

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

- 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 [x] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan ALLEGIANCE HEALTH MANAGEMENT RETIREMENT SAVINGS PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 09/01/2006
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) ALLEGIANCE HEALTH MANAGEMENT, INC. 504 TEXAS ST, STE 200 SHREVEPORT, LA 71101
2b Employer Identification Number (EIN) 47-0899588
2c Plan Sponsor's telephone number 318-629-3263
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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	3135
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	2972
	6a(2)	3090
	6b	3
	6c	169
	6d	3262
	6e	0
	6f	3262
	6g(1)	
6g(2)	825	
6h	474	
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 Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 3D 3H

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2018** and ending **12/31/2018**

A Name of plan ALLEGIANCE HEALTH MANAGEMENT RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ALLEGIANCE HEALTH MANAGEMENT, INC.	D Employer Identification Number (EIN) 47-0899588	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

CAPITAL RESEARCH & MANAGEMENT CO.

95-1411037

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

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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)

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95-1411037

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 52 60 62 25 49 72 37	RECORDKEEPER	6322	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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(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)
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2018** and ending **12/31/2018**

A Name of plan ALLEGIANCE HEALTH MANAGEMENT RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ALLEGIANCE HEALTH MANAGEMENT, INC.	D Employer Identification Number (EIN) 47-0899588

Part I Asset and Liability Statement

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a 0	0
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1) 0	47640
(2) Participant contributions	1b(2) 0	0
(3) Other	1b(3) 0	0
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 770110	662646
(2) U.S. Government securities	1c(2) 0	0
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A) 0	0
(B) All other	1c(3)(B) 0	0
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A) 0	0
(B) Common	1c(4)(B) 0	0
(5) Partnership/joint venture interests	1c(5) 0	0
(6) Real estate (other than employer real property)	1c(6) 0	0
(7) Loans (other than to participants)	1c(7) 0	0
(8) Participant loans	1c(8) 111934	811939
(9) Value of interest in common/collective trusts	1c(9) 0	0
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11) 0	0
(12) Value of interest in 103-12 investment entities	1c(12) 0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13) 9666421	15604567
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15) 0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	10548465	17126792
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	10548465	17126792

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)	0	
(B) Participants.....	2a(1)(B)	1646348	
(C) Others (including rollovers).....	2a(1)(C)	8384310	
(2) Noncash contributions.....	2a(2)	0	10030658
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	2813	14895
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	12082	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		14895
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	767906
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	767906	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		767906
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	0
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	0	0
(B) Other.....	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	-1780984
c Other income	2c	0
d Total income. Add all income amounts in column (b) and enter total.....	2d	9032475

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2410637
(2) To insurance carriers for the provision of benefits	2e(2)	0
(3) Other.....	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	2410637
f Corrective distributions (see instructions)	2f	35990
g Certain deemed distributions of participant loans (see instructions).....	2g	0
h Interest expense.....	2h	0
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	7521
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	0
(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)	0
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	7521
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	2454148

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	6578327
l Transfers of assets:		
(1) To this plan.....	2l(1)	
(2) From this plan	2l(2)	

Part III Accountant's Opinion

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

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

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

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

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

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

(1) Name: **TMCE, LLP**

(2) EIN: **45-3564278**

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	722044
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	300000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

**ALLEGIANCE HEALTH MANAGEMENT, INC.
RETIREMENT SAVINGS PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2018
AND
DECEMBER 31, 2017

ALLEGIANCE HEALTH MANAGEMENT, INC. RETIREMENT SAVINGS PLAN
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* All other schedules required by Section 2520.103-10 of the Department of Labor's *Rules and Regulations for Reporting and Disclosure* under Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



INDEPENDENT AUDITORS' REPORT

Plan Administrator
ALLEGIANCE HEALTH MANAGEMENT, INC. RETIREMENT SAVINGS PLAN
Shreveport, Louisiana

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Allegiance Health Management, Inc. Retirement Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statement of changes in net assets available for benefits for the year ended December 31, 2018, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by Capital Bank and Trust, the custodians of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2018 and 2017, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets (held at end of year) and schedule of delinquent participant contributions as of the year ended December 31, 2018, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink that reads "TMCE, LLP". The letters are slanted and connected, with a stylized, cursive-like appearance.

TMCE, LLP
Shreveport, Louisiana
June 5, 2025

ALLEGIANCE HEALTH MANAGEMENT, INC. RETIREMENT SAVINGS PLAN
 Statements of Net Assets Available for Benefits
 December 31, 2018 and 2017

	3	
	2018	2017
Investments, at fair value (Note 3)	\$ 16,267,213	\$ 10,436,530
Receivables		
Participant contributions	47,640	64,804
Notes receivable from participants	811,939	133,618
Total receivables	859,579	198,422
TOTAL ASSETS	\$ 17,126,792	\$ 10,634,952
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	\$ 17,126,792	\$ 10,634,952

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

ALLEGIANCE HEALTH MANAGEMENT, INC. RETIREMENT SAVINGS PLAN
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2018

4

ADDITIONS

Additions to net assets attributed to:

Investment income

Net (depreciation) in fair value of investments \$ (1,780,984)

Interest and dividends 770,719

Total investment (loss) (1,010,265)

Other income 11,201

Interest income on notes receivable from participants 12,082

Contributions

Participant 1,569,075

Rollovers 8,384,310

Total contributions 9,953,385

TOTAL ADDITIONS 8,966,403

DEDUCTIONS

Deductions from net assets attributed to:

Benefits paid to participants 2,468,240

Administrative expenses 6,323

TOTAL DEDUCTIONS 2,474,563

NET INCREASE IN PLAN 6,491,840

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year 10,634,952

End of year \$ 17,126,792

NOTE 1 – DESCRIPTION OF PLAN

The following brief description of the Allegiance Health Management, Inc. (the “Company”) Retirement Savings Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the plan document for more complete information.

General

The plan is a defined contribution savings plan under Section 401(a) of the Internal Revenue Code of 1986, as amended, which provides retirement, disability or death benefits for eligible employees of the Company. An eligible employee is any person employed by the company who is an employee at any of the following Plan co-sponsors: Allegiance Health Management, Inc.; Allegiance Behavioral Health Center of Plainview, LLC; Allegiance Health Center of Ruston, LLC; Allegiance Specialty Hospital of Greenville, LLC; Bienville Medical Center; Dardanelle Community Hospital; Allegiance Specialty Hospital of Kilgore, LLC; Allegiance Hospital of Many, LLC, Allegiance Specialty Hospital of North Little Rock dba North Metro Medical Center; Avoyelles Hospital, LLC; Winn Parish Medical Center, LLC; Oakdale Hospital, LLC; and Eureka Springs Hospital, LLC, CLHG – Acadian, LLC dba Acadian Medical Center; CLHG – Leesville, LLC dba Byrd Regional Hospital; CLHG – Minden, LLC dba Minden Medical Center; CLHG – Ville Platte dba Mercy Regional Medical Center. An employee becomes eligible to participate in the plan upon the attainment of age eighteen (18) and completion of one month of service. The Plan is subject to various provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

The Plan is an amendment and restatement of a pre-existing plan which was originally effective as of September 1, 2006. The plan as herein discussed is effective as of August 7, 2018.

Contributions and Allocations

Each year, eligible participants may elect to contribute a certain percentage or dollar amount of their pretax annual compensation (“eligible compensation” as defined under the Plan), not to exceed maximum annual contribution limits established by the Federal Government. The elective deferral limitations for 2018 and 2017 amounted to \$18,500 and \$18,000 respectively. In addition, during the year which a participant attains age fifty (50) and in subsequent years, the participant could elect to make additional, pretax “catch up” contributions of up to \$6,000.

Company matching contributions are discretionary for each Plan year. The company may also make a profit-sharing contribution to each participant’s account in an amount determined by the Plan administrator each year. The company did not make matching or profit sharing contributions for the years ended December 31, 2018 and 2017.

Rollover contributions are permitted by the Plan. Rollover contributions remain in segregated rollover accounts and are always one hundred percent (100%) vested.

Voluntary contributions to the plan are not allowed.

In an asset acquisition with LifePoint Health, Inc., several facilities were purchased in 2018. These included, CLHG – Acadian, LLC dba Acadian Medical Center; CLHG – Leesville, LLC

Contributions and Allocations (continued)

dba Byrd Regional Hospital; CLHG – Minden, LLC dba Minden Medical Center; and CLHG – Ville Platte dba Mercy Regional Medical Center (“CLHG Group”).

The CLHG Group are co-sponsors of the Plan. CLHG Group employees became eligible to participate in the Plan effective August 7, 2018. CLHG Group employees electing to roll over their LifePoint Health, Inc. account were also permitted to roll over their existing plan loan. Loans rolled over into the Plan were secured with a new loan agreement and rate.

Participant Accounts

Each participant may direct their salary reduction contributions, as well as matching and profit-sharing contributions, into one or more mutual funds selected by Plan management. A participant may change such allocation at any time directly with Capital Bank and Trust and may transfer all or a portion of the value of his or her account, in increments of one percent, among the funds as often as established in the participant’s salary deferral agreement.

All of a participant’s salary reduction is credited to his or her account, as directed by the participant. The value of each of the separate funds is determined by Capital Bank and Trust on each daily valuation. Capital Bank and Trust then values and increases or decreases each participant’s account to reflect his or her proportionate interest in each of the funds, as adjusted for fund activity, since the preceding valuation date.

Vesting

Under the Plan, participants are immediately vested in their elective deferral contributions and rollover contributions, plus actual earnings thereon. Participants are vested in the Company’s contribution portion of their accounts plus actual earnings thereon based on years of continuous service. All participants are fully vested after completing at least 6 (six) years of service.

The vesting schedule for matching and discretionary employer contributions (including top-heavy) is as follows:

<u>Completed Years of Service</u>	<u>Percentage Vested</u>
Less than 1	0%
1 but less than 2	20%
2 but less than 3	40%
3 but less than 4	60%
4 but less than 5	80%
5 or more	100%

Notes Receivable from Participants

Participants may borrow, from their fund accounts, a minimum of \$1,000 up to the lesser of \$50,000 or fifty percent (50%) of their vested account balance. Participants may have more than one (1) outstanding loan at a time. Loan repayment periods may not exceed five (5) years, except in the case of a residential loan.

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Loans must be secured with an irrevocable pledge and assignment of the participant's vested interest in his or her account. No more than fifty percent (50%) of the balance in the participant's account may be considered by the Plan as security.

Loans bear interest at a reasonable fixed rate established by the Plan Administrator. This rate is set at the prime lending rate as published in the Wall Street Journal on the first business day of the month when the loan is made.

Payment of Benefits

On termination of service due to reasons other than death, the form of distribution will be a lump sum distribution. Participants may elect to receive this distribution as a rollover to another qualified retirement plan or an individual retirement account. If the value of a participant's account is greater than five thousand dollars (\$5,000) and the participant is subject to lifetime required minimum distributions, the participant may elect to receive installment payments.

In-service distributions are permitted by the Plan if a participant has attained age fifty-nine and one-half (59 ½) or normal retirement age or has experienced a disability and is one-hundred percent (100%) vested in the account from which the distribution is made. Hardship withdrawals are permitted by the Plan, provided the participant provides documentation demonstrating the existence of a hardship event, as defined by the Plan.

Forfeited Accounts

When certain terminations of participation in the plan occur, the nonvested portion of the participant's account, as defined by the plan, represents a forfeiture. Forfeitures are utilized to reduce Plan expenses and company matching contributions for the plan year, respectively. Forfeiture balances as of December 31, 2018 and 2017 amounted to \$19,958 and \$19,120, respectively. No forfeitures were used to pay plan expenses during the year ended December 31, 2018.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect the reported amounts of net assets available for Plan benefits at the date of the financial statements and the changes in net assets available for Plan benefits during the reporting period and, when applicable, the disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Risks and Uncertainties

The Plan utilizes various investment instruments, including mutual funds and a stable asset fund. Such investments are exposed to risks and uncertainties, such as interest rate risk, credit risk, economic and political risks, regulatory changes, foreign currency risk and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the fair values of investments will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset (exit price) in the principal or most advantageous market for the asset in an orderly transaction between market participants at the measurement date. See NOTE 3 for a discussion of fair value measurements.

Net appreciation (depreciation) in the fair value of Plan assets reflected in the Plan's statement of changes in net assets available for benefits includes the Plan's gains and losses on investments bought and sold, as well as held during the year. Interest income, including interest earned on notes receivable from participants, is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Management fees and operating expenses charged to the Plan for investments in mutual funds are deducted from income earned on a daily basis and are not separately reflected.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Although not required, the Company, as Plan Sponsor, may pay the related costs of administering the Plan. Expenses paid by the Company on behalf of the Plan are not reflected in the financial statements of the Plan.

NOTE 3 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy 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.

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

- Level 2 inputs to the valuation methodology include the following:
 - 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's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The 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, 2018 and 2017.

Mutual funds

Mutual funds are registered investment company shares that invest principally in equity securities, fixed income instruments, and short-term instruments in accordance with each fund's investment objectives. Plan holdings are generally valued at net asset value (NAV) of shares held by the Plan at year end. Mutual fund fair values are based on quoted prices and are, therefore, classified in Level 1 of the fair value hierarchy.

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

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

The following tables set forth by level, within the fair value hierarchy, the plan's fair value measurements at December 31, 2018 and 2017, respectively:

	Investments at fair value as of December 31, 2018			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 16,267,213	\$ -	\$ -	\$ 16,267,213
Total investments at fair value	\$ 16,267,213	\$ -	\$ -	\$ 16,267,213

	Investments at fair value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 10,436,530	\$ -	\$ -	\$ 10,436,530
Total investments at fair value	\$ 10,436,530	\$ -	\$ -	\$ 10,436,530

NOTE 4 – RELATED PARTY TRANSACTIONS

Capital Bank and Trust Company, is the trustee of the Plan, as defined by the plan, is a party-in-interest. The plan also invests in funds managed by American Funds, a subsidiary of Capital Group. These investments qualify as party in interest transactions. The Plan issues loans to participants, which are secured by the vested balances in the participants' accounts. These transactions qualify as party in interest transactions. Additionally, Allegiance Health Management, Inc., the Plan sponsor, provides certain accounting and administrative services for which no fees are charged.

NOTE 5 – PLAN AMENDMENT OR TERMINATION

The Company has reserved the right to terminate the plan or reduce or cease contributions at its discretion or to amend the plan at any time and in any respect. However, no amendment can reduce benefits already earned by the participants. In the event of termination, participants are entitled to the full amount in their account as of the date of termination, regardless of the percent vested at the time of termination.

NOTE 6 – TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax-exempt.

NOTE 6 – TAX STATUS (continued)

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities. The Plan is currently under examination by the DOL.

NOTE 7 – SUBSEQUENT EVENTS

The Plan Administrator has evaluated all events or transactions that occurred after December 31, 2018 through June 5, 2025, which is the date the financial statements were available to be issued. During this period there were no material subsequent events requiring disclosure except as noted below.

Subsequent to December 31, 2018, local, U.S. and world governments have declared a global pandemic due to the coronavirus disease (“COVID-19”). Most industries are experiencing disruption to business operations and the impact of reduced consumer spending. There is unprecedented uncertainty surrounding the duration of the pandemic, its potential economic ramifications and any government actions to mitigate them. Although it cannot be reasonably determined at this time whether this will have a long-term impact, in the short-term, this has caused significant losses in U.S. and global markets and the values of investment securities, which could negatively impact participants’ account balances and the amounts reported in the statements of net assets available for benefits.

In response to the financial effects of COVID-19, the U.S. Congress approved the Coronavirus Aid, Relief and Economic Security (“CARES”) Act on March 27, 2020. Certain provisions of the CARES Act increase the maximum loan amount participants may borrow from the lesser of \$50,000 or 50% of the value of the participant’s vested balance to the lesser of \$100,000 or 100% of the vested balance, delay loan repayments for one year, allow hardship withdrawals related to COVID-19 of up to \$100,000 that can be redeposited to a qualified plan within three years without tax penalty, and allow for certain other benefits. The CARES Act does not require formal amendment to the Plan document until the last day of the Plan year beginning on or after January 1, 2022 as long as the Plan operates with the revised limits.

NOTE 8 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of the change in net assets available for benefit per the financial statements to Schedule H of Form 5500 for the period ended December 31, 2017:

ALLEGIANCE HEALTH MANAGEMENT, INC. RETIREMENT SAVINGS PLAN
Notes to the Financial Statements
For the Years Ended December 31, 2018 and 2017

NOTE 8 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500 (Continued)

	Net assets available for benefits
Balance per the financial statements	\$ 10,634,952
Cash to accrual adjustments for contributions (PY)	(47,749)
Cash to accrual adjustments for contributions (CY)	(17,055)
Adjustment for presentation of deemed loans	(21,683)
Balance per the Form 5500	<u>\$ 10,548,465</u>

NOTE 9 – INFORMATION CERTIFIED BY CUSTODIAN (UNAUDITED)

The following information regarding investment activity has been certified as complete and accurate pursuant to 29 CFR 2520.103-5(c) of the Department of Labor's *Rules and Regulations for Reporting and Disclosure* under ERISA by the custodian of the Plan assets, Capital Bank and Trust, and has not been audited by the Plan's independent accountants at and for the years ended December 31, 2018 and 2017:

NOTE 9 – INFORMATION CERTIFIED BY CUSTODIAN (UNAUDITED)

	<u>2018</u>	<u>2017</u>
Statement of net assets available for benefits:		
Investments	\$ 16,267,213	\$ 10,436,530
Notes receivable from participants	811,939	133,618
Statement of changes in net assets available for benefits:		
Interest and dividends	770,719	
Net (depreciation) in fair value of investments	(1,780,984)	
Interest earned on notes receivable from participants	12,082	

NOTE 10 – DELINQUENT PARTICIPANT CONTRIBUTIONS

As of the year ended December 31, 2018, the Company did not remit certain participant contributions to the Plan on a timely basis as defined in the Department of Labor's Rules and Regulations for Reporting and Delinquent Participant Contributions Disclosure under ERISA. Untimely remittances identified on Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions, with totaled \$722,044.

SUPPLEMENTAL SCHEDULES

ALLEGIANCE HEALTH MANAGEMENT, INC. RETIREMENT SAVINGS PLAN
Supplemental Schedule
December 31, 2018

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

PLAN 001

EIN 47-0899588

DECEMBER 31, 2018

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
Registered investment companies:				
* American Funds	Europacific Growth Fund	** \$	348,231	
* American Funds	Growth Fund of America	**	1,090,181	
* American Funds	New World Fund	**	590,329	
* American Funds	Smallcap World Fund	**	383,507	
Franklin	Natural Resources Fund Class C	**	47,060	
* American Funds	Capital World Growth and Income Fund	**	808,275	
* American Funds	Investment Company of America Fund	**	793,978	
Federated	Max Cap Index Fund C	**	178,917	
Invesco	Real Estate C	**	374	
* American Funds	Capital Income Builder Fund	**	431,197	
Franklin	Income C	**	19,955	
* American Funds	American Balanced Fund	**	565,413	
* American Funds	Bond Fund of America	**	343,191	
* American Funds	High Income Trust Fund	**	210,698	
* American Funds	US Government Securities Fund	**	190,623	
Templeton	Global Bond C	**	4,002	
* American Funds	Money Market Fund	**	662,646	
* American Funds	2010 Target Date Fund	**	19,589	
* American Funds	2020 Target Date Fund	**	726,083	
* American Funds	2025 Target Date Fund	**	2,092,872	
* American Funds	2030 Target Date Fund	**	1,523,261	
* American Funds	2035 Target Date Fund	**	1,421,972	
* American Funds	2045 Target Date Fund	**	1,083,527	
* American Funds	2050 Target Date Fund	**	425,352	
* American Funds	2015 Target Date Fund	**	62,646	
* American Funds	2040 Target Date Fund	**	1,830,340	
* American Funds	2055 Target Date Fund	**	293,767	
* American Funds	2060 Target Date Fund	**	63,686	
MFS	Mid Cap Value Fund	**	55,541	
Notes and mortgages:				
* Participant notes receivable	Promissory notes, 3.25%, maturities ranging from 12 to 60 months	**	811,939	
			<u>\$</u>	<u>17,079,152</u>

* Represents a party-in-interest.

** Information on the cost basis of investments has been excluded, as all investments are participant directed.

See accompanying independent auditors' report.

ALLEGIANCE HEALTH MANAGEMENT, INC. RETIREMENT SAVINGS PLAN
 Supplemental Schedule
 December 31, 2018

SCHEDULE H LINE 4A - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
PLAN 001
EIN 47-0899588
DECEMBER 31, 2018

<u>Total that Constitutes Nonexempt Prohibited Transactions</u>					
Participant Contributions Transferred Late to Plan in 2018	Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
\$ 246,382	x	\$ 246,382	-	-	-

<u>Total that Constitutes Nonexempt Prohibited Transactions</u>					
Participant Contributions Transferred Late to Plan in 2017	Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
\$ 247,745	x	\$ 247,745	-	-	-

<u>Total that Constitutes Nonexempt Prohibited Transactions</u>					
Participant Contributions Transferred Late to Plan in 2016	Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
\$ 227,917	x	\$ 227,917	-	-	-

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>ALLEGIANCE HEALTH MANAGEMENT RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALLEGIANCE HEALTH MANAGEMENT, INC.</u>	D Employer Identification Number (EIN) <u>47-0899588</u>	

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): 20-3691658

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

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

3	
---	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III	Amendments
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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.
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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 contributed more than 5% of total contributions to the plan during the plan year (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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	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) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more

c What duration measure was used to calculate line 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify):

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

**Allegiance Health Management Retirement Savings Plan
01-JAN-18 to 31-DEC-18**

06-JAN-19 13:17:47

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IRERBX			334,175.12	348,231.37
IRGABX			1,085,370.83	1,090,180.60
IRNWBX			508,458.38	590,329.34
IRSLBX			382,729.22	383,506.60
IFNCRX			57,786.60	47,059.49
IMVCGX			67,291.27	55,541.32
IRWIBX			746,562.48	808,275.20
IRICBX			832,166.24	793,978.34
IMXCCX			255,110.08	178,916.77
IIARCX			409.95	374.01
IRIRBX			419,692.84	431,196.58
IFCISX			21,127.57	19,955.21
IRLBBX			503,186.07	565,413.26
IRFBFX			340,419.53	343,190.65
IRITBX			227,079.76	210,697.86
IRGVBX			195,628.78	190,623.19
ITEGBX			4,130.07	4,002.42
IRABXX			642,688.76	642,688.76
IRBATX			19,813.70	19,588.91
IRBJTX			65,219.33	62,645.87
IRBCTX			759,449.02	726,083.08
IRBDTX			2,199,948.93	2,092,871.87
IRBETX			1,611,375.19	1,523,261.29
IRBFTX			1,528,288.60	1,421,971.61
IRBKTX			1,935,850.79	1,830,340.47
IRBHTX			1,173,629.19	1,083,527.15
IRBITX			453,163.08	425,352.49
IRBMTX			319,349.26	293,766.60
IRBNTX			69,300.06	63,686.18
			16,759,400.70	16,247,256.49
PARTICIPANT LOANS	VARIOUS	3.250-6.000	758,939.86	759,662.96
FORFEITURES			19,958.37	19,958.37

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

**Allegiance Health Management Retirement Savings Plan
01-JAN-18 to 31-DEC-18**

06-JAN-19 13:17:47

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

1RERBX	American Funds EuroPacific Gr R2	1RGABX	American Funds Growth Fund of Amer R2
1RNWBX	American Funds New World R2	1RSLBX	American Funds SMALLCAP World R2
1FNCRX	Franklin Natural Resources Fund Class C	1MVCGX	MFS Mid Cap Value Fund R1
1RWIBX	American Funds Capital World G/I R2	1RICBX	American Funds Invmt Co of America R2
1MXCCX	Federated Max Cap Index Fund - C	1IARCX	Invesco Real Estate C
1RIRBX	American Funds Capital Inc Bldr R2	1FCISX	Franklin Income C
1RLBBX	American Funds American Balanced R2	1RBF BX	American Funds Bond Fund of Amer R2
1RITBX	American Funds American Hi Inc Tr R2	1RGV BX	American Funds US Government Sec R2
1TEGBX	Templeton Global Bond C	1RABXX	American Funds US Govt Money Market R2
1RBATX	American Funds 2010 Target Date Fund R2	1RBJTX	American Funds 2015 Target Date Fund R2
1RBCTX	American Funds 2020 Target Date Fund R2	1RBDTX	American Funds 2025 Target Date Fund R2
1RBETX	American Funds 2030 Target Date Fund R2	1RBF TX	American Funds 2035 Target Date Fund R2
1RBKTX	American Funds 2040 Target Date Fund R2	1RBHTX	American Funds 2045 Target Date Fund R2
1RBITX	American Funds 2050 Target Date Fund R2	1RBM TX	American Funds 2055 Target Date Fund R2
1RBNTX	American Funds 2060 Target Date Fund R2		

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year