Vanguard Group	Vanguard Target Retirement 2025 Inv Fund	**	804,863
	Vanguard Group	Vanguard Target Retirement 2030 Inv Fund	**	3,206,726
	Vanguard Group	Vanguard Target Retirement 2035 Inv Fund	**	1,550,066
	Vanguard Group	Vanguard Target Retirement 2040 Inv Fund	**	1,836,067
	Vanguard Group	Vanguard Target Retirement 2045 Inv Fund	**	6,329,405
	Vanguard Group	Vanguard Target Retirement 2050 Inv Fund	**	3,752,715
	Vanguard Group	Vanguard Target Retirement 2055 Inv Fund	**	3,483,543
	Vanguard Group	Vanguard Target Retirement 2060 Inv Fund	**	962,387
	Vanguard Group	Vanguard Target Retirement 2065 Inv Fund	**	275,718
	Vanguard Group	Vanguard Target Retirement 2070 Inv Fund	**	302,806
	Vanguard Group	Vanguard Target Retirement Inc Inv Fund	**	110,143
				30,627,669
		Lincoln Variable Annuity Contracts		
		Fixed Accounts:		
*	Lincoln National Corporation	Lincoln Financial Group Fixed Account	**	3,584
		Separate Accounts:		
*	Lincoln National Corporation	AllianceBernstein VPS Global Thematic Growth	**	11,780
*	Lincoln National Corporation	American Funds Global Growth	**	27,334
*	Lincoln National Corporation	American Funds Growth	**	17,114
*	Lincoln National Corporation	American Funds Growth Income	**	33,524
*	Lincoln National Corporation	American Funds International	**	19,876
*	Lincoln National Corporation	Fidelity VIP Contrafund	**	32,044
*	Lincoln National Corporation	Lincoln Variable Insurance Products (LVIP) Baron Growth Opp	**	29,673
*	Lincoln National Corporation	LVIP BlackRock Equity Dividend Value Managed Volatility Fund	**	97
*	Lincoln National Corporation	LVIP Blended Large Cap Growth Managed Vlty	**	23,865
*	Lincoln National Corporation	LVIP Macquarie Wealth Builder Fund	**	1,949
*	Lincoln National Corporation	LVIP Macquarie Bond	**	4,279
*	Lincoln National Corporation	LVIP Macquarie Social Awareness	**	42,138
*	Lincoln National Corporation	LVIP Macquarie Mid Cap Value	**	16,431
*	Lincoln National Corporation	LVIP Macquarie U.S. REIT Series	**	19,542

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As of December 31, 2025
Employer Identification Number 52-1638592; Plan No. 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	Lincoln National Corporation	LVIP Macquarie SmallMid Cap Core Series	**	7,821
*	Lincoln National Corporation	LVIP Macquarie Value Series	**	17,729
*	Lincoln National Corporation	LVIP Dimensional U.S. Core Equity 1	**	96,014
*	Lincoln National Corporation	LVIP Global Growth Allocation Managed Risk	**	96,093
*	Lincoln National Corporation	LVIP Mondrian International Value	**	28
*	Lincoln National Corporation	LVIP SSGA S&P 500 Index	**	113,299
*	Lincoln National Corporation	LVIP SSGA Small-Cap Index	**	13,385
*	Lincoln National Corporation	LVIP T. Rowe Price Structured Mid-Cap	**	27,618
*	Lincoln National Corporation	MFS Utilities	**	28,956
				680,589
		MassMutual Variable Annuity Contracts		
		Fixed Accounts:		
*	Massachusetts Mutual Life Insurance Co.	MassMutual Fixed Account	**	178,286
*	Massachusetts Mutual Life Insurance Co.	MassMutual Guaranteed Principal Account (Flex Extra)	**	2,529
				180,815
		Separate Accounts:		
*	Massachusetts Mutual Life Insurance Co.	Fidelity VIP Contrafund	**	241,165
*	Massachusetts Mutual Life Insurance Co.	MML Blend	**	5,525
*	Massachusetts Mutual Life Insurance Co.	MML Blue Chip Growth	**	21,903
*	Massachusetts Mutual Life Insurance Co.	MML Equity	**	82,243
*	Massachusetts Mutual Life Insurance Co.	MML Equity Income	**	647
*	Massachusetts Mutual Life Insurance Co.	MML Managed Bond	**	18,372
*	Massachusetts Mutual Life Insurance Co.	MML Managed Volatility	**	12,264
*	Massachusetts Mutual Life Insurance Co.	MML Mid Cap Growth	**	49,198
*	Massachusetts Mutual Life Insurance Co.	MML VIP American Century Mid Cap Value	**	45,698
*	Massachusetts Mutual Life Insurance Co.	MML U.S. Government Money Market	**	71,203
*	Massachusetts Mutual Life Insurance Co.	MML Global	**	112,432
*	Massachusetts Mutual Life Insurance Co.	MML Invesco Discovery Large Cap	**	21,058
*	Massachusetts Mutual Life Insurance Co.	Invesco Opp V.I. Global Strategic Income	**	14,583
*	Massachusetts Mutual Life Insurance Co.	Invesco Opp V.I. Government Money	**	9,522
*	Massachusetts Mutual Life Insurance Co.	Invesco Opp V.I. International Growth	**	8,530
*	Massachusetts Mutual Life Insurance Co.	Invesco Opp V.I. Technology	**	3,285
				717,628
		Total Investments		32,560,237
*	Notes Receivable from Participants	Interest ranging from 4.25% - 9.50%	0	660,377
		Total Fair Value of Plan Assets		$ 33,220,614

* Identifies a party-in-interest

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

CHASE BREXTON HEALTH SERVICES, INC. 403(b) PLAN
Form 5500 Schedule H Part IV Line 4i – Schedule of Assets (Held at End of Year)
As of December 31, 2025
Employer Identification Number 52-1638592; Plan No. 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
		Principal Investments		
*	Principal Life Insurance Company	Principal Fixed Income Guaranteed Option	**	$ 349,952
		Mutual Funds:		
	American Beacon Funds	AB Large Cap Growth Z Fund	**	858,605
	American Beacon Funds	American Beacon SmallCap Value R5 Fund	**	123,644
	American Century Investments	American Century MidCap Value R6 Fund	**	180,811
	The American Funds	American Funds New Perspective R6 Fund	**	1,171,606
	The American Funds	American Funds Washington Mutual Investors R6 Fund	**	401,367
	BlackRock	BlackRock Emerging Markets K Funds	**	337,275
	BlackRock	BlackRock Total Return K Fund	**	237,938
	Calvert Funds	Calvert Equity I Fund	**	153,754
	Columbia Funds	Columbia Div Income I3 Fund	**	108,233
	JP Morgan Funds	JP Morgan MidCap Growth R6 Fund	**	254,873
*	Principal Funds Inc.	LargeCap S&P 500 Index Inst Fund	**	1,919,173
	Lord Abbett	Lord Abbett Short Duration Income R6 Fund	**	81,530
*	Principal Funds Inc.	MidCap S&P 400 Index Inst Fund	**	579,812
	PGIM Investments	PGIM High Yield R6 Fund	**	165,281
*	Principal Funds Inc.	SmallCap Growth I Inst Fund	**	63,046
*	Principal Funds Inc.	SmallCap S&P 600 Index Inst Fund	**	348,735
	Vanguard Group	Vanguard RE Index Adm Fund	**	194,257
	Vanguard Group	Vanguard Target Retirement 2020 Inv Fund	**	833,290
	Vanguard Group	Vanguard Target Retirement 2025 Inv Fund	**	804,863
	Vanguard Group	Vanguard Target Retirement 2030 Inv Fund	**	3,206,726
	Vanguard Group	Vanguard Target Retirement 2035 Inv Fund	**	1,550,066
	Vanguard Group	Vanguard Target Retirement 2040 Inv Fund	**	1,836,067
	Vanguard Group	Vanguard Target Retirement 2045 Inv Fund	**	6,329,405
	Vanguard Group	Vanguard Target Retirement 2050 Inv Fund	**	3,752,715
	Vanguard Group	Vanguard Target Retirement 2055 Inv Fund	**	3,483,543
	Vanguard Group	Vanguard Target Retirement 2060 Inv Fund	**	962,387
	Vanguard Group	Vanguard Target Retirement 2065 Inv Fund	**	275,718
	Vanguard Group	Vanguard Target Retirement 2070 Inv Fund	**	302,806
	Vanguard Group	Vanguard Target Retirement Inc Inv Fund	**	110,143
				30,627,669
		Lincoln Variable Annuity Contracts		
		Fixed Accounts:		
*	Lincoln National Corporation	Lincoln Financial Group Fixed Account	**	3,584
		Separate Accounts:		
*	Lincoln National Corporation	AllianceBernstein VPS Global Thematic Growth	**	11,780
*	Lincoln National Corporation	American Funds Global Growth	**	27,334
*	Lincoln National Corporation	American Funds Growth	**	17,114
*	Lincoln National Corporation	American Funds Growth Income	**	33,524
*	Lincoln National Corporation	American Funds International	**	19,876
*	Lincoln National Corporation	Fidelity VIP Contrafund	**	32,044
*	Lincoln National Corporation	Lincoln Variable Insurance Products (LVIP) Baron Growth Opp	**	29,673
*	Lincoln National Corporation	LVIP BlackRock Equity Dividend Value Managed Volatility Fund	**	97
*	Lincoln National Corporation	LVIP Blended Large Cap Growth Managed Vlty	**	23,865
*	Lincoln National Corporation	LVIP Macquarie Wealth Builder Fund	**	1,949
*	Lincoln National Corporation	LVIP Macquarie Bond	**	4,279
*	Lincoln National Corporation	LVIP Macquarie Social Awareness	**	42,138
*	Lincoln National Corporation	LVIP Macquarie Mid Cap Value	**	16,431
*	Lincoln National Corporation	LVIP Macquarie U.S. REIT Series	**	19,542

CHASE BREXTON HEALTH SERVICES, INC. 403(b) PLAN
Form 5500 Schedule H Part IV Line 4i – Schedule of Assets (Held at End of Year)
As of December 31, 2025
Employer Identification Number 52-1638592; Plan No. 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	Lincoln National Corporation	LVIP Macquarie SmallMid Cap Core Series	**	7,821
*	Lincoln National Corporation	LVIP Macquarie Value Series	**	17,729
*	Lincoln National Corporation	LVIP Dimensional U.S. Core Equity 1	**	96,014
*	Lincoln National Corporation	LVIP Global Growth Allocation Managed Risk	**	96,093
*	Lincoln National Corporation	LVIP Mondrian International Value	**	28
*	Lincoln National Corporation	LVIP SSGA S&P 500 Index	**	113,299
*	Lincoln National Corporation	LVIP SSGA Small-Cap Index	**	13,385
*	Lincoln National Corporation	LVIP T. Rowe Price Structured Mid-Cap	**	27,618
*	Lincoln National Corporation	MFS Utilities	**	28,956
				680,589
		MassMutual Variable Annuity Contracts		
		Fixed Accounts:		
*	Massachusetts Mutual Life Insurance Co.	MassMutual Fixed Account	**	178,286
*	Massachusetts Mutual Life Insurance Co.	MassMutual Guaranteed Principal Account (Flex Extra)	**	2,529
				180,815
		Separate Accounts:		
*	Massachusetts Mutual Life Insurance Co.	Fidelity VIP Contrafund	**	241,165
*	Massachusetts Mutual Life Insurance Co.	MML Blend	**	5,525
*	Massachusetts Mutual Life Insurance Co.	MML Blue Chip Growth	**	21,903
*	Massachusetts Mutual Life Insurance Co.	MML Equity	**	82,243
*	Massachusetts Mutual Life Insurance Co.	MML Equity Income	**	647
*	Massachusetts Mutual Life Insurance Co.	MML Managed Bond	**	18,372
*	Massachusetts Mutual Life Insurance Co.	MML Managed Volatility	**	12,264
*	Massachusetts Mutual Life Insurance Co.	MML Mid Cap Growth	**	49,198
*	Massachusetts Mutual Life Insurance Co.	MML VIP American Century Mid Cap Value	**	45,698
*	Massachusetts Mutual Life Insurance Co.	MML U.S. Government Money Market	**	71,203
*	Massachusetts Mutual Life Insurance Co.	MML Global	**	112,432
*	Massachusetts Mutual Life Insurance Co.	MML Invesco Discovery Large Cap	**	21,058
*	Massachusetts Mutual Life Insurance Co.	Invesco Opp V.I. Global Strategic Income	**	14,583
*	Massachusetts Mutual Life Insurance Co.	Invesco Opp V.I. Government Money	**	9,522
*	Massachusetts Mutual Life Insurance Co.	Invesco Opp V.I. International Growth	**	8,530
*	Massachusetts Mutual Life Insurance Co.	Invesco Opp V.I. Technology	**	3,285
				717,628
		Total Investments		32,560,237
*	Notes Receivable from Participants	Interest ranging from 4.25% - 9.50%	0	660,377
		Total Fair Value of Plan Assets		$ 33,220,614

* Identifies a party-in-interest

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