

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ 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
1a	Name of plan SOLUTIONS 401(K) PLAN - CENTRAL LOCATION I
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/2013
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) SOLUTIONS BEHAVIORAL HEALTHCARE PROF'S - CENTRAL 1547 30TH AVENUE S MOORHEAD, MN 56560
2b	Employer Identification Number (EIN) 41-1949975
2c	Plan Sponsor's telephone number 218-287-4338
2d	Business code (see instructions) 621330

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.	07/09/2026	JOEL BAKKEN
	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 ☒ 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	5 441
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) 306 6a(2) 283 6b 4 6c 213 6d 500 6e 0 6f 500 6g(1) 276 6g(2) 485 6h 116
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

2S 2E 3D 2G 2J 2K 2F 2T

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan SOLUTIONS 401(K) PLAN - CENTRAL LOCATION I	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SOLUTIONS BEHAVIORAL HEALTHCARE PROF'S - CENTRAL	D Employer Identification Number (EIN) 41-1949975	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

COUNTRY CAPITAL MGMT CO.

1711 GENERAL ELECTRIC RD
BLOOMINGTON, IL 61702

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 99 50 37 15	RECORDKEEPER	52686	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
	For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
	A Name of plan SOLUTIONS 401(K) PLAN - CENTRAL LOCATION I	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 SOLUTIONS BEHAVIORAL HEALTHCARE PROF'S - CENTRAL	D Employer Identification Number (EIN) 41-1949975	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	471	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	13546	0
(2) Participant contributions.....	1b(2)	21714	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	243702	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	28109	5572
(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)	8075723	10402692
(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)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	8383265	10408264

Liabilities

1g Benefit claims payable	1g	14092	
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	14092	

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	8369173	10408264
--	-----------	---------	----------

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)	502079	
(B) Participants	2a(1)(B)	896745	
(C) Others (including rollovers)	2a(1)(C)	25037	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1423861
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	1305	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1305
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	209099	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		209099
(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)		1341853
c Other income	2c		8
d Total income. Add all income amounts in column (b) and enter total	2d		2976126

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	884349	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		884349
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)	52686	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		52686
j Total expenses. Add all expense amounts in column (b) and enter total	2j		937035

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2039091
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 BAILLY, LLC

(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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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.			

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan SOLUTIONS 401(K) PLAN - CENTRAL LOCATION I		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SOLUTIONS BEHAVIORAL HEALTHCARE PROF'S - CENTRAL		D Employer Identification Number (EIN) 41-1949975
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): 45-0404698		
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702826A.

Financial Statements
September 30, 2025 and 2024
Solutions Behavioral Healthcare Professionals

Solutions Behavioral Healthcare Professionals

Table of Contents

September 30, 2025 and 2024

Independent Auditor's Report.....	1
Financial Statements	
Statements of Financial Position.....	3
Statements of Activities	4
Statements of Cash Flows	5
Notes to Financial Statements	6



Independent Auditor's Report

To the Board of Directors
Solutions Behavioral Healthcare Professionals
Moorhead, Minnesota

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Solutions Behavioral Healthcare Professionals (Organization), which comprise the statements of financial position as of September 30, 2025 and 2024 and the related statements of activities, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of September 30, 2025 and 2024, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Organization 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 audit opinion.

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization'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 the Organization's ability to continue as a going concern for a reasonable period of time.

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.

A handwritten signature in cursive script that reads "Eric Sully LLP".

Fargo, North Dakota
January 28, 2026

Solutions Behavioral Healthcare Professionals

Statements of Financial Position

September 30, 2025 and 2024

	2025	2024
Current Assets		
Cash and cash equivalents	\$ 2,595,981	\$ 2,919,712
Accounts receivable	1,751,708	1,429,387
Grant funds receivable	118,497	364,047
Prepaid expenses	270,368	296,142
Total current assets	4,736,554	5,009,288
Right-of-Use Asset, Operating	200,160	459,104
Property and Equipment, Net	19,104,360	15,095,181
Security Deposits	36,575	38,425
Total assets	<u>\$ 24,077,649</u>	<u>\$ 20,601,998</u>
Liabilities and Net Assets		
Current Liabilities		
Accounts payable	\$ 192,858	\$ 188,486
Current maturities of long-term debt	692,289	571,115
Current maturities of operating lease liability	160,691	260,885
Accrued expenses		
Payroll	1,223,790	1,152,537
Payroll taxes and benefits withholdings	258,207	220,749
Earned benefit days	576,719	536,313
Interest	18,991	18,991
Total current liabilities	3,123,545	2,949,076
Operating Lease Liability, Less Current Maturities	38,810	199,502
Long-Term Debt, Less Current Maturities and Debt Issuance Costs	12,499,330	9,647,625
Total liabilities	15,661,685	12,796,203
Net Assets Without Donor Restrictions	8,415,964	7,805,795
Total liabilities and net assets	<u>\$ 24,077,649</u>	<u>\$ 20,601,998</u>

Solutions Behavioral Healthcare Professionals

Statements of Activities

Years Ended September 30, 2025 and 2024

	2025	2024
Revenue, Gains, and Support Without Donor Restrictions		
Patient service revenue	\$ 23,752,366	\$ 22,661,240
Grants	1,405,165	1,308,550
Contracts	1,092,850	1,012,461
Donations	23,133	18,209
Other income	84,289	151,896
Total revenues, gains, and support without donor restrictions	26,357,803	25,152,356
Expenses		
Salaries and benefits	21,489,499	19,987,739
Depreciation	640,230	634,820
Interest	535,488	423,428
Purchased services	707,185	619,143
Rent and utilities	661,801	669,632
Supplies and other	1,713,431	1,577,447
Total expenses	25,747,634	23,912,209
Change in Net Assets Without Donor Restrictions	610,169	1,240,147
Net Assets, Beginning of Year	7,805,795	6,565,648
Net Assets, End of Year	\$ 8,415,964	\$ 7,805,795

Solutions Behavioral Healthcare Professionals

Statements of Cash Flows

Years Ended September 30, 2025 and 2024

	2025	2024
Operating Activities		
Change in net assets	\$ 610,169	\$ 1,240,147
Adjustments to reconcile change in net assets to net cash from operating activities		
Depreciation	640,230	634,820
Changes in assets and liabilities		
Receivables	(76,771)	(220,910)
Prepaid expenses	25,774	(63,766)
Operating lease assets and liabilities	(1,942)	(2,375)
Security deposits	1,850	(4,366)
Accounts payable	4,372	66,729
Accrued expenses	149,117	296,646
Net Cash From Operating Activities	1,352,799	1,946,925
Investing Activity		
Purchase of property and equipment	(1,088,551)	(389,306)
Financing Activity		
Principal payments on long-term debt	(587,979)	(883,443)
Net Change in Cash and Cash Equivalents	(323,731)	674,176
Cash and Cash Equivalents at Beginning of Year	2,919,712	2,245,536
Cash and Cash Equivalents at End of Year	\$ 2,595,981	\$ 2,919,712
Supplemental Disclosure of Cash Flow Information		
Cash paid during the year for interest	\$ 535,488	\$ 423,428
Property and equipment financed through notes payable	\$ 3,560,858	\$ 163,642

Note 1 - Principal Activity and Significant Accounting Policies**Organization**

Solutions Behavioral Healthcare Professionals (Organization) is organized as a Minnesota nonprofit corporation. The Organization was formed for the purpose of providing mental health services to patients. The Organization has offices in Minnesota in Moorhead, Detroit Lakes, Alexandria, Fergus Falls, St. Cloud, Sauk Centre, Glenwood, and East Grand Forks and offices in North Dakota in Fargo, West Fargo, and Bismarck.

Income Taxes

The Organization is organized as a Minnesota nonprofit corporation and has been recognized by the Internal Revenue Service (IRS) as exempt from federal income taxes under Internal Revenue Code Section 501(c)(3). The Organization is annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS. In addition, the Organization is subject to income tax on net income that is derived from business activities that are unrelated to its exempt purpose. Management has determined that the Organization is not subject to unrelated business income tax and has not filed an Exempt Organization Business Income Tax Return (Form 990-T) with the IRS.

The Organization believes that it has appropriate support for any tax positions taken affecting its annual filing requirements, and as such, does not have any uncertain tax positions that are material to the financial statements. The Organization would recognize future accrued interest and penalties related to unrecognized tax benefits and liabilities in income tax expense if such interest and penalties are incurred.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with an original maturity of three months or less.

Accounts Receivable and Credit Policies

Patient receivables are uncollateralized patient and third-party payor obligations. The Organization does not charge interest on unpaid patient receivables. Payments of patient receivables are allocated to specific claims identified in the remittance advice or, if unspecified, are applied to the earliest unpaid claim.

The Organization records credit losses for patient receivables based on the current expected credit losses. Credit losses are recorded after consideration of any implicit or explicit price concessions. Management believes that the historical loss information it has compiled is a reasonable basis on which to determine expected credit losses at September 30, 2025 and 2024 because the composition of the patient and other receivables at those dates are consistent with that used in developing the historical credit loss percentages. Management considers historical write off and recovery information, its past history with similar cases, and current conditions and reasonable and supportable forecasts, to estimate the appropriate allowance for credit losses. The allowance for credit losses as of September 30, 2025 and 2024 were insignificant. Patient receivables as of October 1, 2023 totaled \$1,365,576.

Security Deposits

The Organization records security deposits for amounts paid and held by lessors for current leased properties.

Property and Equipment

Property and equipment acquisitions in excess of \$5,000 are capitalized and recorded at cost. Depreciation is provided over the estimated useful life of each depreciable asset and is computed using the straight-line method. The estimated useful lives of property and equipment are as follows:

Office building	40 years
Residential buildings	27.5 years
Leasehold improvements	7 years
Office equipment	5-7 years
Office furniture and furnishings	7 years
Software	3-5 years
Vehicles	5-7 years

The Organization considers whether indicators of impairment are present and performs the necessary analysis to determine if the carrying values of assets are appropriate. No impairment was identified for the years ended September 30, 2025 and 2024.

Right-of-Use Assets and Lease Liabilities

Right-of-use leased assets are recognized at the lease commencement date and represent the Organization's right to use an underlying asset for the lease term. Right-of-use leased assets are measured at the initial value of the lease liability plus any payments made to the lessor before the commencement of the lease term, less any lease incentives received from the lessor at or before the commencement of the lease term, plus any initial direct costs necessary to place the lease asset into service. Right-of-use leased assets are amortized over the shorter of the lease term or the useful life of the underlying asset using the straight-line method.

Debt Issuance Costs

Debt issuance costs are amortized over the period the related obligation is outstanding using the straight-line method, which is a reasonable estimate of the effective interest method. Debt issuance costs are included within long-term debt on the statement of financial position. Amortization of debt issuance costs is included in interest expense in the accompanying financial statements.

Net Assets with Donor Restrictions

Net assets, revenues, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both. At September 30, 2025 and 2024, the Organization did not have any net assets with donor restrictions.

Gifts of long-lived assets such as land, buildings, or equipment are reported as additions to net assets without donor restrictions unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as net assets with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when donated or when acquired long-lived assets are placed in service.

Patient Service Revenue

Patient service revenue and contracts to provide patient services are reported at the amount that reflects the consideration to which the Organization expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and government programs), and others and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews and investigations. Generally, the Organization bills the patients and third-party payors several days after the services are performed. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the Organization. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. The Organization believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Revenue for performance obligations satisfied at a point in time is recognized when goods or services are provided, and the Organization does not believe it is required to provide additional goods or services to the patient.

The Organization determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with the Organization's policy, and/or implicit price concessions provided to uninsured patients. The Organization determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies and historical experience. The Organization determines its estimate of implicit price concessions based on its historical collection experience with this class of patients.

Settlements with third-party payors for retroactive adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor and the Organization's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or are no longer subject to such audits, reviews, and investigations.

Grant Revenue and Receivable

Revenue from government grants are recognized in the period when expenditures have been incurred in compliance with the grantor's restrictions. When expenditures have been incurred and the monies not received, the revenue is recorded in grant receivable. The Organization recorded \$118,497 and \$364,047 in grant fund receivable on September 30, 2025 and 2024. Contributions are recognized when cash, securities or other assets, an unconditional promise to give, or notification of a beneficial interest is received. Conditional promises to give are not recognized until the conditions on which they depend have been substantially met.

Contributed services for which a fair value is reasonably determinable are recorded as a component of other revenue and the appropriate expense in the accompanying statements of activities. Contributed assets are recorded at fair value at the date of donation.

Functional Allocation of Expenses

The costs of program and supporting services activities have been summarized on a functional basis in a footnote to the financial statements, which presents the natural classification detail of expenses by function. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Reclassifications

Certain reclassifications of amounts previously reported have been made to the accompanying financial statements to maintain consistency between periods presented. The reclassifications had no impact on previously reported net assets or changes in net assets.

Subsequent Events

Subsequent events have been evaluated through January 28, 2026, the date the financial statements were available to be issued.

Note 2 - Liquidity and Availability

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the statement of financial position date, comprise the following:

	2025	2024
Cash	\$ 2,595,981	\$ 2,919,712
Accounts receivable	1,751,708	1,429,387
Grant funds receivable	118,497	364,047
	<u>\$ 4,466,186</u>	<u>\$ 4,713,146</u>

The Organization maintains a \$1,000,000 line of credit, as discussed in more detail in Note 5. As of September 30, 2025, \$1,000,000 remained available on the Organization's line of credit.

As part of the liquidity management plan, cash in excess of daily requirements are kept in the general checking account.

Note 3 - Patient Service Revenue

Concentration of gross revenues by major payor accounted for the following percentages of the Organization's patient service revenues for the years ended September 30, 2025 and 2024:

	2025	2024
Medicaid	42%	44%
Medicare	1%	1%
Commercial and other	57%	55%
	<u>100%</u>	<u>100%</u>

The Organization has agreements with third-party payors that provide for payments to the Organization at amounts different from its established rates. Payment arrangements include prospectively determined rates, discounted charges, and per diem payments.

Laws and regulations governing the Medicare, Medicaid, and other programs are extremely complex and subject to interpretation. In addition, the ability to estimate the collectability of uninsured and other self-pay patients is contingent on the patient's ability or willingness to pay for the services provided. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The Organization estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts and implicit price concessions based on historical collection experience. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change. The ability to estimate the collectability of uninsured and other self-pay patients is contingent on the patient's ability or willingness to pay for the services provided. Adjustments arising from a change in the estimate of implicit price concessions for performance obligations were not significant in 2025 and 2024. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay are recorded as credit loss expense. Credit loss expense for the years ended September 30, 2025 and 2024 was not significant.

The nature, amount, timing and uncertainty of revenue and cash flows are affected by several factors that the Organization considers in its recognition of revenue. Following are some of the factors considered:

- Payors (for example, Medicare, Medicaid, or other insurance, patient) have different reimbursement/payment methodologies
- Type of services provided
- Organization's line of businesses that provided the service

For the years ended September 30, 2025 and 2024, the Organization recognized revenue of \$23,752,366 and \$22,661,240 at the time services were provided.

Note 4 - Property and Equipment

A summary of property and equipment at September 30, 2025 and 2024, is as follows:

	2025	2024
Land and land improvements	\$ 1,755,435	\$ 1,755,435
Leasehold improvements	214,880	214,880
Building	18,951,190	14,477,218
Equipment	531,120	528,817
Furniture and furnishings	543,581	472,769
Vehicles	1,182,504	1,047,359
Construction in process	-	32,823
	<u>23,178,710</u>	<u>18,529,301</u>
Less accumulated depreciation	<u>(4,074,350)</u>	<u>(3,434,120)</u>
Property and equipment, net	<u>\$ 19,104,360</u>	<u>\$ 15,095,181</u>

Note 5 - Line of Credit

The Organization has a revolving line of credit with a bank in the amount \$1,000,000 which matures in June 2026. Interest on the line of credit is variable and is calculated based on one percent over the prime rate, as defined by the agreement. The line of credit is secured by all assets of the Organization. The Organization had an outstanding balance on the line of credit of \$0 for the years ended September 30, 2025 and 2024.

Note 6 - Leases

The Organization leases certain office facilities and equipment for various terms under long-term, non-cancelable operating lease agreements. The leases expire at various dates through 2028 and provide for renewal options. The Organization included in the determination of the right-of-use assets and lease liabilities any renewal options when the options are reasonably certain to be exercised. The leases provide for increases in future minimum annual rental payments as defined in the various lease agreements. Also, the agreements generally require the Organization to pay real estate taxes, insurance, and repairs.

The weighted-average discount rate is based on the discount rate implicit in the lease. If the implicit rate is not readily determinable from the lease, the Organization estimates an applicable incremental borrowing rate. The incremental borrowing rate is estimated using the Organization's applicable borrowing rates and the contractual lease term.

The Organization has elected the short-term lease exemption for all leases with a term of 12 months or less for both existing and ongoing operating leases to not recognize the asset and liability for these leases. Lease payments for short-term leases are recognized on straight-line basis.

The Organization elected the practical expedient to not separate lease and non-lease components for real estate and office equipment leases.

Total lease costs for the years ended September 30, 2025 and 2024 were as follows:

	2025	2024
Operating lease cost	\$ 274,090	\$ 328,289
Variable lease cost	30,000	40,267

The following table summarizes the supplemental cash flow information for the years ended September 30, 2025 and 2024:

	2025	2024
Cash paid for amounts included in the measurement of lease liabilities		
Operating cash flows from operating leases	\$ 276,031	\$ 332,259
Right-of-use assets obtained in exchange for lease liabilities		
Operating leases	\$ -	\$ 166,807

Solutions Behavioral Healthcare Professionals

Notes to Financial Statements
September 30, 2025 and 2024

The following summarizes the weighted-average remaining lease term and weight-average discount rate:

	<u>2025</u>	<u>2024</u>
Weighted-average remaining lease term		
Operating leases	1.21 Years	1.87 Years
Weighted-average discount rate		
Operating leases	5.67%	5.51%

The future minimum lease payments under noncancelable operating leases with terms greater than one year are listed below as of September 30, 2025:

<u>September 30,</u>	<u>Operating</u>
2026	\$ 165,329
2027	38,154
2028	<u>1,383</u>
Total lease payments	204,866
Less interest	<u>(5,365)</u>
Present value of lease liabilities	<u><u>\$ 199,501</u></u>

Note 7 - Long Term Debt

	2025	2024
6.89%, mortgage note payable, due in monthly installments of \$1,092 including interest, to May 2030, secured by a mortgage on residential property	\$ 52,077	\$ 60,852
5.71%, note payable, due in monthly installments of \$622, including interest, to January 2028, secured by vehicles and all inventory and equipment	16,255	22,579
5.91%, mortgage note payable, due in monthly installments of \$1,469, including interest, to November 2032, secured by a mortgage on residential property (A)	103,513	114,582
7.75%, mortgage note payable, due in monthly installments of \$1,015, including interest, to September 2028, secured by a mortgage on residential property and an assignment of rents	71,756	78,029
3.75%, mortgage note payable, due in monthly installments of \$705 including interest, with a final payment due at maturity on October 2025, secured by a mortgage on residential property (A)	58,835	64,937
7.93%, note payable, due in monthly installments of \$7,775, including interest, with one irregular payment of \$649,576 due January 2029, secured by a mortgage on residential property	761,850	792,552
7.75%, note payable, due in monthly installments of \$1,227, including interest, with one irregular payment of \$102,395 due September 2028, secured by a mortgage on property	119,726	124,819
3.75%, note payable, due in monthly installments of \$641, including interest through November 2025, secured by substantially all assets	1,247	8,742
2.96%, Moorhead Economic Development Authority Facilities Revenue Note, Series 2020, due in monthly installments of \$24,409, including interest, with a final maturity date of October 2041, secured by a mortgage on the purchased property (A)(B)	3,732,869	3,910,854
2.96%, City of Detroit Lakes, Minnesota Healthcare Facilities Revenue Note, Series 2021, due in monthly installments of \$10,028, including interest, with a final maturity date of November 2040, secured by a mortgage on the purchased property (A)(C)	1,461,683	1,536,932
3.05%, City of Frontier, North Dakota Healthcare Facilities Revenue Note, Series 2021, due in monthly installments of \$6,318 including interest, with a final maturity date of September 2041, secured by a mortgage on the purchased property (A)(D)	956,008	1,001,491

Solutions Behavioral Healthcare Professionals

Notes to Financial Statements
September 30, 2025 and 2024

	2025	2024
3.65%, note payable, due in monthly installments of \$1,300, including interest through September 2031, secured by substantially all assets	\$ 83,801	\$ 96,050
6.75%, note payable, due in monthly installments of \$811, including interest, to June 2026, secured by vehicle	7,091	16,006
6.75%, note payable, due in monthly installments of \$1,001, including interest, to June 2026, secured by vehicle	8,754	19,761
4.73%, City of Sartell, Minnesota Facilities Revenue Note, Series 2023, due in monthly installments of \$17,740 including interest, to August 2043, secured by building, net of debt issuance costs of \$47,896 and \$53,688 as of September 30, 2025 and 2024 (A)(E)	2,188,147	2,285,272
4.47%, Lakes Area Development Authority Facilities Revenue Note, Series 2025, due in monthly installments of \$15,959, including interest, to September 2050, secured by building, net of deferred financing costs of \$46,129 as of September 30, 2025 (A)(F)	2,833,871	-
7.24%, note payable, due in monthly installments of \$4,131, including interest, to October 2029, with a \$519,640 balloon payment November 2029, secured by building (A)	559,903	-
7.93%, note payable, due in monthly installments of \$620, including interest, to December 2028, secured by vehicle (A)	21,233	26,727
7.93%, note payable, due in monthly installments of \$479, including interest, to December 2028, secured by vehicle	16,411	20,657
7.93%, note payable, due in monthly installments of \$451, including interest, to December 2028, secured by vehicle (A)	15,425	19,416
7.93%, note payable, due in monthly installments of \$429, including interest, to December 2028, secured by vehicle (A)	14,683	18,482
7.86%, note payable, due in monthly installments of \$445, including interest, to January 2030, secured by vehicle (A)	19,503	-
7.86%, note payable, due in monthly installments of \$423, including interest, to January 2030, secured by vehicle (A)	18,567	-
6.71%, note payable, due in monthly installments of \$452, including interest, to June 2030, secured by vehicle (A)	22,284	-
6.71%, note payable, due in monthly installments of \$935, including interest, to June 2030, secured by vehicle (A)	46,127	-
	13,191,619	10,218,740
Less current maturities	(692,289)	(571,115)
	<u>\$ 12,499,330</u>	<u>\$ 9,647,625</u>

- (A) The notes carry various covenant requirements as specified in the note agreements.
- (B) The Organization received proceeds of \$4,400,000 from the issuance of a Series 2020 Facilities Revenue Note from Moorhead Economic Development Authority. The proceeds were used, in part, to finance the acquisition and renovation of a building in South Moorhead to provide office space for the Organization. The loan agreement was assigned from Moorhead Economic Development Authority to Old National.
- (C) The Organization received proceeds of \$1,800,000 from the issuance of a Series 2021 Healthcare Facilities Revenue Note from the City of Detroit Lakes. The proceeds were used, in part, to finance the acquisition and renovation of a building in Detroit Lakes to provide office space for the Organization. The loan agreement was assigned from the City of Detroit Lakes to Old National.
- (D) The Organization received proceeds of \$1,128,000 from the issuance of a Series 2021 Healthcare Facilities Revenue Note from the City of Frontier. The proceeds were used, in part, to finance the acquisition and renovation of a building in West Fargo to provide office space for the Organization. The loan agreement was assigned from the City of Frontier to Bell Bank, Fargo, North Dakota.
- (E) The Organization received proceeds of \$2,743,000 from the issuance of a series 2023 Facilities Revenue Note from the City of Sartell. The proceeds were used, in part, to finance the acquisition and renovation of a building in Sartell to provide office space for the Organization. The loan agreement was assigned from the City of Sartell to Old National.
- (F) The Organization received proceeds of \$2,880,000 from the issuance of a series 2025 Facilities Revenue Note from the Lakes Area Economic Development Authority. The proceeds were used, in part, to finance the acquisition and renovation of a building in Alexandria to provide office space for the Organization. The loan agreement was assigned from the Lakes Area Development Authority to Gate City Bank.

Future scheduled maturities of long-term debt are as follows:

<u>Years Ending September 30,</u>	<u>Amount</u>
2026	\$ 692,289
2027	644,121
2028	812,629
2029	629,704
2030	1,122,120
Thereafter	9,384,781
Unamortized Debt Issuance Costs	(94,025)
	<u>\$ 13,191,619</u>

Note 8 - Retirement Plan

The Organization has three separate 401(k) plans which cover all eligible employees within the respective plan categories. Employees may contribute a percentage of their compensation up to the IRS maximum limit. The Organization may elect to make both matching contributions and profit sharing contributions to the plans. During the years ended September 30, 2025 and 2024, the Organization made matching contributions of \$469,829 and \$359,544.

Note 9 - Concentrations of Credit Risk

The Organization grants credit without collateral to its patients, most of whom are insured under third-party payor agreements. The mix of receivables from third-party payors and patients at September 30, 2025 and 2024, was as follows:

	2025	2024
Medicaid	28%	24%
Medicare	1%	1%
Commercial and other	71%	75%
	100%	100%

Financial Instruments and Credit Risk

Deposit concentration risk is managed by placing cash, money market accounts, and certificates of deposit with financial institutions believed by the Organization to be creditworthy. At times, amounts on deposit may exceed insured limits or include uninsured investments in money market mutual funds. Insured accounts are guaranteed by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 per depositor, per insured bank, for each account ownership category. As of September 30, 2025 and 2024, the Organization had approximately \$416,000 and \$383,000, respectively, in excess of FDIC insurance limits. To date, no losses have been experienced in any of these accounts.

Credit risk associated with accounts receivable are limited due to high historical collection rates and because substantial portions of the outstanding amounts are due to Board members, governmental agencies, and foundations supportive of the Organization's mission.

Note 10 - Functional Expenses

The following schedule presents the natural classification of expenses by function for the year ended September 30, 2025:

	Program Services	General and Administrative	Total
Salaries and Benefits	\$ 18,976,015	\$ 2,513,484	\$ 21,489,499
Depreciation	640,230	-	640,230
Interest	524,200	11,288	535,488
Purchased Services	437,108	270,077	707,185
Rent and Utilities	653,850	7,951	661,801
Supplies and Other	1,033,763	679,668	1,713,431
	<u>\$ 22,265,166</u>	<u>\$ 3,482,468</u>	<u>\$ 25,747,634</u>

Solutions Behavioral Healthcare Professionals

Notes to Financial Statements
September 30, 2025 and 2024

The following schedule presents the natural classification of expenses by function for the year ended September 30, 2024:

	Program Services	General and Administrative	Total
Salaries and Benefits	\$ 17,604,158	\$ 2,383,581	\$ 19,987,739
Depreciation	634,820	-	634,820
Interest	413,072	10,356	423,428
Purchased Services	447,414	171,729	619,143
Rent and Utilities	662,348	7,284	669,632
Supplies and Other	959,218	618,229	1,577,447
	<u>\$ 20,721,030</u>	<u>\$ 3,191,179</u>	<u>\$ 23,912,209</u>

Note 11 - Contingencies

Professional Liability

The Organization has professional liability coverage to provide protection for professional liability losses on a claims-made basis subject to a limit of \$2 million per claim and an annual aggregate limit of \$4 million. Should the claims-made policy not be renewed or replaced with equivalent insurance, claims based on occurrences during its term, but reported subsequently, would be uninsured.

Litigation, Claims, and Disputes

The Organization is subject to the usual contingencies in the normal course of operations relating to the performance of its tasks under its various programs. Management assesses the ultimate settlement of any litigation, claims, and disputes in process in determining whether a liability should be recorded, or a disclosure should be presented.

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations, specifically those relating to the Medicare and Medicaid programs, can be subject to government review and interpretation, as well as regulatory actions unknown and unasserted at this time. Federal government activity with respect to investigations and allegations concerning possible violations by health care providers of regulations could result in the imposition of significant fines and penalties, as well as significant repayments of previously billed and collected revenues from patient services.

Attachment to 2025 Form 5500**Assets Held at Year End****Plan Name**

SOLUTIONS 401(K) PLAN - CENTRAL LOCATION I

Plan Sponsor Name

SOLUTIONS BEHAVIORAL HEALTHCARE PROF'S - CENTRAL

EIN

41-1949975

PN

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
	Dodge & Cox	Dodge & Cox Income X	0	212,682
	Federated	Federated Hermes Instl Hiyd Bd R6	0	194,452
	JP Morgan	JPMorgan U.S. Govt Money Mkt Instl	0	161,521
	T. Rowe Price	T. Rowe Price Growth Stock I	0	596,164
	American Eupac	American Eupac R6	0	198,444
	American Funds	American Funds American Balanced R6	0	2,030,296
	American Funds	American Funds New World R6	0	215,971
	Vanguard	Vanguard LifeStrategy Growth Inv	0	32,800
	Vanguard	Vanguard Equity Income Adm	0	249,617
	Vanguard	Vanguard Target Retirement 2055 Fund	0	2,757,470
	Vanguard	Vanguard 500 Index Adm	0	1,170,396
	Vanguard	Vanguard Mid Cap Index Adm	0	374,002
	Vanguard	Vanguard Target Retirement 2065 Fund	0	64,437
	Vanguard	Vanguard Small-Cap Index Adm	0	197,562
	Vanguard	Vanguard Total Intl Stock Index Adm	0	128,010
	Vanguard	Vanguard Target Retirement 2045 Fund	0	944,146
	Vanguard	Vanguard Target Retirement 2035 Fund	0	551,034
	Vanguard	Vanguard Target Retirement 2025 Fund	0	289,748
	Vanguard	Vanguard Wellesley Income Adm	0	33,937
	Participant's Loan Account	Various Rates and Maturities	0	5,572