

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: 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

<p>1a Name of plan <u>GREEN COUNTRY BEHAVIORAL HEALTH SERVICES, INC. 401(K) PROFIT SHARING PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>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) <u>GREEN COUNTRY BEHAVIORAL HEALTH SERVICES, INC.</u></p> <p><u>619 N MAIN ST</u> <u>619 N MAIN ST</u> <u>MUSKOGEE, OK 74401-4431</u> <u>MUSKOGEE, OK 74401-4431</u></p>	<p>1c Effective date of plan <u>07/01/1990</u></p> <p>2b Employer Identification Number (EIN) <u>20-1079088</u></p> <p>2c Plan Sponsor's telephone number <u>918-682-8407</u></p> <p>2d Business code (see instructions) <u>621399</u></p>

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.	03/17/2026	JOY SLOAN
	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 <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	174
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)	151
	6a(2)	161
	6b	0
	6c	22
	6d	183
	6e	0
	6f	183
	6g(1)	138
6g(2)	149	
6h	3	
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 2J 2K 2G 3D

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 _____
(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 **07/01/2024** and ending **06/30/2025**

A Name of plan GREEN COUNTRY BEHAVIORAL HEALTH SERVICES, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GREEN COUNTRY BEHAVIORAL HEALTH SERVICES, INC.	D Employer Identification Number (EIN) 20-1079088	

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

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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)

FRANK WERNTZ & ASSOCIATES, INC.

419 W. BROADWAY STREET
SUITE 201
MUSKOGEE, OK 74401

73-1522738

(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?
17	SERVICE PROVIDER		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

STIFEL NICOLAUS

213 N THIRD STREET
MUSKOGEE, OK 74401

43-0538770

(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 28	SERVICE PROVIDER	41750	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" 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)

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 07/01/2024 and ending 06/30/2025	
A Name of plan GREEN COUNTRY BEHAVIORAL HEALTH SERVICES, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GREEN COUNTRY BEHAVIORAL HEALTH SERVICES, INC.	D Employer Identification Number (EIN) 20-1079088

Part I	Asset and Liability Statement
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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.

		(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)	124974	157305
(2) Participant contributions	1b(2)	11844	13924
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	731791	818108
(2) U.S. Government securities	1c(2)	465297	576311
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	346501	368579
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2996390	4481413
(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)		
(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)	616608	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	5293405	6415640
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
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	5293405	6415640

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)	250477	
(B) Participants.....	2a(1)(B)	347708	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		598185
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	14	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	25790	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	558	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		26362
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	97484	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	31042	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		128526
(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)		
(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)		

		(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)		580485
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1333558

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	167816	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)	1675	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		169491
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	41750	
(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)	82	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		41832
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		211323

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1122235
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: EIDE BAILEY

(2) EIN: 45-0250958

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"/>	2793
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"/>	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?	<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 _____.

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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan <u>GREEN COUNTRY BEHAVIORAL HEALTH SERVICES, INC. 401(K) PROFIT SHARING 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>GREEN COUNTRY BEHAVIORAL HEALTH SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>20-1079088</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): 73-1475497

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

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

3	
---	--

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

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

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

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703729A.

Financial Statements
June 30, 2025 and 2024

**Green Country Behavioral Health
Services, Inc. 401(k) Profit Sharing Plan**

Green Country Behavioral Health Services, Inc. 401(k) Profit Sharing Plan

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June 30, 2025 and 2024

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Independent Auditor's Report

The Plan Administrator
Green Country Behavioral Health Services, Inc. 401(k) Profit Sharing Plan
Tulsa, Oklahoma

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

We have performed audits of the financial statements of Green Country Behavioral Health Services, Inc. 401(k) Profit Sharing 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 June 30, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended June 30, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Green Country Behavioral Health Services, Inc. 401(k) Profit Sharing Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of June 30, 2025 and 2024, and for the year ended June 30, 2025, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Green Country Behavioral Health Services, Inc. 401(k) Profit Sharing 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 Green Country Behavioral Health Services, Inc. 401(k) Profit Sharing Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances but not for the purpose of expressing an opinion on the effectiveness of Green Country Behavioral Health Services, Inc. 401(k) Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Green Country Behavioral Health Services, Inc. 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental Schedule H, Line 4i – Schedule of Assets Held at End of Year and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions as of or for the year ended June 30, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

Eide Bailly LLP

Tulsa, Oklahoma
March 6, 2026

Green Country Behavioral Health Services, Inc. 401(k) Profit Sharing Plan
 Statements of Net Assets Available for Benefits
 June 30, 2025 and 2024

	2025	2024
Assets		
Investments, at fair value	\$ 6,244,411	\$ 5,156,587
Contributions receivable		
Employer	157,305	124,974
Participant	13,924	11,844
Net Assets Available for Benefits	\$ 6,415,640	\$ 5,293,405

Green Country Behavioral Health Services, Inc. 401(k) Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended June 30, 2025

Additions		
Investment income		
Interest and dividends	\$	163,165
Net appreciation in fair value of investments		572,208
		735,373
Contributions		
Employer		250,477
Participant		347,708
		598,185
Total additions		1,333,558
Deductions		
Benefits paid to participants		169,491
Administrative expenses		41,832
		211,323
Total deductions		211,323
Net Increase		1,122,235
Net Assets Available for Benefits		
Beginning of year		5,293,405
End of year	\$	6,415,640

Note 1 - Description of Plan

The following brief description of the Green Country Behavioral Health Services, Inc. 401(k) Profit Sharing Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering qualified employees of Green Country Behavioral Health Services, Inc. (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Directors of the Company is responsible for oversight of the Plan.

Eligibility

Employees are eligible to participate in the Plan if they have completed one year of service and are at least 21 years of age. A year of service for purposes of eligibility is a consecutive 12-month period during which the employee has 1,000 or more hours of service. Employees are eligible to receive discretionary non-elective contributions if they have completed 500 or more hours of service in the Plan year and are employed on the last day of the Plan year.

Entry Date

Effective January 1, 2025, employees may enter the Plan on the first day of January, April, July, or October coinciding with or following the date they satisfy the Plan's eligibility requirements. Prior to January 1, 2025, Employees could only enter the Plan on the first day of January or July coinciding with or following the date they satisfied the Plan's eligibility requirements.

Contributions

Each year, participants may contribute up to 100% of their pretax annual compensation, as defined in the Plan. Contributions are subject to certain Internal Revenue Code (IRC) limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans (rollover). The Company contributed 50% of the first 6% of eligible compensation that a participant contributed to the Plan. Additionally, the Company contributed an additional discretionary contribution of 50% of the first 6% of eligible compensation that a participant contributed to the Plan. Additional non-elective amounts may be contributed at the discretion of the Company's Board of Directors. No such additional discretionary non-elective contributions were made for the year ended June 30, 2025.

Participant Accounts

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

Investment Options

Upon enrollment to the Plan, a participant may direct deferrals and employer contributions in any of the funds offered by the Plan. Participants may change their investment options daily.

Vesting

Participants are vested immediately in their contributions, plus actual earnings thereon. A participant is 100% vested after 3 years in the Company's matching contributions and after 5 years in the Company's discretionary non-elective contributions, if any.

Forfeitures

At June 30, 2025 and 2024, there were no forfeited non-vested accounts. Forfeited non-vested accounts of \$67 were allocated to participants during the year ended June 30, 2025.

Payment of Benefits

Participants may elect to receive a lump-sum amount equal to the value of their vested interest upon retirement, termination of service, death, or disability. A terminated participant with a balance of less than \$1,000 may be automatically paid out by the Plan upon termination. Distributions may be made at the participant's election prior to termination upon attainment of age 59 ½ or hardship as defined in the Plan document.

Plan Termination

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

Note 2 - Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair 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 Company determines the Plan's valuation policies utilizing information provided by the custodian. See Note 3 for discussion of fair value measurements.

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

The classification of investment earnings reported in the statement of changes in net assets available for benefits may differ from the classification of earnings on Form 5500 due to different reporting requirements on Form 5500.

Contributions

Participant contributions and the related Company matching contributions are recorded in the fiscal year in which the employee contributions are withheld from compensation.

Payments of Benefits

Benefit payments to participants are recorded upon distribution.

Expenses

The Plan's expenses are paid by either the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net asset available for benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Subsequent Events

The Company has evaluated subsequent events through March 6, 2026, the date the financial statements were available to be issued.

Note 3 - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under the 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'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 June 30, 2025 and 2024.

Mutual fund (including money market mutual fund) – Valued at the daily closing price as reported by the fund. The mutual fund held by the Plan is an open-ended mutual fund that is registered with the Securities and Exchange Commission. This fund is required to publish its daily net asset value (NAV) and to transact at that price. The mutual fund held by the Plan is deemed to be actively traded.

Common stocks – Valued at the closing price reported on the active market on which the individual securities are traded.

U.S. treasury securities – Valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate bonds – Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuer with similar credit ratings.

Green Country Behavioral Health Services, Inc. 401(k) Profit Sharing Plan

Notes to Financial Statements

June 30, 2025 and 2024

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2025 and 2024:

	2025			
	Level 1	Level 2	Level 3	Total
Corporate bonds	\$ -	\$ 393,803	\$ -	\$ 393,803
U.S. Treasury securities	576,311	-	-	576,311
Common stocks	4,456,191	-	-	4,456,191
Money market mutual fund	642,871	-	-	642,871
Cash, interest bearing	175,235	-	-	175,235
	<u>\$ 5,850,608</u>	<u>\$ 393,803</u>	<u>\$ -</u>	<u>\$ 6,244,411</u>
Investments at fair value				
	2024			
	Level 1	Level 2	Level 3	Total
Mutual fund	\$ 616,608	\$ -	\$ -	\$ 616,608
Corporate bonds	-	346,501	-	346,501
U.S. Treasury securities	465,297	-	-	465,297
Common stocks	2,996,390	-	-	2,996,390
Money market mutual fund	624,101	-	-	624,101
Cash, interest bearing	107,690	-	-	107,690
	<u>\$ 4,810,086</u>	<u>\$ 346,501</u>	<u>\$ -</u>	<u>\$ 5,156,587</u>
Investments at fair value				

Note 4 - Certified Information

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplementary information, including investments held at June 30, 2025 and 2024, and net appreciation in fair value of investments and interest and dividends for the year ended June 30, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by Stifel Financial Corp. (the custodian of the Plan).

Note 5 - Tax Status

The Plan uses a pre-approved plan document sponsored by DATAIR Employee Benefit Systems, Inc., which received an opinion letter from the Internal Revenue Service (IRS), dated June 30, 2020, stating that the pre-approved document satisfies the applicable provisions of the IRC. The Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust of 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.

Note 6 - Party-in-Interest Transactions

As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are exempt party-in-interest transactions under ERISA.

Note 7 - Risks and Uncertainties

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

Note 8 - Plan Amendments

Effective January 1, 2025, the Plan was amended and restated to change the Plan's entry dates from semi-annually to quarterly.

Note 9 - Delinquent Participant Contributions

During 2025, the Company failed to remit to the Plan's custodian certain employee contributions totaling approximately \$2,793 within the period prescribed by DOL regulations. Delays in remitting contributions to the custodian were due to administrative errors, and the Company has or will make contributions to the affected participants' accounts to compensate those participants for potential lost income due to the delay.

Supplementary Information
June 30, 2025

**Green Country Behavioral Health
Services, Inc. 401(k) Profit Sharing Plan**

Green Country Behavioral Health Services, Inc. 401(k) Profit Sharing Plan

Schedule H, Line 4i – Schedule of Assets Held at End of Year

June 30, 2025

EIN: 20-1079088

Plan: 001

(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	
Alabama Pwr Co	Corporate Bonds	N/A	\$	18,243
Allstate Corp	Corporate Bonds	N/A		9,829
American Expr Co	Corporate Bonds	N/A		15,577
Bank America Corp	Corporate Bonds	N/A		14,949
Bank New York Mellon Corp	Corporate Bonds	N/A		15,200
Bank NY Mellon Corp	Corporate Bonds	N/A		4,067
Capital One Multi Asset	Corporate Bonds	N/A		6,836
Chubb INA Hldgs Inc.	Corporate Bonds	N/A		16,301
Cisco Sys Inc	Corporate Bonds	N/A		17,409
Coca Cola Co	Corporate Bonds	N/A		11,651
Ecolab Inc	Corporate Bonds	N/A		9,493
Fed Natl Mtg Assn	Corporate Bonds	N/A		1,074
Fedl Home Loan Mtg Corp	Corporate Bonds	N/A		23
Fedl Home Loan Mtg Corp	Corporate Bonds	N/A		38
Fedl Nat Mtg Assn	Corporate Bonds	N/A		82
Fedl Natl Mtg Assn	Corporate Bonds	N/A		270
Fedl Natl Mtg Assn	Corporate Bonds	N/A		53
Fedl Natl Mtg Assn	Corporate Bonds	N/A		63
Fedl Natl Mtg Assn Co	Corporate Bonds	N/A		5
Fedl Natl Ntg Assn	Corporate Bonds	N/A		97
Goldman Sachs Grp Inc	Corporate Bonds	N/A		7,393
Goldman Sachs Grp Inc	Corporate Bonds	N/A		9,757
Johnson & Johnson	Corporate Bonds	N/A		16,788
JP Morgan Chase & Co	Corporate Bonds	N/A		8,958
JP Morgan Chase & Co	Corporate Bonds	N/A		8,013
Mastercard Inc	Corporate Bonds	N/A		12,539
MidAmern Energy Co	Corporate Bonds	N/A		5,884
National Rural Utils Coop	Corporate Bonds	N/A		9,802
Northern Tr Corp	Corporate Bonds	N/A		6,751
Northern Tr Corp	Corporate Bonds	N/A		10,782
Oncor Elec Deliv Co LLC	Corporate Bonds	N/A		20,668
PNC Finl Svcs Grp Inc.	Corporate Bonds	N/A		17,581
Prudential Finl Inc	Corporate Bonds	N/A		981
Public Svc Co	Corporate Bonds	N/A		16,309
SPDR Bloomberg 1-3Mo Tbill ETF	Corporate Bonds	N/A		25,224
State Str Corp	Corporate Bonds	N/A		7,854
State Str Corp	Corporate Bonds	N/A		8,651
Suntrust Bank Atlanta	Corporate Bonds	N/A		8,912
Texas Instrs Inc	Corporate Bonds	N/A		16,562
US Bancorp	Corporate Bonds	N/A		10,629

Green Country Behavioral Health Services, Inc. 401(k) Profit Sharing Plan

Schedule H, Line 4i – Schedule of Assets Held at End of Year

June 30, 2025

EIN: 20-1079088

Plan: 001

(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	
US Bancorp	Corporate Bonds	N/A	\$	4,967
Visa Inc	Corporate Bonds	N/A		1,820
Walt Disney Co	Corporate Bonds	N/A		15,718
Adidas AG Spons Adr	Common Stock	N/A		3,862
AGNC Investment Corp	Common Stock	N/A		42,825
AIA Group Ltd Spon Adr	Common Stock	N/A		6,657
Air Products & Chemicals Inc	Common Stock	N/A		6,205
Allison Transmission Hldgs Inc	Common Stock	N/A		11,399
Alphabet Inc	Common Stock	N/A		11,102
Alphabet Inc	Common Stock	N/A		18,449
Ambev S A Spons Adr	Common Stock	N/A		5,770
Amercan Homes 4 Rent	Common Stock	N/A		13,887
Ameren Corp	Common Stock	N/A		9,316
American Express Co	Common Stock	N/A		40,191
American Express Co	Common Stock	N/A		6,380
American Intl Grp Inc	Common Stock	N/A		16,433
American Tower Corp New	Common Stock	N/A		11,714
Analog Devices Inc	Common Stock	N/A		6,903
Apollo Global Management Inc	Common Stock	N/A		13,478
Apple Inc	Common Stock	N/A		9,233
Arthur J Gallagher & Co	Common Stock	N/A		9,924
Ascendis Pharma A/S	Common Stock	N/A		12,600
Astrazeneca PLC	Common Stock	N/A		8,386
AT&T Inc	Common Stock	N/A		72,292
ATI Inc	Common Stock	N/A		10,534
Autonation Inc	Common Stock	N/A		9,734
Avalonbay Commntys Inc	Common Stock	N/A		13,431
BAE Systems PLC Spon Adr	Common Stock	N/A		9,980
Bangkok Bank PLC Unspn Adr	Common Stock	N/A		2,645
Bank New York Mellon Corp	Common Stock	N/A		11,844
Barrick Gold Corp	Common Stock	N/A		53,403
Barrick Mining Corp	Common Stock	N/A		9,098
Baxter Intl Inc	Common Stock	N/A		55,261
Becton Dickinson & Co	Common Stock	N/A		18,948
Becton Dickinson & Co	Common Stock	N/A		15,675
Bellring Brands Inc	Common Stock	N/A		9,790
Berkeley Group Hldg Plc Adr	Common Stock	N/A		4,403
Berkshire Hathaway Inc	Common Stock	N/A		7,287
Bio Rad Labs Inc	Common Stock	N/A		5,550
BJS Wholesale Club Hldgs Inc	Common Stock	N/A		13,587

Green Country Behavioral Health Services, Inc. 401(k) Profit Sharing Plan

Schedule H, Line 4i – Schedule of Assets Held at End of Year

June 30, 2025

EIN: 20-1079088

Plan: 001

(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
	Blue Owl Capital Inc	Common Stock	N/A	\$ 9,816
	British Amern Tobacco PLC	Common Stock	N/A	14,436
	Brixmor Property Grp Inc	Common Stock	N/A	10,077
	Broadcom Inc	Common Stock	N/A	22,328
	Brown Forman Corp Cl-B	Common Stock	N/A	49,111
	Burlington Stores Inc	Common Stock	N/A	10,004
	Capital One Financial Corp	Common Stock	N/A	10,000
	CH Robinson Worldwide	Common Stock	N/A	11,322
	Cheniere Energy Inc	Common Stock	N/A	13,881
	Citizens Financial Grp Inc	Common Stock	N/A	10,472
	CMS Energy Corp	Common Stock	N/A	13,717
	Coca-Cola Company	Common Stock	N/A	12,169
	Colgate-Palmolive Co	Common Stock	N/A	6,999
	Comcast Corp	Common Stock	N/A	12,563
	Comcast Corp Cl A New	Common Stock	N/A	18,309
	Compagnie Finance Rich AG Swit	Common Stock	N/A	12,861
	Corteva Inc	Common Stock	N/A	8,273
	Coterra Energy Inc	Common Stock	N/A	45,303
	Cummins Inc	Common Stock	N/A	6,223
	Curtiss-Wright Corp DE	Common Stock	N/A	14,657
	CVS Health Corp	Common Stock	N/A	9,450
	Danone Spon Adr	Common Stock	N/A	9,440
	Deckers Outdoor Corp	Common Stock	N/A	9,792
	Diageo PLCy Co	Common Stock	N/A	8,370
	Dollar Genl Corp	Common Stock	N/A	7,663
	Dollar Genl Corp New	Common Stock	N/A	67,827
	DR Horton Inc	Common Stock	N/A	10,056
	DTE Energy Co	Common Stock	N/A	6,226
	Dupont De Nemours Inc	Common Stock	N/A	8,231
	Edison Intl	Common Stock	N/A	3,767
	Electronic Arts Inc	Common Stock	N/A	13,734
	Elevance Health Inc	Common Stock	N/A	13,223
	Enbridge Incoran Inc	Common Stock	N/A	21,661
	EQT Corp	Common Stock	N/A	6,998
	Equitable Holdings Inc	Common Stock	N/A	17,279
	Equity Residential	Common Stock	N/A	5,939
	Expand Energy Corp	Common Stock	N/A	13,916
	Expeditors Intl Wash Inc	Common Stock	N/A	6,398
	Exxon Mobil Corp	Common Stock	N/A	8,301
	Exxon Mobil Corp	Common Stock	N/A	23,932

Green Country Behavioral Health Services, Inc. 401(k) Profit Sharing Plan

Schedule H, Line 4i – Schedule of Assets Held at End of Year

June 30, 2025

EIN: 20-1079088

Plan: 001

(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	
Fanuc Corp	Common Stock	N/A	\$	7,230
Fidelity Nat Fin Inc	Common Stock	N/A		3,866
First Industrial Realty Trust	Common Stock	N/A		11,696
Fomento Econ Mex S A B	Common Stock	N/A		9,783
Freeport McMoran Inc	Common Stock	N/A		7,596
General Dynamics Corp	Common Stock	N/A		41,124
Genuine Parts Co	Common Stock	N/A		45,976
Globe Life Inc	Common Stock	N/A		52,823
GSK PLC Sponsored Adr New	Common Stock	N/A		91,315
Haleon PLC Adr	Common Stock	N/A		8,493
Haleon PLC ADR	Common Stock	N/A		11,946
Hartford Financial Svs Grp	Common Stock	N/A		36,792
HCA Healthcare Inc	Common Stock	N/A		17,623
Heineken NV	Common Stock	N/A		3,540
Henkel AG & Co KGSS	Common Stock	N/A		4,252
Hersey Company	Common Stock	N/A		49,785
Home Depot Inc	Common Stock	N/A		10,266
Honda Motor LTD	Common Stock	N/A		41,081
Howmet Aerospace Inc	Common Stock	N/A		14,332
Hubbel Inc	Common Stock	N/A		14,703
Hubspot Inc	Common Stock	N/A		10,019
Icon PLC	Common Stock	N/A		48,580
Imperial Oil Ltd	Common Stock	N/A		12,081
Industria de Diseno	Common Stock	N/A		9,344
Ingredion Inc	Common Stock	N/A		55,333
IPG Photonics Corp	Common Stock	N/A		2,883
IShares 0-3 Mo Treas Bond	Common Stock	N/A		88,507
Itau Unibanco Holding	Common Stock	N/A		3,721
Jardine Matheson Holdings LTD	Common Stock	N/A		4,389
Johnson & Johnson	Common Stock	N/A		17,108
Johnson & Johnson	Common Stock	N/A		7,943
Johnson Controls Intl PLC	Common Stock	N/A		14,892
Jones Lang Lasalle	Common Stock	N/A		54,993
JP Morgan Chase & Co	Common Stock	N/A		15,655
Kenvue Inc	Common Stock	N/A		50,860
Keysight Technologies Inc	Common Stock	N/A		11,470
L3Harris Technologies Inc	Common Stock	N/A		10,786
Lincoln Electric Holdings Inc	Common Stock	N/A		12,232
Linde PLC	Common Stock	N/A		11,730
Lloyds Banking Grp PLC	Common Stock	N/A		6,209

Green Country Behavioral Health Services, Inc. 401(k) Profit Sharing Plan

Schedule H, Line 4i – Schedule of Assets Held at End of Year

June 30, 2025

EIN: 20-1079088

Plan: 001

(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
	Lonza Grp AG ADR	Common Stock	N/A	\$ 13,558
	LVMH Moet Hennessy Louis Vuitt	Common Stock	N/A	7,774
	M&T Bank Corp	Common Stock	N/A	17,071
	Marvell Technology Inc	Common Stock	N/A	9,520
	Medtronic PLC	Common Stock	N/A	69,300
	Medtronic PLC	Common Stock	N/A	7,932
	Merck & Company Inc new	Common Stock	N/A	10,845
	Merck KGAA Spons ADR	Common Stock	N/A	8,638
	Meta Platforms Inc	Common Stock	N/A	28,047
	Meta Platforms Inc	Common Stock	N/A	13,286
	Metlife Inc	Common Stock	N/A	13,189
	Microsoft Corp	Common Stock	N/A	29,347
	Microsoft Corp	Common Stock	N/A	3,979
	Mitsubishi Elec Corp	Common Stock	N/A	8,213
	Mongodb Inc	Common Stock	N/A	10,080
	Motorola Solutions Inc	Common Stock	N/A	11,773
	MS&AD Insurance Grp Holdings	Common Stock	N/A	7,592
	Natera Inc	Common Stock	N/A	10,812
	Nestle S A	Common Stock	N/A	5,959
	Nestle SA Spon ADR	Common Stock	N/A	19,963
	Newmont Corp	Common Stock	N/A	9,846
	NNN REIT Inc	Common Stock	N/A	31,304
	Noble Corp PLC	Common Stock	N/A	2,894
	Northrop Grumman Corp	Common Stock	N/A	13,499
	NOV Inc	Common Stock	N/A	4,873
	Nutrien LTD	Common Stock	N/A	5,300
	Oracle Corp	Common Stock	N/A	13,992
	Oracle Corp	Common Stock	N/A	26,454
	Otis Worldwide Corp	Common Stock	N/A	7,427
	Paylocity Holding Corp	Common Stock	N/A	9,241
	Paypal Holdings Inc	Common Stock	N/A	79,894
	Permian Resources Corp	Common Stock	N/A	11,563
	Pernod Ricard S A	Common Stock	N/A	1,403
	Philip Morris Intl Inc	Common Stock	N/A	22,402
	PNC Financial Services	Common Stock	N/A	8,948
	PNC Financial Services Grp	Common Stock	N/A	57,790
	Power Corp Canada	Common Stock	N/A	7,023
	PPG Industries Inc	Common Stock	N/A	65,179
	PPG Industries Inc	Common Stock	N/A	5,460
	PPL Corp	Common Stock	N/A	12,777

Green Country Behavioral Health Services, Inc. 401(k) Profit Sharing Plan

Schedule H, Line 4i – Schedule of Assets Held at End of Year

June 30, 2025

EIN: 20-1079088

Plan: 001

(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
	Proctor & Gamble Co	Common Stock	N/A	\$ 6,213
	Prosus N V	Common Stock	N/A	24,308
	Public Storage Inc	Common Stock	N/A	9,976
	Raymond James Financial Inc	Common Stock	N/A	16,871
	Reckitt Benckiser PLC	Common Stock	N/A	9,611
	Rockwell Automation Inc	Common Stock	N/A	16,609
	Royal Caribbean	Common Stock	N/A	18,788
	RTX Corp	Common Stock	N/A	12,558
	Salesforce Inc	Common Stock	N/A	7,090
	Sanofi Spon Adr	Common Stock	N/A	4,879
	Sanofie Spon Adr	Common Stock	N/A	66,668
	Schlumberger Ltd	Common Stock	N/A	9,363
	Scwhab Charles Corp New	Common Stock	N/A	48,813
	Secom Ltd Adr	Common Stock	N/A	7,523
	Sempra	Common Stock	N/A	20,155
	SGS SA Adr	Common Stock	N/A	2,258
	Shell PLC	Common Stock	N/A	6,266
	Shell PLC Sponsored ADR Repstg	Common Stock	N/A	46,471
	Shimano Inc Adr	Common Stock	N/A	9,223
	Silgan Holdings Inc	Common Stock	N/A	9,915
	SMC Corp Japan	Common Stock	N/A	6,849
	Smurfit Westrock PLCI	Common Stock	N/A	8,112
	Sompo Holdings Inc	Common Stock	N/A	5,888
	SPDR Gold Trust Gold Shrs	Common Stock	N/A	83,532
	Sysco Corp	Common Stock	N/A	10,225
	Taiwan Semiconductor Mfg Co	Common Stock	N/A	25,820
	Target Corp	Common Stock	N/A	60,374
	TE Connectivity PLC	Common Stock	N/A	9,444
	Tenet Healthcare Corp	Common Stock	N/A	16,192
	Texas Instruments Inc	Common Stock	N/A	8,512
	Texas Instruments Inc	Common Stock	N/A	8,305
	Texas Roadhouse Inc	Common Stock	N/A	10,120
	T-Mobile US Inc	Common Stock	N/A	16,202
	TotalEnergiesSE Spon Adr	Common Stock	N/A	68,266
	Trade Desk Inc	Common Stock	N/A	13,750
	Travelers Cos Inc	Common Stock	N/A	54,311
	Travelers Cos Inc	Common Stock	N/A	16,587
	Truist Financial Corp	Common Stock	N/A	52,663
	Tyler Technologies Inc	Common Stock	N/A	13,042
	U S Bancorp DE	Common Stock	N/A	3,982

Green Country Behavioral Health Services, Inc. 401(k) Profit Sharing Plan

Schedule H, Line 4i – Schedule of Assets Held at End of Year

June 30, 2025

EIN: 20-1079088

Plan: 001

(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
	Unilever PLC	Common Stock	N/A	\$ 15,170
	Unilever PLC	Common Stock	N/A	10,460
	Unilever PLC Sponsored Adr New	Common Stock	N/A	72,486
	Union Pacific Corp	Common Stock	N/A	9,433
	United Parcel Service	Common Stock	N/A	65,308
	Unitedhealth Group Inc	Common Stock	N/A	8,111
	Unity Software Inc	Common Stock	N/A	12,124
	Universal Health Svcs	Common Stock	N/A	8,876
	UOL Grp Ltd Sponsr	Common Stock	N/A	4,533
	US Bancorp DE New	Common Stock	N/A	79,776
	Verizon Communications Inc	Common Stock	N/A	112,286
	VISA Inc	Common Stock	N/A	13,137
	Vulcan Materials Company	Common Stock	N/A	11,476
	Walt Disney Co	Common Stock	N/A	4,836
	Walt Disney Co	Common Stock	N/A	7,069
	Waste Management Inc	Common Stock	N/A	10,068
	Weherhaeuser Co	Common Stock	N/A	3,468
	Wells Fargo & Co	Common Stock	N/A	98,548
	Wheaton Precious Metals Corp	Common Stock	N/A	15,625
	Williams Cos Inc Del	Common Stock	N/A	37,372
	Williams Cos Inc Del	Common Stock	N/A	18,152
	Willis Towers Watson	Common Stock	N/A	12,260
	WP Carey Inc	Common Stock	N/A	64,251
	Wyndom Hotels & Resorts	Common Stock	N/A	9,826
	Xylem Inc	Common Stock	N/A	15,264
	Zimmer Biomet Holdings	Common Stock	N/A	8,573
	Zimmer Biomet Holdings	Common Stock	N/A	71,965
	Federated Hermes	Money Market Mutual Fund	N/A	642,871

Green Country Behavioral Health Services, Inc. 401(k) Profit Sharing Plan

Schedule H, Line 4i – Schedule of Assets Held at End of Year

June 30, 2025

EIN: 20-1079088

Plan: 001

(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	
US Treasury Note	US Treasury Securities	N/A	\$ 63,255	
US Treasury	US Treasury Securities	N/A	78,507	
US Treasury	US Treasury Securities	N/A	103,454	
US Treasury	US Treasury Securities	N/A	106,881	
US Treasury	US Treasury Securities	N/A	104,783	
US Treasury	US Treasury Securities	N/A	18,818	
US Treasury	US Treasury Securities	N/A	36,249	
US Treasury	US Treasury Securities	N/A	50,338	
US Treasury	US Treasury Securities	N/A	14,026	
Interest Bearing Cash	Cash	N/A	175,235	
			<u>\$ 6,244,411</u>	

N/A - Not applicable for participant-directed plan.

Green Country Behavioral Health Services, Inc. 401(k) Profit Sharing Plan

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

June 30, 2025

EIN: 20-1079088

Plan: 001

Total that Constitute Nonexempt Prohibited Transactions

	<u>Late Participant Loan Repayments are Included (Yes/No)</u>	<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside VFCP</u>	<u>Contributions Pending Correction in VFCP</u>	<u>Total Fully Corrected Under VFCP and PTE 2002-51</u>
Participant Contributions Transferred late to the Plan 2025	N	\$ 2,793 *	\$ -	\$ -	\$ -

*Amount represents late contributions during the 2025 Plan year. The contributions were remitted during the 2025 Plan year. The Company is in the process of correcting lost earnings.

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 07/01/2024 and ending 06/30/2025

Name of plan

GREEN COUNTRY BEHAVIORAL HEALTH SERVICES, INC. 401(k) PROFIT SHARING PLAN

Employer Identification Number

20-1079088

Three-digit
plan number

▶ 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Fedl Natl Mtg Assn Co	Pool #AE5487 3.5% Due 10/1/25	112	5
	Allstate Corp	CPN .75% Due 12/15/25	8,979	9,829
	Johnson & Johnson	Note 2.45% Due 3/1/26	16,837	16,788
	Prudential Finl Inc	Note 1.5% Due 3/10/26	1,004	981
	Suntrust Bank Atlanta	Note 3.3% Due 5/15/26	8,586	8,912
	US Treasury	Note 1.5% Due 8/15/26	61,920	63,255
	US Treasury	Note 1.875% Due 2/28/27	76,175	78,507
	American Expr Co	Unscd Note 2.55% Due 3/4/27	15,114	15,577
	Walt Disney Co	Note 2.95% Due 06/15/27	15,426	15,718
	US Bancorp	Note 2.255 Due 1/27/28	10,242	10,629
	National Rural Utils Coop	TrBond 3.4% Due 2/27/28	9,335	9,802
	US Treasury	Note 2.75% Due 2/15/28	100,970	103,454
	US Bancorp	Unscd Note 3.9% Due 04/26/28	4,708	4,967
	Fed Natl Mtg Assn	Pool #AU2619 2.5% Due 8/1/28	1,096	1,074
	Capital One Multi Asset	CMO 2019-3 2.06% Due 8/18/28	7,522	6,836
	Oncor Elec Deliv Co LLC	Note 3.7% Due 11/15/28	21,431	20,668
	US Treasury	Note 2.625% Due 02/15/29	104,039	106,881
	MidAmern Energy Co	Bond 3.65% Due 04/15/29	6,176	5,884
	Northern Tr Corp	Note 3.155 Due 05/3/29	6,495	6,751
	Bank America Corp	Note 4.271% Due 07/23/29	15,047	14,949
	JP Morgan Chase & Co	Note 4.203% Due 07/23/29	9,527	8,958
	JP Morgan Chase & Co	Note 4.452% Due 12/05/29	7,813	8,013
	PNC Finl Svcs Grp Inc.	Note 2.55% Due 01/22/30	16,164	17,581
	Goldman Sachs Grp Inc	Note 2.8% Due 02/07/30	6,833	7,393
	Goldman Sachs Grp Inc	Note 3.8% Due 03/15/30	9,475	9,757
	Coca Cola Co	Note 3.45% Due 03/25/30	11,961	11,651
	Mastercard Inc	Note 3.35% Due 03/26/30	12,950	12,539
	Visa Inc	Note 2.05% Due 04/15/30	2,002	1,820
	Northern Tr Corp	Note 1.95% Due 05/01/30	11,420	10,782
	US Treasury	Note 4.625% Due 09/30/30	101,945	104,783
	Fedl Natl Mtg Assn	Pool #MA0587 4% Due 12/01/30	812	270
	Public Svc Co	Bond 1.875% Due 06/15/31	15,919	16,309
	US Treasury	Note 1.25% Due 08/15/31	12,965	18,818
	Fedl Home Loan Mtg Corp	Pool #G01311 Due 09/01/31	20	23
	Texas Instrs Inc	Note 1.9% Due 09/15/31	16,513	16,562
	Ecolab Inc	Note 2.125% Due 02/01/32	9,319	9,493
	Alabama Pwr Co	Note 3.05% Due 03/15/32	18,187	18,245
	US Treasury	Note 4.125% Due 11/15/32	35,826	36,249
			0	0

Schedule H, line 4i
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	AGNC Investment Corp	AGNC 4660 Shares	53,085	42,825
	AT&T Inc	ATT 2498 shares	42,312	72,292
	American Express Co	AXP 126 shares	12,335	40,191
*	Kenvue Inc	KVUE 2430 shares	46,226	50,860
	Barrick Gold Corp	GOLD 2565 shares	40,745	53,403
	Coterra Energy Inc	CTRA 1785 shares	29,523	45,303
*	Baxter Intl Inc	BAX 1825 shares	63,220	55,261
*	NNN REIT Inc	NNN 725 shares	30,160	31,306
	Dollar Genl Corp New	DLTR 593 shares	67,914	67,827
*	Brown Forman Corp Cl-B	BF/B 1825 shares	49,487	49,111
*	WP Carey Inc	WPC 1030 Shares	57,339	64,251
*	Genuine Parts Co	GPC 379 shares	43,322	45,976
*	Hersey Company	HSY 300 shares	48,472	49,785
	General Dynamics Corp	GD 141 shares	24,056	41,124
	GSK PLC Sponsored Adr New	GSK 2378 shares	87,383	91,315
	Globe Life Inc	GL 425 shares	36,693	52,823
*	IShares 0-3 Mo Treas Bond	SGOV 879 shares	88,403	88,507
	Hartford Financial Svs Grp	HIG 290 shares	14,952	36,792
	Honda Motor LTD	HMC 1425 shares	37,856	41,083
	Ingredion Inc	INGR 408 shares	35,395	55,333
	Johnson & Johnson	JNJ 112 shares	15,002	17,108
	Jones Lang Lasalle	JLL 215 shares	33,232	54,993
	PNC Financial Services Grp	PNC 310 shares	43,458	57,790
	PPG Industries Inc	PPG 573 shares	66,802	65,179
*	Target Corp	TGT 612 shares	61,819	60,374
	Paypal Holdings Inc	PYPL 1075 shares	65,528	79,894
	Shell PLC Sponsored ADR Repstg	SHEL 660 shares	36,253	46,471
	Sanofie Spon Adr	SNY 1380 shares	66,829	66,668
	Scwhab Charles Corp New	SCHW 535 shares	28,522	48,813
	TotalEnergiesSE Spon Adr	TTE 1112 shares	58,752	68,266
	Travelers Cos Inc	TRV 203 shares	25,711	54,311
	Truist Financial Corp	TFC 1225 shares	43,877	52,663
	US Bancorp DE New	USB 1763 shares	67,654	79,776
	Unilever PLC Sponsored Adr New	UL 1185 shares	60,282	72,486
	United Parcel Service	UPS 647 shares	85,274	65,308
	Verizon Communications Inc	VZ 2595 shares	118,018	112,286
	Wells Fargo & Co	WFC 1230 shares	49,197	98,548
	Williams Cos Inc Del	WMB 595 shares	16,038	37,372
	Medtronic PLC	MDT 795 shares	61,243	69,300

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	Air Products & Chemicals Inc	APD 22 shares	5,404	6,205
	American Tower Corp New	AMT 53 shares	10,478	11,714
	Apollo Global Management Inc	APO 95 shares	7,945	13,478
	Apple Inc	AAPL 45 shares	4,616	9,233
	Avalonbay Commntys Inc	AVB 66 shares	11,599	13,431
	Becton Dickinson & Co	BDX 110 shares	24,384	18,948
	Broadcom Inc	AVGO 81 shares	5,812	22,328
*	Alphabet Inc	GOOGL 63 shares	10,751	11,102
*	Merck & Company Inc new	MRK 137 shares	11,894	10,845
	Metlife Inc	MET 164 shares	9,978	13,189
	Microsoft Corp	MSFT 59 shares	18,334	29,347
*	Astrazeneca PLC	AZN 120 shares	8,004	8,386
	Nestle SA Spon Adr	NSRGY 201 shares	20,120	19,963
	Northrop Grumman Corp	NOC 27 shares	11,397	13,499
	Oracle Corp	ORCL 64 shares	5,406	13,992
	PNC Financial Services	PNC 48 shares	7,033	8,948
	Proctor & Gamble Co	PG 39 shares	5,320	6,213
	Public Storage Inc	PSA 34 shares	9,614	9,976
	RTX Corp	RTX 86 shares	6,686	12,558
			0	
			0	
			0	0
	Sempra	SRE 266 shares	18,967	20,155
	T-Mobile US Inc	TMUS 68 shares	10,661	16,202
	Texas Instruments Inc	TXN 41 shares	4,209	8,512
	Travelers Cos Inc	TRV 62 shares	8,376	16,587
	Unilever PLC	UL 248 shares	14,273	15,170
	Union Pacific Corp	UNP 41 shares	7,269	9,433
	Unitedhealth Group Inc	UNH 26 shares	9,275	8,111
	VISA Inc	V 37 shares	8,017	13,137
	Vulcan Materials Company	VMC 44 shares	8,860	11,476
	Waste Management Inc	WM 44 shares	4,629	10,068
	Williams Cos Inc Del	WMB 289 shares	8,603	18,152
	Linde PLC	LIN 25 shares	69,739	11,730
	TE Connectivity PLC	TEL 56 shares	8,103	9,446
			0	0
			0	

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	ATI Inc	ATI 122 shares	6,765	10,534
	Allison Transmission Hldgs Inc	ALSN 120 shares	9,214	11,399
	Ameren Corp	AEE 97 shares	9,560	9,316
	Amercan Homes 4 Rent	AMH 385 shares	13,037	13,887
	American Intl Grp Inc	AIG 192 shares	13,523	16,433
	Ascendis Pharma A/S	ASND 73 shares	10,101	12,600
	Autonation Inc	AN 49 shares	9,819	9,734
	BJS Wholesale Club Hldgs Inc	BJ 126 shares	6,502	13,587
	Bellring Brands Inc	BRBR 169 shares	10,030	9,790
	Blue Owl Capital Inc	OWL 511 shares	9,751	9,816
	Brixmor Property Grp Inc	BRX 387 shares	9,952	10,077
	Burlington Stores Inc	BURL 43 shares	11,469	10,004
	CMS Energy Corp	CMS 198 shares	12,351	13,717
	Cheniere Energy Inc	LNG 57 shares	9,502	13,881
*	Curtiss-Wright Corp DE	CW 30 shares	5,386	14,657
	DR Horton Inc	DHI 78 shares	8,099	10,056
*	Electronic Arts Inc	EA 86 shares	12,796	13,734
	Equitable Holdings Inc	EQH 308 shares	9,370	17,279
	First Industrial Realty Trust	FR 243 shares	11,842	44,696
	Arthur J Gallagher & Co	AJG 31 shares	6,342	9,924
	Howmet Aerospace Inc	HWM 77 shares	5,140	14,332
	Hubbel Inc	HUBB 36 shares	8,167	14,703
*	Deckers Outdoor Corp	DECK 95 shares	11,114	9,792
	Dupont De Nemours Inc	DD 120 shares	9,147	8,231
*	Hubspot Inc	HUBS 18 shares	10,665	10,019
	Keysight Technologies Inc	KEYS 70 shares	8,408	11,470
	Lincoln Electric Holdings Inc	LECO 59 shares	11,030	12,232
	Lonza Grp AG ADR	LZAGY 190 shares	10,867	13,558
	M&T Bank Corp	MTB 88 shares	11,523	17,071
	Marvell Technology Inc	MRVL 123 shares	5,611	9,520
	Mongodb Inc	MDB 48 shares	11,431	10,080
	Motorola Solutions Inc	MSI 28 shares	7,521	11,773
	Natera Inc	NTRA 64 shares	9,808	10,812
	PPL Corp	PPL 377 shares	10,775	12,777
	Paylocity Holding Corp	PCTY 51 shares	9,577	9,241
*	Expand Energy Corp	EXE 119 shares	8,879	13,916
	Citizens Financial Grp Inc	CFGS 234 shares	9,509	10,472
	Corteva Inc	CTVA 111 shares	8,256	8,273

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	AIA Group Ltd Spon Adr	AAGIY 184 sharess	553,496	6,657
	Adidas AG Spons Adr	ADDYY 33 shares	3,878	3,862
	Alphabet Inc	GOOG 104 shares	17,537	18,449
	Ambev S A Spons Adr	ABEV 2394 shares	5,134	5,770
	American Express Co	AXP 20 shares	6,086	6,380
	Analog Devices Inc	ADI 29 shares	6,367	6,903
	Elevance Health Inc	ELV 34 shares	13,867	13,225
	BAE Systems PLC Spon Adr	BAESY 95 shares	5,885	9,982
	Bangkok Bank PLC Unspn Adr	BKKLY 123 shares	2,836	2,645
	Bank New York Mellon Corp	BK 130 shares	10,713	11,844
	Barrick Mining Corp	B 437 shares	7,720	9,098
	Becton Dickinson & Co	BDX 91 shares	18,762	15,675
	Berkeley Group Hldg Plc Adr	BKGFY 413 shares	4,440	4,403
	Berkshire Hathaway Inc	BRKB 15 shares	7,270	7,287
	Bio Rad Labs Inc	BIO 23 shares	5,763	5,550
	British Amern Tobacco PLC	BTI 305 shares	11,659	14,436
	CH Robinson Worldwide	CHRW 118 shares	12,430	11,322
	Colgate-Palmolive Co	CL 77 shares	7,392	6,999
	Comcast Corp	CMCSA 352 shares	14,722	12,563
	Compagnie Finance Rich AG Swit	CFRUY 683 shares	9,551	12,861
	Cummins Inc	CMI 19 shares	7,161	6,223
	Danone Spon Adr	DANOY 577 shares	7,962	9,440
	Walt Disney Co	DIS 39 shares	4,541	4,836
	Dollar Genl Corp	DG 67 shares	5,242	7,663
	Equity Residential	EQR 88 shares	6,780	5,939
	Expeditors Intl Wash Inc	EXPD 56 shares	6,666	6,398
	Exxon Mobil Corp	XOM 77 shares	9,075	8,301
	Meta Platforms Inc	META 38 shares	21,932	28,047
	Fanuc Corp	FANUY 532 shares	6,889	7,230
	Fidelity Nat Fin Inc	FNF 69 shares	4,386	3,866
	Fomento Econ Mex S A B	FMX 95 shares	8,508	9,783
	HCA Healthcare Inc	HCA 46 shares	15,109	17,623
	Haleon PLC Adr	HLN 46 shares	8,061	8,493
	Heineken NV	HEINY 81 shares	2,991	3,540
	Henkel AG & Co KGSS	HENKY 234 shares	4,415	4,252
	IPG Photonics Corp	IPGP 42 shares	3,269	2,883
	Imperial Oil Ltd	IMO 152 shares	11,284	12,081
	Itau Unibanco Holding	ITUB 548 shares	2,718	3,721
	Jardine Matheson Holdings LTD	JMHLY 91 shares	3,959	4,389

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	LVMH Moet Hennessy Louis Vuitt	LVMUY 74 shares	8,890	7,774
	Lloyds Banking Grp PLC	LYG 1461 shares	4,010	6,209
	MS&AD Insurance Grp Holdings	MSADY 340 shares	7,706	7,592
	Merck KGAA Spons ADr	MKKGY 333 shares	9,332	8,638
	Microsoft Corp	MSFT 8 shares	3,376	3,979
	Mitsubishi Elec Corp	MIELY 19 shares	6,531	8,213
	NOV Inc	NOV 392 shares	6,280	4,873
	Nestle S A	NSRGY 60 shares	5,204	5,959
	Newmont Corp	NEM 169 shares	71,556	9,846
	Nutrien LTD	NTR 91 shares	4,463	5,300
	Oracle Corp	ORCL 121 shares	22,306	26,454
	Otis Worldwide Corp	OTIS 75 shares	7,720	7,427
	PPG Industries Inc	PPG 48 shares	5,803	5,460
	Pernod Ricard S A	PRNDY 70 shares	1,565	1,403
	Philip Morris Intl Inc	PM 123 shares	16,356	22,402
	Power Corp Canada	PWCDF 70 shares	6,065	7,023
	Prosus N V	PROSY 2184 shares	17,956	24,308
	Reckitt Benckiser PLC	RGGLY 700 shares	8,683	9,611
	Shell PLC	SHEL 89 shares	5,706	6,266
	SMC Corp Japan	SMCAY 382 shares	7,466	6,849
	Salesforce Inc	ORM 26 shares	8,551	7,090
	Sanofi Spon ADr	SNY 101 shares	4,921	4,879
	Schlumberger Ltd	SLB 277 shares	12,117	9,363
	Secom Ltd ADr	SOMLY 842 shares	7,205	7,523
	SGS SA ADr	SCSOY 224 shsres	2,205	2,258
	Shimano Inc ADr	SMNNY 638 shares	8,760	9,555
	Sompo Holdings Inc	SMPNY 392 shares	5,289	5,888
	Taiwan Semiconductor Mfg Co	TSM 114 shares	20,290	25,820
	Texas Instruments Inc	TXN 40 shares	8,034	8,305
	U S Bancorp DE	USB 88 shares	4,697	3,982
	Unilever PLC	UL 171 shares	10,198	10,460
*	UOL Grp Ltd Sponsr	UOLGY 232 shares	3,677	4,533
	Weherhaeuser Co	WY 135 shares	4,357	3,468
	Wheaton Precious Metals Corp	WPM 174 shares	10,939	15,625
	Medtronic PLC	MDT 91 shares	7,863	7,932
	Noble Corp PLC	NE 109 shares	3,668	2,894
	Willis Towers Watson	WTW 40 shares	12,855	12,260
*	Universal Health Svcs	UHS 49 shares	9,465	8,876
	SPDR Gold Trust Gold Shrs	GLD 274 shares	67,414	83,532

