# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2025**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

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

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

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
MVHS, INC. 403(B) PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 01/01/1985

**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)
MVHS, INC.

111 HOSPITAL DR.
UTICA, NY 13502

**2b** Employer Identification Number (EIN)
16-1576637

**2c** Plan Sponsor's telephone number
315-801-8816

**2d** Business code (see instructions)
622000

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/14/2026 | NANCY RATCLIFFE |
| | **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** | 4312 |
| **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)** | 3562 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 3172 |
| **b** | Retired or separated participants receiving benefits | **6b** | 53 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 662 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 3887 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 8 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 3895 |
| **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)** | 1731 |
| **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)** | 1717 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 25 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

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

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

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

**a Pension Schedules**

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

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 3
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **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
MVHS, INC. 403(B) PLAN

**B** Three-digit plan number (PN) ▶ 002

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

**D** Employer Identification Number (EIN)
16-1576637

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

**1** Coverage Information:

**(a)** Name of insurance carrier
LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK

| (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 |
| 16-1505436 | 60139 | 892195 - 007 | 458 | 01/01/2025 | 12/31/2025 |

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

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| | |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 27703408 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 263103 | | |
| | (2) Dividends and credits | 7c(2) | 0 | | |
| | (3) Interest credited during the year | 7c(3) | 755557 | | |
| | (4) Transferred from separate account | 7c(4) | 2007856 | | |
| | (5) Other (specify below) | 7c(5) | 2128767 | | |
| | ▶ MAY INCLUDE LOAN REPAYMENTS, FORFEITURES, TAKEOVERS, AND/OR ADJUSTMENTS | | | | |
| | (6)Total additions | | | 7c(6) | 5155283 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 32858691 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 3741286 | | |
| | (2) Administration charge made by carrier | 7e(2) | 32636 | | |
| | (3) Transferred to separate account | 7e(3) | 1064657 | | |
| | (4) Other (specify below) | 7e(4) | 2087572 | | |
| | ▶ MAY INCLUDE LOANS ISSUED, FORFEITURES, FEES, CORRECTIVES, AND/OR ADJUSTMENTS | | | | |
| | (5) Total deductions | | | 7e(5) | 6926151 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 25932540 |

## 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
MVHS, INC. 403(B) PLAN

**B** Three-digit plan number (PN) ▶ 002

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

**D** Employer Identification Number (EIN)
16-1576637

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

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

**1** Coverage Information:

**(a)** Name of insurance carrier
LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK

| (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 |
| 22-0832760 | 60139 | 892446+006 | 622 | 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 |
|---|---|
| 159518 | 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

HEALTHCARE COMMUNITY SECURITIE
1 EMPIRE DR
RENSSELAER, NY 12144

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 159518 | | | 4 |

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ GROUP VARIABLE ANNUITY W/GUAR FUND

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 34668869 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 172438 | | |
| | (2) Dividends and credits | 7c(2) | 0 | | |
| | (3) Interest credited during the year | 7c(3) | 1469384 | | |
| | (4) Transferred from separate account | 7c(4) | 133129 | | |
| | (5) Other (specify below) | 7c(5) | 17412 | | |
| | ▶ MAY INCLUDE LOAN REPAYMENTS, FORFEITURES, TAKEOVERS, AND/OR ADJUSTMENTS | | | | |
| | (6)Total additions | | | 7c(6) | 1792363 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 36461232 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 3768210 | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | 204543 | | |
| | (4) Other (specify below) | 7e(4) | 19755 | | |
| | ▶ MAY INCLUDE LOANS ISSUED, FORFEITURES, FEES, CORRECTIVES, AND/OR ADJUSTMENTS | | | | |
| | (5) Total deductions | | | 7e(5) | 3992508 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 32468724 |

## 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
MVHS, INC. 403(B) PLAN

**B** Three-digit plan number (PN) ▶ 002

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

**D** Employer Identification Number (EIN)
16-1576637

**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
MUTUAL OF AMERICA

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 13-1614399 | 88668 | 901371 | 6 | 01/01/2025 | 12/31/2025 |

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

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| | |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 44689 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☐ other ▶

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 43522 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 1239 | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) | 7c(5) | | | |
| | ▶ | | | | |
| | (6)Total additions | | | 7c(6) | 1239 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | 44761 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (2) Administration charge made by carrier | 7e(2) | 72 | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) | 7e(4) | | | |
| | ▶ | | | | |
| | (5) Total deductions | | | 7e(5) | 72 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 44689 |

## 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<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**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
MVHS, INC. 403(B) PLAN

**B** Three-digit plan number (PN) ▶ 002

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

**D** Employer Identification Number (EIN)
16-1576637

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

AMERICAN CENTURY INVESTMENTS
P.O. BOX 419200
4500 MAIN STREET
KANSAS CITY, MO 64141

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

AMERICAN FUNDS
333 SOUTH HOPE STREET
LOS ANGELES, CA 90071

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

CALVERT RESEARCH AND MANAGEMENT
1825 CONNECTICUT AVENUE NW
SUITE 400
WASHINGTON, DC 20009

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

DELAWARE FUNDS BY MACQUARIE
PO BOX 9876
PROVIDENCE, RI 02940

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

DWS

210 WEST 10TH STREET
KANSAS CITY, MO 64105

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

FIDELITY INVESTMENTS

82 DEVONSHIRE STREET
BOSTON, MA 02109

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

GOLDMAN SACHS

200 WEST STREET
NEW YORK, NY 10282

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

INVESCO

11 GREENWAY PLAZA
STE. 2500
HOUSTON, TX 77046

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

MFS

111 HUNTINGTON AVENUE
BOSTON, MA 02199

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

MUTUAL OF AMERICA

320 PARK AVE
NEW YORK, NY 10022

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

NEUBERGER BERMAN

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

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

PIMCO

840 NEWPORT CENTER DRIVE
SUITE 100
NEWPORT BEACH, CA 92660

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

VANGUARD

100 VANGUARD BOULEVARD
MALVERN, PA 19355

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

VICTORY CAPITAL MANAGEMENT INC.

15935 LA CANTERA PARKWAY
BUILDING TWO
SAN ANTONIO, TX 78256

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

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

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

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

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

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

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

LINCOLN NATIONAL CORPORATION

35-0472300

| (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 | SERVICE PROVIDER | 168402 | Yes [X] No [ ] | Yes [X] No [ ] | 45 | Yes [ ] No [X] |

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

TRUE PLAN

14-1764768

| (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 | ADVISORY FEE | 71418 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

FUST CHARLES LLP

16-1226221

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 10 | AUDITORY FEE | 15725 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

NEW ENGLAND RETIREMENT CNSLT,LLC

20-5322603

| (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 | ADVISORY FEE | 7500 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

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

**A** Name of plan
MVHS, INC. 403(B) PLAN

**B** Three-digit plan number (PN) ▶ 002

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

**D** Employer Identification Number (EIN)
16-1576637

## 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) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(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) | 1257214 | 1211010 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 133121301 | 141553609 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 62372277 | 58445953 |
| **(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 | 196750792 | 201210572 |
| **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 | 196750792 | 201210572 |

## 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) | 1260334 | |
| **(B)** Participants | 2a(1)(B) | 2078201 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 429757 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 3768292 |
| **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) | 79792 | |
| **(F)** Other | 2b(1)(F) | 2226181 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 2305973 |
| **(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) | 8081478 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 8081478 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 13830852 |
| c Other income | 2c | | 86312 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 28072907 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 23213214 | |
| (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) | | 23213214 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 136935 |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 168263 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | 15725 | |
| (5) Investment advisory and investment management fees | 2i(5) | 78918 | |
| (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) | 72 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 262978 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 23613127 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 4459780 |
| 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: FUSTCHARLES LLP **(2)** EIN: 16-1226221

**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
MVHS, INC. 403(B) PLAN

**B** Three-digit plan number (PN) ▶ 002

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

**D** Employer Identification Number (EIN)
16-1576637

## 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): 04-2456637 35-1140070

**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** 164

## 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 J500796A .

# MVHS, INC.
# 403(b) RETIREMENT PLAN

Financial Statements and Supplemental Schedule

December 31, 2025 and 2024

**MVHS, INC.**
**403(b) RETIREMENT PLAN**

Index


| | Schedule | Page |
|---|---|---|
| Independent Auditor's Report | | |
| Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024 | | 1 |
| Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2025 and 2024 | | 2 |
| Notes to Financial Statements | | 3 - 12 |
| Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 | 1 | 13 - 16 |

# INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
MVHS, Inc. 403(b) Retirement Plan:

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

We have performed audits of the accompanying financial statements of MVHS, Inc. 403(b) Retirement Plan (formerly Faxton-St. Luke's Healthcare 403(b) Retirement Plan) (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan 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 qualified institutions as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in note 5 to the financial statements, is complete and accurate.

## Opinion

In our opinion, based on our 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 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

(Continued)

**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 the 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 the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

**Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements 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 judgement made by a reasonable user based on the financial statements.

(Continued)

**Auditor's Responsibilities for the Audit of the Financial Statements, Continued**

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement 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 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 judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for 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.

(Continued)

FustCharles



**Supplemental Schedule Required by ERISA**

The supplemental Schedule H, 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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 their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion -

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

- the information in the supplemental 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).



Syracuse, New York
October 13, 2026

**FustCharles LLP**

**MVHS, INC.**
**403(b) RETIREMENT PLAN**

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

| | 2025 | 2024 |
|---|---|---|
| Assets: | | |
| Investments: | | |
| Mutual funds, at fair value | $ 123,888,217 | 109,210,484 |
| Pooled separate accounts, at fair value | 17,665,392 | 19,880,628 |
| Guaranteed account, at contract value | 32,468,724 | 34,668,869 |
| Group fixed annuity contracts, at contract value | 25,977,229 | 25,787,797 |
| Total investments | 199,999,562 | 189,547,778 |
| Receivables: | | |
| Contributions receivable - participant | 82,186 | - |
| Contributions receivable - employer | 46,320 | - |
| Transfer of assets to the Plan (note 1(a)) | - | 5,844,253 |
| Notes receivable from participants | 1,211,010 | 1,195,658 |
| Total receivables | 1,339,516 | 7,039,911 |
| Net assets available for benefits | $ 201,339,078 | 196,587,689 |

See accompanying notes to financial statements.

**MVHS, INC.**
**403(b) RETIREMENT PLAN**

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2025 and 2024

| | 2025 | 2024 |
|---|---|---|
| Additions: | | |
| Investment income: | | |
| Net appreciation in fair value of investments | $ 16,143,345 | 17,299,977 |
| Interest and dividends | 8,081,478 | 6,448,935 |
| | 24,224,823 | 23,748,912 |
| Interest income on notes receivable from participants | 79,792 | 67,106 |
| Contributions: | | |
| Participant | 2,160,387 | 1,777,954 |
| Employer | 1,306,654 | 1,059,374 |
| Rollover | 429,757 | 374,764 |
| | 3,896,798 | 3,212,092 |
| Total additions | 28,201,413 | 27,028,110 |
| Deductions: | | |
| Benefits paid to participants | 23,350,149 | 22,061,474 |
| Administrative expenses | 262,978 | 274,854 |
| Total deductions | 23,613,127 | 22,336,328 |
| Net increase | 4,588,286 | 4,691,782 |
| Transfer of assets to the Plan (note 1(a)) | 163,103 | 5,844,253 |
| Net assets available for benefits: | | |
| Beginning of year | 196,587,689 | 186,051,654 |
| End of year | $ 201,339,078 | 196,587,689 |

See accompanying notes to financial statements.

**MVHS, INC.**
**403(b) RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2025 and 2024

(1) Description of Plan

The following description of the MVHS, Inc. 403(b) Retirement Plan (formerly Faxton-St. Luke's Healthcare 403(b) Retirement Plan) (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

(a) General

The Plan is a defined contribution plan covering eligible employees of MVHS, Inc. (formerly Faxton-St. Luke's Healthcare) (Hospital) and St. Luke's Home Residential Health Care Facility, Inc. d/b/a MVHS Rehabilitation and Nursing Center (Home) who have elected to participate. The Hospital and Home (collectively known as the Employer) are affiliated entities. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Mohawk Valley Health System (MVHS), a not-for-profit corporation is the sole member of MVHS, Inc. (formerly Faxton-St. Luke's Healthcare). Effective October 29, 2023, MVHS finalized the construction of its new hospital campus in downtown Utica and consolidated operations. On that date, Faxton-St. Luke's Healthcare was renamed MVHS, Inc. and the Faxton-St. Luke's Healthcare 403(b) Plan was renamed the MVHS, Inc. 403(b) Plan.

Effective January 1, 2024, contributions ceased for certain employees no longer eligible to participate in the Plan due to a change in their collective bargaining unit. These employees, under their new collective bargaining unit, are eligible to participate in the MVHS, Inc. 401(k) plan.

Effective December 31, 2024, the Visiting Nurse Association of Utica and Oneida County, Inc. 403(b) Plan merged into the Plan. Matching contributions transferred to this Plan from the Visiting Nurse Association of Utica and Oneida County, Inc. 403(b) Plan became 100% vested upon merger. For the years ended December 31, 2025 and 2024, approximately $163,000 and $5,800,000 is recorded as a transfer of assets to the Plan in the statements of changes in net assets available for benefits, respectively. These employees were immediately fully vested in all matching contributions transferred into the Plan.



(Continued)

(1) Description of Plan, Continued

(b) Contributions

Each year, participants may contribute a percentage of their pre-tax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). For participants hired prior to July 1, 2014, the Employer makes a fixed contribution to the Plan of 5% of eligible compensation. For participants hired after July 1, 2014, and have completed 500 hours of service, the Employer makes a fixed contribution to the Plan of 3% of eligible compensation. In addition, for each participant hired prior to July 1, 2014, the Employer matches participant contributions ranging from 1%-5% of eligible compensation based on years of service. For each participant hired after July 1, 2014, and has completed at least five years of service, the Employer matches participant contributions ranging from 1%-3% of eligible compensation based on years of service. To earn a year of service to receive an Employer contribution, a participant must complete 975 hours of service during a Plan year. Participants direct the investment of the contributions into various investment options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

(c) Participant Accounts

Each participant's account is credited with the participant's contributions and related Employer contributions, as well as allocations of the Plan's earnings (losses). Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings (losses), 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.

(d) Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. For purposes of vesting, a year of service is a Plan year in which the participant completes 1,000 hours of service. Vesting in the Employer's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service and is as follows:

| Years of Service | Vesting Percentage |
|---|---|
| Less than 2 | 0% |
| 2 | 20% |
| 3 | 40% |
| 4 | 60% |
| 5 | 80% |
| 6 or more | 100% |



(Continued)

(1) Description of Plan, Continued

(e) Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 4.25% to 9.50%, which are commensurate with local prevailing rates as determined by the Plan administrator at the time the loan is originated. Principal and interest are paid ratably through payroll deductions or directly from participants.

(f) 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 value of the participant's vested interest in his or her account, a life annuity, a joint life and last survivor annuity or equal installments over a period of not more than the participant's assumed life expectancy or the joint life and last survivor expectancy of the participant and the participant's designated beneficiary.

(g) Forfeited Accounts

At December 31, 2025 and 2024, forfeited nonvested accounts totaled approximately $72,000 and $37,000, respectively. These accounts may be used to pay Plan administrative expenses or reduce Employer contributions that are allocated to each participant's account based upon the relation of the participant's compensation to total compensation for the Plan year. During 2025 and 2024, Employer contributions were reduced by approximately $115,000 and $199,000, respectively, from forfeited nonvested accounts.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

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

(b) Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan administrator 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.

(2) Summary of Significant Accounting Policies, Continued

(c) Investment Valuation and Income Recognition

Investments are reported at fair value, except for the 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's Pension Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians, and insurance company. See note 3 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 on investments bought and sold as well as held during the year.

(d) 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.

(e) Payment of Benefits

Benefits are recorded when paid.

(f) Administrative Expenses

The Plan's expenses are paid by the Plan as provided by the Plan agreement. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Fees incurred by the Plan for the investment management services are included in administrative expenses. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

(g) Subsequent Events

The Plan has evaluated subsequent events through October 13, 2026, the date the financial statements were available to be issued.



(Continued)

(3) Fair Value Measurements

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

(3) Fair Value Measurements, Continued

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 U.S. Securities and Exchange Commission. 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.

*Pooled separate accounts*: Pooled separate accounts are valued at each account's NAV as determined by Lincoln Life and Annuity Company of New York as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by each fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investments for an amount different than the reported NAV.

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

| | 2025 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Assets in the fair value hierarchy - Mutual funds | $ 123,888,217 | - | - | 123,888,217 |
| Investments measured at NAV - Pooled separate accounts | - | - | - | 17,665,392 |
| Total assets at fair value | $ 123,888,217 | - | - | 141,553,609 |

| | 2024 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Assets in the fair value hierarchy - Mutual funds | $ 109,210,484 | - | - | 109,210,484 |
| Investments measured at NAV - Pooled separate accounts | - | - | - | 19,880,628 |
| Total assets at fair value | $ 109,210,484 | - | - | 129,091,112 |



(Continued)

(3) Fair Value Measurements, Continued

The following tables summarize the Plan's investments whose NAV is used as a practical expedient to determine their fair value as of December 31:

| | 2025 | | | | |
|---|---|---|---|---|---|
| | Fair value | Unfunded commitments | Redemption frequency | Other redemption restrictions | Redemption notice period |
| Pooled separate accounts | $ 17,665,392 | - | Daily | None | None |

| | 2024 | | | | |
|---|---|---|---|---|---|
| | Fair value | Unfunded commitments | Redemption frequency | Other redemption restrictions | Redemption notice period |
| Pooled separate accounts | $ 19,880,628 | - | Daily | None | None |

(4) Group Fixed Annuity and Guaranteed Account Contracts with Insurance Company

The Plan maintains fully benefit-responsive group fixed annuity contracts with Lincoln Life and Annuity Company of New York (Lincoln). The Plan maintains fully benefit-responsive guaranteed account contracts with Lincoln and Mutual of America Life Insurance Company (Mutual). Lincoln and Mutual maintain the contributions in general accounts. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Lincoln and Mutual are contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

These contracts meet the fully benefit-responsive investment contract criteria and, therefore, are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Lincoln, represents contributions made under the contracts, 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.

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



(Continued)

(4) Group Fixed Annuity and Guaranteed Account Contracts with Insurance Company, Continued

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (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, (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.

The group fixed annuity and guaranteed account contracts do not mature and permit the contract holder and insurance company to terminate the agreements with proper notice, as defined in the contract.

(5) Certified Information

Certain investment information disclosed in the accompanying financial statements and ERISA - required supplementary schedule, including all investments and notes receivable from participants held at December 31, 2025 and 2024, and net appreciation in fair value of investments, dividends and interest, and interest income on notes receivable from participants for the years ended December 31, 2025 and 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Lincoln Financial Group Trust Company, Inc., Lincoln Life and Annuity Company of New York and Mutual of America Life Insurance Company (the custodians of the Plan).

(6) Party-in-Interest Transactions

Certain Plan investments are managed by either Lincoln Financial Group Trust Company, Inc., Lincoln Life and Annuity Company of New York and Mutual of America Life Insurance Company, the custodians, as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. The Plan made direct payments to the third-party administrator of $247,320 and $261,020 for the years ended December 31, 2025 and 2024, respectively.

In addition, the Plan issues notes receivable to participants, which are secured by the balances in the participants' accounts. These transactions qualify as exempt-party-in-interest transactions.

(7) Plan Termination

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

(8) Tax Status

The Plan has been established using a volume submitter plan designed and maintained by the Plan's third-party administrator. The Internal Revenue Service (IRS) has determined and informed the volume submitter sponsor by a letter dated March 31, 2017, that the volume submitter plan is designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2022.

(9) Risks and Uncertainties

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

(10) Reconciliation of Financial Statements to the Form 5500

The following reconciles net assets available for benefits per the financial statements to the Form 5500 as of December 31:

| | 2025 | 2024 |
|---|---|---|
| Net assets available for benefits per the financial statements | $ 201,339,078 | 196,587,689 |
| Add: Participant transfers into the Plan | - | 163,103 |
| Less: Participant contributions receivable | (82,186) | - |
| Less: Employer contributions receivable | (46,320) | - |
| Net assets available per the Form 5500 | $ 201,210,572 | 196,750,792 |

The following is a reconciliation of the changes in net assets available for benefits per the financial statements to the changes in net assets available for benefits per the Form 5500 for the years ended December 31:

| | 2025 | 2024 |
|---|---|---|
| Changes in net assets available for benefits per the financial statements | $ 4,588,286 | 4,691,782 |
| Change in participant contributions receivable | (82,186) | 62,137 |
| Change in employer contributions receivable | (46,320) | 68,678 |
| Change in net assets available for benefits per the Form 5500 | 4,459,780 | 4,822,597 |
| Participant transfers into the Plan per the Form 5500 | - | 6,007,356 |
| Net increase in net assets available for benefits per the Form 5500 | $ 4,459,780 | 10,829,953 |

**MVHS, INC.**
**403(b) RETIREMENT PLAN**

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

Employer Identification No. 16-1576637

Plan No. 002

December 31, 2025

| (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 Life and Annuity Company of New York | Group Fixed Annuity Contract #GP-892195 - rate of 3.0% | ** | $ 10,909,154 |
| * | Lincoln Life and Annuity Company of New York | Group Fixed Annuity Contract #894315 - rate of 2.0% | ** | 15,023,386 |
| * | Lincoln Life and Annuity Company of New York | Guaranteed Account Contract #892446 - rate of 4.5% | ** | 32,468,724 |
| | Mutual of America Interest Accumulation Account | Interest Accumulation Account - rate of 2.85 % | ** | 44,689 |
| | Allspring Small Company Value Fund | Mutual Fund - 2,759 Shares | ** | 98,099 |
| | American Washington Mutual Investors Fund | Mutual Fund - 247,277 Shares | ** | 16,132,338 |
| | American New Perspective Fund | Mutual Fund - 99,933 Shares | ** | 7,062,262 |
| | American Balanced Fund | Mutual Fund - 125,402 Shares | ** | 4,703,828 |
| | T. Rowe Price Retirement 2010 Fund | Mutual Fund - 28,411 Shares | ** | 454,007 |
| | T. Rowe Price Retirement 2015 Fund | Mutual Fund - 1,059 Shares | ** | 14,094 |
| | T. Rowe Price Retirement 2020 Fund | Mutual Fund - 25,301 Shares | ** | 498,436 |
| | T. Rowe Price Retirement 2025 Fund | Mutual Fund - 85,398 Shares | ** | 1,505,560 |
| | T. Rowe Price Retirement 2030 Fund | Mutual Fund - 126,240 Shares | ** | 3,498,123 |
| | T. Rowe Price Retirement 2035 Fund | Mutual Fund - 168,168 Shares | ** | 3,928,399 |
| | T. Rowe Price Retirement 2040 Fund | Mutual Fund - 148,299 Shares | ** | 5,098,517 |
| | T. Rowe Price Retirement 2045 Fund | Mutual Fund - 137,368 Shares | ** | 3,490,521 |
| | T. Rowe Price Retirement 2050 Fund | Mutual Fund - 397,604 Shares | ** | 8,600,178 |
| | T. Rowe Price Retirement 2055 Fund | Mutual Fund - 242,289 Shares | ** | 5,512,081 |
| | T. Rowe Price Retirement 2060 Fund | Mutual Fund - 91,810 Shares | ** | 1,744,388 |
| | T. Rowe Price Retirement 2065 I Class | Mutual Fund - 54,277 Shares | ** | 801,482 |
| | T. Rowe Price Retirement 2070 I Class | Mutual Fund - 5,961 Shares | ** | 66,341 |
| | Vanguard Growth Index Fund | Mutual Fund - 115,044 Shares | ** | 28,893,350 |
| | Vanguard Inflation Protected Securities Fund | Mutual Fund - 47,911 Shares | ** | 1,100,516 |
| | Vanguard Institutional Index Fund | Mutual Fund - 11,146 Shares | ** | 6,153,513 |
| | Vanguard Mid Cap Index Fund | Mutual Fund - 26,884 Shares | ** | 3,230,620 |
| | Vanguard Mid Cap Index Institutional Fund | Mutual Fund - 13,479 Shares | ** | 1,069,969 |
| | Vanguard Small Cap Index Fund | Mutual Fund - 9,505 Shares | ** | 1,174,614 |
| | Emerald Growth Fund | Mutual Fund - 161,950 Shares | ** | 4,873,075 |
| | Harbor International Core Fund Retirement Class | Mutual Fund - 324,197 Shares | ** | 5,491,904 |
| | John Hancock Funds Disciplined Value Mid Cap Fund | Mutual Fund - 88,270 Shares | ** | 2,423,894 |
| | Baird Aggregate Bond Fund | Mutual Fund - 358,991 Shares | ** | 3,568,366 |
| | Federated High Yield Trust Service Fund | Mutual Fund - 110,641 Shares | ** | 1,921,835 |

(Continued)

**MVHS, INC.**
**403(b) RETIREMENT PLAN**

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

Employer Identification No. 16-1576637

Plan No. 002

December 31, 2025

| (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 |
|---|---|---|---|---|
| | Federated High Yield Trust Institutional Shares | Mutual Fund - 46,909 Shares | ** | 305,378 |
| | American Funds Strategic Bond Class R6 | Mutual Fund - 50,484 Shares | ** | 472,529 |
| * | Lincoln - AllianceBernstein VPS Global Thematic Growth Fund | Pooled Separate Account - 6,590 Units | ** | 89,575 |
| * | Lincoln - AllianceBernstein VPS Large Cap Growth Fund | Pooled Separate Account - 1,271 Units | ** | 31,507 |
| * | Lincoln - American Century VP Balanced Fund | Pooled Separate Account - 3,766 Units | ** | 297,637 |
| * | Lincoln - American Funds Global Growth Fund | Pooled Separate Account - 4,612 Units | ** | 325,376 |
| * | Lincoln - American Funds Growth Fund | Pooled Separate Account - 37,538 Units | ** | 2,964,371 |
| * | Lincoln - American Funds Growth-Income Fund | Pooled Separate Account - 12,068 Units | ** | 795,069 |
| * | Lincoln - American Funds International Fund | Pooled Separate Account - 9,794 Units | ** | 249,777 |
| * | Lincoln - Fidelity VIP Asset Manager Fund | Pooled Separate Account - 4,048 Units | ** | 305,869 |
| * | Lincoln - Fidelity VIP Contrafund Fund | Pooled Separate Account - 15,476 Units | ** | 1,282,852 |
| * | Lincoln - Fidelity VIP Growth Fund | Pooled Separate Account - 11,522 Units | ** | 3,751,412 |
| | Lincoln - Fidelity VIP Freedom Target 2030 | Pooled Separate Account - 7,704 Units | ** | 130,048 |
| | Lincoln - Fidelity VIP Freedom Target 2050 | Pooled Separate Account - 756 Units | ** | 15,310 |
| * | Lincoln - Janus Henderson Global Research Fund | Pooled Separate Account - 6,060 Units | ** | 343,941 |
| * | Lincoln - LVIP Baron Growth Opportunities Fund | Pooled Separate Account - 6,922 Units | ** | 762,838 |
| * | Lincoln - LVIP BlackRock Global Allocation Fund | Pooled Separate Account - 281 Units | ** | 7,787 |
| * | Lincoln - LVIP Blended Large Cap Growth Managed Fund | Pooled Separate Account - 4,202 Units | ** | 117,763 |
| * | Lincoln - LVIP BlackRock Global Real Estate Fund | Pooled Separate Account - 90 Units | ** | 1,116 |
| * | Lincoln - LVIP BR Inflation Protected Fund | Pooled Separate Account - 834 Units | ** | 9,291 |
| * | Lincoln - LVIP Dimensional US Core Equity Fund | Pooled Separate Account - 7,202 Units | ** | 360,609 |
| | Lincoln - LVIP Fidelity INST AM TOT Bond | Pooled Separate Account - 378 Units | ** | 7,652 |
| | Lincoln - LVIP Franklin T Core Bond Fund | Pooled Separate Account - 618 Units | ** | 11,165 |
| * | Lincoln - LVIP FT Emerging MKT EQ FUND | Pooled Separate Account - 756 Units | ** | 17,927 |
| * | Lincoln - LVIP FT GLB EQU MGMD VOL | Pooled Separate Account - 92 Units | ** | 1,604 |
| * | Lincoln - LVIP Global Moderate Allocation MR Fund | Pooled Separate Account - 136 Units | ** | 3,270 |
| * | Lincoln - LVIP Conservative Allocation MR Fund | Pooled Separate Account - 82 Units | ** | 1,920 |
| * | Lincoln - LVIP Global Growth Allocation MR Fund | Pooled Separate Account - 191 Units | ** | 4,588 |
| * | Lincoln - LVIP JP Morgan Retirement Income | Pooled Separate Account - 936 Units | ** | 22,052 |
| * | Lincoln - LVIP Mondrian International Fund | Pooled Separate Account - 768 Units | ** | 25,116 |
| | Lincoln - LVIP Nomura High Yield Fund | Pooled Separate Account - 517 Units | ** | 14,229 |

(Continued)

**MVHS, INC.**
**403(b) RETIREMENT PLAN**

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

Employer Identification No. 16-1576637

Plan No. 002

December 31, 2025

| (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 - LVIP Nomura Small Cap Value Fund | Pooled Separate Account - 4,095 Units | ** | 197,357 |
| | Lincoln - LVIP Nomura Smid Cap Core Fund | Pooled Separate Account - 1,511 Units | ** | 59,708 |
| | Lincoln - LVIP Nomura Social Aware Fund | Pooled Separate Account - 3,676 Units | ** | 314,048 |
| | Lincoln - LVIP Nomura U.S. Reit Fund | Pooled Separate Account - 6,499 Units | ** | 330,487 |
| * | Lincoln - LVIP SSgA Bond Index Fund | Pooled Separate Account - 439 Units | ** | 5,593 |
| * | Lincoln - LVIP SSgA Global TAC Allocation Managed VOL Fund | Pooled Separate Account - 31 Units | ** | 691 |
| * | Lincoln - LVIP SSgA International Index Fund | Pooled Separate Account - 92 Units | ** | 2,562 |
| * | Lincoln - LVIP SSgA S&P 500 Index Fund | Pooled Separate Account - 64,916 Units | ** | 3,603,283 |
| * | Lincoln - LVIP SSgA Small-Cap Index Fund | Pooled Separate Account - 9,788 Units | ** | 310,621 |
| * | Lincoln - LVIP T. Rowe Price 2020 | Pooled Separate Account - 605 Units | ** | 12,871 |
| * | Lincoln - LVIP T. Rowe Price 2030 | Pooled Separate Account - 585 Units | ** | 13,410 |
| * | Lincoln - LVIP T. Rowe Price 2040 | Pooled Separate Account - 786 Units | ** | 19,234 |
| | Lincoln - LVIP T. Rowe Price 2050 | Pooled Separate Account - 187 Units | ** | 4,884 |
| | Lincoln - LVIP T. Rowe Price 2060 | Pooled Separate Account - 242 Units | ** | 4,890 |
| * | Lincoln - LVIP T. Rowe Price Structured Mid-Cap Growth Fund | Pooled Separate Account - 5,215 Units | ** | 408,183 |
| * | Lincoln - Neuberger Berman AMT Sustainable EQ Port Fund | Pooled Separate Account - 10,034 Units | ** | 225,911 |
| * | Lincoln - T. Rowe Price International Stock Fund | Pooled Separate Account - 1,902 Units | ** | 68,859 |
| * | Mutual of America Aggressive Allocation Fund | Pooled Separate Account - 2,957 Units | ** | 2,957 |
| * | Mutual of America Equity Index Fund | Pooled Separate Account - 372 Units | ** | 7,893 |
| * | Mutual of America Intermediate Bond Fund | Pooled Separate Account - 719 Units | ** | 2,094 |
| * | Mutual of America Mid-Cap Equity Index Fund | Pooled Separate Account - 4,436 Units | ** | 42,853 |
| * | Mutual of America Money Market Fund | Pooled Separate Account - 2,203 Units | ** | 6,433 |
| * | Mutual of America Small Cap Growth Fund | Pooled Separate Account - 261 Units | ** | 1,171 |
| * | Mutual of America Small Cap Value Fund | Pooled Separate Account - 1,317 Units | ** | 1,317 |
| * | American Century Investments® VP Capital Appreciation Fund | Pooled Separate Account - 133 Units | ** | 15,997 |
| * | DWS Capital Growth VIP | Pooled Separate Account - 37 Units | ** | 11,032 |
| * | Fidelity® VIP Contrafund® Portfolio | Pooled Separate Account - 41 Units | ** | 13,107 |
| * | Fidelity® VIP Equity-Income Portfolio | Pooled Separate Account - 44 Units | ** | 8,295 |
| * | Fidelity® VIP Mid Cap Portfolio | Pooled Separate Account - 43 Units | ** | 8,006 |
| * | Vanguard VIF Diversified Value Portfolio | Pooled Separate Account - 93 Units | ** | 6,745 |
| * | Vanguard VIF International Portfolio | Pooled Separate Account - 47 Units | ** | 3,229 |

(Continued)

Schedule 1

**MVHS, INC.**
**403(b) RETIREMENT PLAN**

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

Employer Identification No. 16-1576637

Plan No. 002

December 31, 2025

| (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 |
|---|---|---|---|---|
| * | Notes receivable from participants | Loans, bearing interest at 4.25% to 9.50%, maturity dates ranging between 2026 and 2038 | - | 1,211,010 |
| | | | | $ 201,210,572 |

* Indicates a party-in-interest.

** Cost information omitted for participant-directed investments.

See accompanying independent auditor's report.

**MVHS, INC.**
**403(b) RETIREMENT PLAN**

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

Employer Identification No. 16-1576637

Plan No. 002

December 31, 2025

| (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 Life and Annuity Company of New York | Group Fixed Annuity Contract #GP-892195 - rate of 3.0% | ** | $ 10,909,154 |
| * | Lincoln Life and Annuity Company of New York | Group Fixed Annuity Contract #894315 - rate of 2.0% | ** | 15,023,386 |
| * | Lincoln Life and Annuity Company of New York | Guaranteed Account Contract #892446 - rate of 4.5% | ** | 32,468,724 |
| | Mutual of America Interest Accumulation Account | Interest Accumulation Account - rate of 2.85 % | ** | 44,689 |
| | Allspring Small Company Value Fund | Mutual Fund - 2,759 Shares | ** | 98,099 |
| | American Washington Mutual Investors Fund | Mutual Fund - 247,277 Shares | ** | 16,132,338 |
| | American New Perspective Fund | Mutual Fund - 99,933 Shares | ** | 7,062,262 |
| | American Balanced Fund | Mutual Fund - 125,402 Shares | ** | 4,703,828 |
| | T. Rowe Price Retirement 2010 Fund | Mutual Fund - 28,411 Shares | ** | 454,007 |
| | T. Rowe Price Retirement 2015 Fund | Mutual Fund - 1,059 Shares | ** | 14,094 |
| | T. Rowe Price Retirement 2020 Fund | Mutual Fund - 25,301 Shares | ** | 498,436 |
| | T. Rowe Price Retirement 2025 Fund | Mutual Fund - 85,398 Shares | ** | 1,505,560 |
| | T. Rowe Price Retirement 2030 Fund | Mutual Fund - 126,240 Shares | ** | 3,498,123 |
| | T. Rowe Price Retirement 2035 Fund | Mutual Fund - 168,168 Shares | ** | 3,928,399 |
| | T. Rowe Price Retirement 2040 Fund | Mutual Fund - 148,299 Shares | ** | 5,098,517 |
| | T. Rowe Price Retirement 2045 Fund | Mutual Fund - 137,368 Shares | ** | 3,490,521 |
| | T. Rowe Price Retirement 2050 Fund | Mutual Fund - 397,604 Shares | ** | 8,600,178 |
| | T. Rowe Price Retirement 2055 Fund | Mutual Fund - 242,289 Shares | ** | 5,512,081 |
| | T. Rowe Price Retirement 2060 Fund | Mutual Fund - 91,810 Shares | ** | 1,744,388 |
| | T. Rowe Price Retirement 2065 I Class | Mutual Fund - 54,277 Shares | ** | 801,482 |
| | T. Rowe Price Retirement 2070 I Class | Mutual Fund - 5,961 Shares | ** | 66,341 |
| | Vanguard Growth Index Fund | Mutual Fund - 115,044 Shares | ** | 28,893,350 |
| | Vanguard Inflation Protected Securities Fund | Mutual Fund - 47,911 Shares | ** | 1,100,516 |
| | Vanguard Institutional Index Fund | Mutual Fund - 11,146 Shares | ** | 6,153,513 |
| | Vanguard Mid Cap Index Fund | Mutual Fund - 26,884 Shares | ** | 3,230,620 |
| | Vanguard Mid Cap Index Institutional Fund | Mutual Fund - 13,479 Shares | ** | 1,069,969 |
| | Vanguard Small Cap Index Fund | Mutual Fund - 9,505 Shares | ** | 1,174,614 |
| | Emerald Growth Fund | Mutual Fund - 161,950 Shares | ** | 4,873,075 |
| | Harbor International Core Fund Retirement Class | Mutual Fund - 324,197 Shares | ** | 5,491,904 |
| | John Hancock Funds Disciplined Value Mid Cap Fund | Mutual Fund - 88,270 Shares | ** | 2,423,894 |
| | Baird Aggregate Bond Fund | Mutual Fund - 358,991 Shares | ** | 3,568,366 |
| | Federated High Yield Trust Service Fund | Mutual Fund - 110,641 Shares | ** | 1,921,835 |

(Continued)

**MVHS, INC.**
**403(b) RETIREMENT PLAN**

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

Employer Identification No. 16-1576637

Plan No. 002

December 31, 2025

| (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 |
|---|---|---|---|---|
| | Federated High Yield Trust Institutional Shares | Mutual Fund - 46,909 Shares | ** | 305,378 |
| | American Funds Strategic Bond Class R6 | Mutual Fund - 50,484 Shares | ** | 472,529 |
| * | Lincoln - AllianceBernstein VPS Global Thematic Growth Fund | Pooled Separate Account - 6,590 Units | ** | 89,575 |
| * | Lincoln - AllianceBernstein VPS Large Cap Growth Fund | Pooled Separate Account - 1,271 Units | ** | 31,507 |
| * | Lincoln - American Century VP Balanced Fund | Pooled Separate Account - 3,766 Units | ** | 297,637 |
| * | Lincoln - American Funds Global Growth Fund | Pooled Separate Account - 4,612 Units | ** | 325,376 |
| * | Lincoln - American Funds Growth Fund | Pooled Separate Account - 37,538 Units | ** | 2,964,371 |
| * | Lincoln - American Funds Growth-Income Fund | Pooled Separate Account - 12,068 Units | ** | 795,069 |
| * | Lincoln - American Funds International Fund | Pooled Separate Account - 9,794 Units | ** | 249,777 |
| * | Lincoln - Fidelity VIP Asset Manager Fund | Pooled Separate Account - 4,048 Units | ** | 305,869 |
| * | Lincoln - Fidelity VIP Contrafund Fund | Pooled Separate Account - 15,476 Units | ** | 1,282,852 |
| * | Lincoln - Fidelity VIP Growth Fund | Pooled Separate Account - 11,522 Units | ** | 3,751,412 |
| | Lincoln - Fidelity VIP Freedom Target 2030 | Pooled Separate Account - 7,704 Units | ** | 130,048 |
| | Lincoln - Fidelity VIP Freedom Target 2050 | Pooled Separate Account - 756 Units | ** | 15,310 |
| * | Lincoln - Janus Henderson Global Research Fund | Pooled Separate Account - 6,060 Units | ** | 343,941 |
| * | Lincoln - LVIP Baron Growth Opportunities Fund | Pooled Separate Account - 6,922 Units | ** | 762,838 |
| * | Lincoln - LVIP BlackRock Global Allocation Fund | Pooled Separate Account - 281 Units | ** | 7,787 |
| * | Lincoln - LVIP Blended Large Cap Growth Managed Fund | Pooled Separate Account - 4,202 Units | ** | 117,763 |
| * | Lincoln - LVIP BlackRock Global Real Estate Fund | Pooled Separate Account - 90 Units | ** | 1,116 |
| * | Lincoln - LVIP BR Inflation Protected Fund | Pooled Separate Account - 834 Units | ** | 9,291 |
| * | Lincoln - LVIP Dimensional US Core Equity Fund | Pooled Separate Account - 7,202 Units | ** | 360,609 |
| | Lincoln - LVIP Fidelity INST AM TOT Bond | Pooled Separate Account - 378 Units | ** | 7,652 |
| | Lincoln - LVIP Franklin T Core Bond Fund | Pooled Separate Account - 618 Units | ** | 11,165 |
| * | Lincoln - LVIP FT Emerging MKT EQ FUND | Pooled Separate Account - 756 Units | ** | 17,927 |
| * | Lincoln - LVIP FT GLB EQU MGMD VOL | Pooled Separate Account - 92 Units | ** | 1,604 |
| * | Lincoln - LVIP Global Moderate Allocation MR Fund | Pooled Separate Account - 136 Units | ** | 3,270 |
| * | Lincoln - LVIP Conservative Allocation MR Fund | Pooled Separate Account - 82 Units | ** | 1,920 |
| * | Lincoln - LVIP Global Growth Allocation MR Fund | Pooled Separate Account - 191 Units | ** | 4,588 |
| * | Lincoln - LVIP JP Morgan Retirement Income | Pooled Separate Account - 936 Units | ** | 22,052 |
| * | Lincoln - LVIP Mondrian International Fund | Pooled Separate Account - 768 Units | ** | 25,116 |
| | Lincoln - LVIP Nomura High Yield Fund | Pooled Separate Account - 517 Units | ** | 14,229 |

(Continued)

**MVHS, INC.**
**403(b) RETIREMENT PLAN**

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

Employer Identification No. 16-1576637

Plan No. 002

December 31, 2025

| (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 - LVIP Nomura Small Cap Value Fund | Pooled Separate Account - 4,095 Units | ** | 197,357 |
| | Lincoln - LVIP Nomura Smid Cap Core Fund | Pooled Separate Account - 1,511 Units | ** | 59,708 |
| | Lincoln - LVIP Nomura Social Aware Fund | Pooled Separate Account - 3,676 Units | ** | 314,048 |
| | Lincoln - LVIP Nomura U.S. Reit Fund | Pooled Separate Account - 6,499 Units | ** | 330,487 |
| * | Lincoln - LVIP SSgA Bond Index Fund | Pooled Separate Account - 439 Units | ** | 5,593 |
| * | Lincoln - LVIP SSgA Global TAC Allocation Managed VOL Fund | Pooled Separate Account - 31 Units | ** | 691 |
| * | Lincoln - LVIP SSgA International Index Fund | Pooled Separate Account - 92 Units | ** | 2,562 |
| * | Lincoln - LVIP SSgA S&P 500 Index Fund | Pooled Separate Account - 64,916 Units | ** | 3,603,283 |
| * | Lincoln - LVIP SSgA Small-Cap Index Fund | Pooled Separate Account - 9,788 Units | ** | 310,621 |
| * | Lincoln - LVIP T. Rowe Price 2020 | Pooled Separate Account - 605 Units | ** | 12,871 |
| * | Lincoln - LVIP T. Rowe Price 2030 | Pooled Separate Account - 585 Units | ** | 13,410 |
| * | Lincoln - LVIP T. Rowe Price 2040 | Pooled Separate Account - 786 Units | ** | 19,234 |
| | Lincoln - LVIP T. Rowe Price 2050 | Pooled Separate Account - 187 Units | ** | 4,884 |
| | Lincoln - LVIP T. Rowe Price 2060 | Pooled Separate Account - 242 Units | ** | 4,890 |
| * | Lincoln - LVIP T. Rowe Price Structured Mid-Cap Growth Fund | Pooled Separate Account - 5,215 Units | ** | 408,183 |
| * | Lincoln - Neuberger Berman AMT Sustainable EQ Port Fund | Pooled Separate Account - 10,034 Units | ** | 225,911 |
| * | Lincoln - T. Rowe Price International Stock Fund | Pooled Separate Account - 1,902 Units | ** | 68,859 |
| * | Mutual of America Aggressive Allocation Fund | Pooled Separate Account - 2,957 Units | ** | 2,957 |
| * | Mutual of America Equity Index Fund | Pooled Separate Account - 372 Units | ** | 7,893 |
| * | Mutual of America Intermediate Bond Fund | Pooled Separate Account - 719 Units | ** | 2,094 |
| * | Mutual of America Mid-Cap Equity Index Fund | Pooled Separate Account - 4,436 Units | ** | 42,853 |
| * | Mutual of America Money Market Fund | Pooled Separate Account - 2,203 Units | ** | 6,433 |
| * | Mutual of America Small Cap Growth Fund | Pooled Separate Account - 261 Units | ** | 1,171 |
| * | Mutual of America Small Cap Value Fund | Pooled Separate Account - 1,317 Units | ** | 1,317 |
| * | American Century Investments® VP Capital Appreciation Fund | Pooled Separate Account - 133 Units | ** | 15,997 |
| * | DWS Capital Growth VIP | Pooled Separate Account - 37 Units | ** | 11,032 |
| * | Fidelity® VIP Contrafund® Portfolio | Pooled Separate Account - 41 Units | ** | 13,107 |
| * | Fidelity® VIP Equity-Income Portfolio | Pooled Separate Account - 44 Units | ** | 8,295 |
| * | Fidelity® VIP Mid Cap Portfolio | Pooled Separate Account - 43 Units | ** | 8,006 |
| * | Vanguard VIF Diversified Value Portfolio | Pooled Separate Account - 93 Units | ** | 6,745 |
| * | Vanguard VIF International Portfolio | Pooled Separate Account - 47 Units | ** | 3,229 |

(Continued)

Schedule 1

**MVHS, INC.**
**403(b) RETIREMENT PLAN**

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

Employer Identification No. 16-1576637

Plan No. 002

December 31, 2025

| (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 |
|---|---|---|---|---|
| * | Notes receivable from participants | Loans, bearing interest at 4.25% to 9.50%, maturity dates ranging between 2026 and 2038 | - | 1,211,010 |
| | | | | $ 201,210,572 |

* Indicates a party-in-interest.

** Cost information omitted for participant-directed investments.

See accompanying independent auditor's report.