# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2025**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

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

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

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

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

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

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

**1a** Name of plan
HARDIN COUNTY REGIONAL HEALTH CENTER 403(B) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 07/01/1996

**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)
HARDIN COUNTY REGIONAL HEALTH CENTER, INC.

765A FLORENCE ROAD, P.O. BOX 655
SAVANNAH, TN 38372

**2b** Employer Identification Number (EIN) 58-2053386

**2c** Plan Sponsor's telephone number 731-925-2300

**2d** Business code (see instructions) 621111

**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. | 09/28/2026 | REBECCA WRIGHT |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

| | | |
|---|---|---|
| **3a** Plan administrator's name and address [X] Same as Plan Sponsor | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br>**a** Sponsor's name<br>**c** Plan Name | **4b** EIN<br>**4d** PN | |
| **5** Total number of participants at the beginning of the plan year | **5** | 222 |
| **6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** Total number of active participants at the beginning of the plan year | **6a(1)** | 172 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 175 |
| **b** Retired or separated participants receiving benefits | **6b** | 4 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 54 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 233 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 233 |
| **g(1)** Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | 215 |
| **g(2)** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | 229 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 11 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

2L

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

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

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

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

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

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

Receipt Confirmation Code_____

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

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

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

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

**A** Name of plan
HARDIN COUNTY REGIONAL HEALTH CENTER 403(B) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
HARDIN COUNTY REGIONAL HEALTH CENTER, INC.

**D** Employer Identification Number (EIN)
58-2053386

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

**1** Coverage Information:

**(a)** Name of insurance carrier
VARIABLE ANNUITY LIFE INSURANCE CO.

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 74-1625348 | 70238 | 52565 | 31 | 01/01/2025 | 12/31/2025 |

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

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 238 | 0 |

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

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

LUKENS-CLAGG, KILEY C
2929 ALLEN PARKWAY
HOUSTON, TX 77019

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 180 | 0 | ACQ/RET | 3 |

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

STORM, CRAIG A
2929 ALLEN PARKWAY
HOUSTON, TX 77019

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 58 | 0 | ACQ/RET | 3 |

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 82261 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 1004068 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 88211 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | (2) Dividends and credits | 7c(2) | 1722 | | |
| | (3) Interest credited during the year | 7c(3) | | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) ▶ | 7c(5) | | | |
| | (6) Total additions | | | 7c(6) | 1722 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 89933 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 7462 | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | 175 | | |
| | (4) Other (specify below) ▶ CONTRACT SURRENDER CHARGES | 7e(4) | 35 | | |
| | (5) Total deductions | | | 7e(5) | 7672 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 82261 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

## Part IV Provision of Information

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

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

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

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

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

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

**A** Name of plan
HARDIN COUNTY REGIONAL HEALTH CENTER 403(B) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
HARDIN COUNTY REGIONAL HEALTH CENTER, INC.

**D** Employer Identification Number (EIN)
58-2053386

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

**1** Coverage Information:

**(a)** Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 71-0294708 | 86509 | 664162 | 221 | 01/01/2025 | 12/31/2025 |

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

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 11377 | 0 |

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

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

LITTLE BRADLEY
24 OLD HICKORY CV
JACKSON, TN 38305

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 11377 | 0 | ACQ/RET | 3 |

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 797604 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 11975883 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 864029 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 79307 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 12097 | | |
| | (4) Transferred from separate account | 7c(4) | 10077 | | |
| | (5) Other (specify below) ▶ | 7c(5) | | | |
| | (6) Total additions | | | 7c(6) | 101481 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 965510 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 154183 | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) ▶ OTHER | 7e(4) | 13723 | | |
| | (5) Total deductions | | | 7e(5) | 167906 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 797604 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

## Part IV Provision of Information

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

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

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

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

**A** Name of plan
HARDIN COUNTY REGIONAL HEALTH CENTER 403(B) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
HARDIN COUNTY REGIONAL HEALTH CENTER, INC.

**D** Employer Identification Number (EIN)
58-2053386

## 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)

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

| (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 | SERVICE PROVIDER | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [ ] No [X] |

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

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

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

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

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

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

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

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

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

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

(complete as many entries as needed)

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

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

**A** Name of plan
HARDIN COUNTY REGIONAL HEALTH CENTER 403(B) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
HARDIN COUNTY REGIONAL HEALTH CENTER, INC.

**D** Employer Identification Number (EIN)
58-2053386

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(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) | 10514965 | 12969274 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 952240 | 879865 |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **1e** Buildings and other property used in plan operation | 1e | | |
| **1f** Total assets (add all amounts in lines 1a through 1e) | 1f | 11467205 | 13849139 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | | |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | | |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 11467205 | 13849139 |

## 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) | 539919 | |
| **(B)** Participants | 2a(1)(B) | 588212 | |
| **(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) | | 1128131 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | | |
| **(F)** Other | 2b(1)(F) | 14981 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 14981 |
| **(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) | 379528 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 379528 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | 1481718 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 1481718 |

| | | (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) | | |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 3004358 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 562111 | |
| (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) | | 562111 |
| 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) | | |
| (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) | 60313 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 60313 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 622424 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 2381934 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

**(1)** [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

**(1)** [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

**(1)** Name: TERRY HORNE, CPA **(2)** EIN: 62-1867889

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

**(1)** [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

## Part IV Compliance Questions

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | **4a** | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | **4b** | | X | |
| **c** Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | **4c** | | X | |
| **d** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | **4d** | | X | |
| **e** Was this plan covered by a fidelity bond? | **4e** | X | | 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? | **4f** | | X | |
| **g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | **4j** | | X | |
| **k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | X | |
| **n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | **4n** | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

# HARDIN COUNTY REGIONAL HEALTH CENTER 403(b) PLAN

# FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

**December 31, 2025**

**HARDIN COUNTY REGIONAL HEALTH CENTER 403(b) PLAN**

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TERRY L. HORNE, CPA

732 West Main Street
Lebanon, TN 37087
Office (615) 444-7293
FAX (615) 443-5189

# Independent Auditor's Report

To the Plan Administrator
Hardin County Regional Health Center 403(b) Plan

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

We have performed audits of the accompanying financial statements of Hardin County Regional Health Center 403(b) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) Audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Hardin County Regional Health Center 403(b) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

## Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet 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 Hardin County Regional Health Center 403(b) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

**Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Hardin County Regional Health Center 403(b) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Hardin County Regional Health Center 403(b) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions, or events, considered in the aggregate, that raise substantial doubt about Hardin County Regional Health Center 403(b) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

**Other Matter-Supplemental Schedule Required by ERISA**

The supplemental schedule of Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all materials respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).



Lebanon, TN
September 14, 2026

**Hardin County Regional Health Center 403(b) Plan**
**Statements of Net Assets Available for Benefits**
**December 31, 2025 and 2024**

| | 2025 | 2024 |
|---|---|---|
| **Assets** | | |
| Investments | | |
| Participant-directed investments, at fair value | $ 12,953,896 | $ 10,500,768 |
| Participant-directed investments, at contract value | 879,865 | 952,240 |
| Total investments | 13,833,761 | 11,453,008 |
| Receivables | | |
| Notes receivable from participants | 26,055 | 24,874 |
| Total receivables | 26,055 | 24,874 |
| **Total assets** | 13,859,816 | 11,477,882 |
| **Liabilities** | 0 | 0 |
| **Net assets available for benefits** | $ 13,859,816 | $ 11,477,882 |


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

**Hardin County Regional Health Center 403(b) Plan**
**Statement of Changes in Net Assets Available for Benefit**
**Year Ended December 31, 2025**

| | 2025 |
|---|---|
| **Additions** | |
| Additions to net assets attributed to: | |
| Investment income: | |
| Net appreciation (depreciation) in fair value of investments | $ 1,481,718 |
| Dividend income | 379,528 |
| Interest income | 14,981 |
| | 1,876,227 |
| Contributions: | |
| Rollovers and other adjustments | 0 |
| Participants | 588,212 |
| Employer | 539,919 |
| | 1,128,131 |
| Total additions | 3,004,358 |
| **Deductions** | |
| Deductions from net assets attributed to: | |
| Benefits paid to participants | 562,111 |
| Administrative expense | 60,313 |
| Total deductions | 622,424 |
| Net increase | 2,381,934 |
| **Net assets available for benefits** | |
| Beginning of year | 11,477,882 |
| End of year | $ 13,859,816 |


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

## Note 1 - Description of Plan

The following description of Hardin County Regional Health Center 403(b) Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan sponsored by Hardin County Regional Health Center, Inc. (the "Organization") for the benefit of its employees. Employees are immediately eligible to participate in the Plan as a contributing participant upon commencement of employment with the Organization. The Plan is a salary deduction plan covering all full-time employees of the Organization. The Plan is subject to the provisions of the *Employee Retirement Income Security Act* (ERISA) *of 1974*. The Variable Annuity Life Insurance Company (VALIC) and The Voya Retirement Insurance and Annuity Company (VOYA) are the custodians of the Plan.

Contributions

The Plan permits eligible employees, through a salary deferral election, to have the Organization make annual pre-tax contributions. Each year, the Organization contributes 3% of eligible employee wages to the Plan as well as an additional matching of $0.50 for every $1.00 up to 3%. Participants may contribute up to a maximum of $23,500, with an additional $7,500 allowed for employees 50 or older.

Participant Investment Account Options

Each participant has the option of directing his or her contributions into any of the various investment options offered by the Plan and may change the allocations daily. The participant may also elect to allow an investment manager to direct the investments of his or her account.

Participant Account

Each participant's account is credited with the participant's contributions, the Organization's contributions, and investment earnings. Each participant's account is charged with an allocable portion of the administrative expenses paid by the Plan. Allocations of contributions are based on participant compensation, and allocations of earnings are based on each participant's account balance. Upon retirement or termination, a participant is entitled to the vested balance in his/her account. A participant may elect to direct the investment allocation of his/her account or to allow an investment manager to direct the investments.

Vesting

Participants are immediately vested in their voluntary contributions, plus actual earnings thereon. Vesting in the Organization's contributions, plus earnings thereon, is based on years of continuous service. A participant is 100% vested after six years of credited service as follows:

| Years of Service | Vesting |
|---|---|
| Less than two | 0% |
| Two | 20% |
| Three | 40% |
| Four | 60% |
| Five | 80% |
| Six or more | 100% |

Forfeited Non-vested Account Balances

Forfeitures of the non-vested portions of terminated participants' account balances are used to reduce administrative expenses and future contributions to the Plan by the Organization, after an employee has been separated from service for five years. Forfeitures were not material during the years ended December 31, 2025 and 2024.

Administrative Expenses

Certain expenses incurred in the administration of the Plan are paid directly by the Organization.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount or in installments. For termination of services due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Plan benefits are recorded when paid.

Contributions receivable

Contributions receivable are recorded when determined contributions of the employer and employees are not received by the investment custodian until a subsequent reporting period. An allowance is provided when necessary to recognize potentially uncollectible receivables and amounts deemed worthless are written off. There were employer contributions receivable of $0 at both December 31, 2025 and 2024, respectively. There were employee contributions receivable of $0 at both December 31, 2025 and 2024, respectively. The Organization has determined that no allowance for uncollectible receivables was necessary at these reporting dates.

Notes receivable from participants

Through 2012, participants were permitted to borrow, from their fund accounts, a minimum of $1,000 up to a maximum equal to the lesser value of $50,000 or 50% of their account balance. The loans were secured only by the balance in the participant's account up to a limit of 50% of the participant's vested interest. The Plan Administrator established a reasonable rate of interest to provide the Plan with a return comparable to the rates charged by lending institutions in the same geographical locale. The term of the loan was required to be at least 12 months. In 2013, the Plan document was amended to no longer allow new loans.

Subsequent Events

No subsequent events were identified through September 14, 2026, the date these financial statements were issued.

## Note 2 – Summary of Significant Accounting Policies

Basis of accounting

The accompanying financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP) using the accrual method of accounting. U.S. GAAP is embodied in the Financial Accounting Standards Board *Accounting Standards Codification* ("FASB ASC"), which is the authoritative source of U.S. accounting and reporting standards for nongovernmental entities. The Plan has elected to use the calendar year as its annual reporting period.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates, and such differences could be material. Significant estimates used in preparing these financial statements include those used to establish the fair values of investments.

Valuation of investments
The investments in the funds are presented at fair value. Shares of registered investment companies are valued based on quoted market prices, which represent the net asset value of shares held by the Plan at year-end.

The Plan provides fixed income accounts as investment options available to Plan participants. These investments are fixed income options (i.e., a guaranteed interest contracts) that provide a more stable asset value with a guaranteed rate of return. These investments are valued at contract value.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Unrealized gains and losses are recorded for changes in the fair value of mutual fund investments during the year. Realized gains and losses are recorded when investments are sold. Realized and unrealized gains and losses for each reporting period are combined and presented as net appreciation (depreciation) in fair value of investments in the accompanying statement of changes in net assets available for benefits.

Notes receivable from participants
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest.

## Note 3 – Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts, which will continue to be held by the Plan's trustees until all vested benefits are distributed to the participants.

## Note 4 - Benefits Payable to Former Participants

The portion of net assets which had been processed for payment to persons who requested withdrawals but had not yet been paid by the Plan was $0 at both December 31, 2025 and 2024.

## Note 5 – Investments – Information Prepared and Certified by Trustee (Unaudited)

The plan administrators have elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Plan's independent auditor did not perform any auditing procedures with respect to the information certified as complete and accurate by the Plan's trustees/custodians, except for comparing the information with the information in the accompanying financial statements and supplemental schedule "Schedule of Assets (Held at End of Year)."

Accordingly, the following information was provided and certified by The Variable Annuity Life Insurance Company, the Plan's trustee/custodian:

| | 2025 | 2024 |
|---|---|---|
| Investments, at Fair Value | $ 978,013 | $ 855,379 |
| Investments, at Contract Value | 82,261 | 88,211 |
| Participant Loan Balances | 26,055 | 24,874 |
| Investment Income (Loss) | 126,168 | 89,161 |

In addition, the following information was provided and certified by The Voya Retirement Insurance and Annuity Company, the Plan's trustee/custodian:

| | 2025 | 2024 |
|---|---|---|
| Investments, at Fair Value | $ 11,975,883 | $ 9,645,389 |
| Investments, at Contract Value | 797,604 | 864,029 |
| Investment Income (Loss) | 1,750,059 | 1,183,772 |

## Note 6 – Guaranteed Interest Contracts

The Plan has guaranteed interest contracts with The Variable Annuity Life Insurance Company and The Voya Retirement Insurance and Annuity Company. The Variable Annuity Life Insurance Company and The Voya Retirement Insurance and Annuity Company are contractually obligated to pay the principal and specified interest rates that are guaranteed to the Plan. The crediting interest rates are based on a formula agreed upon with the issuer. Such interest rates are reviewed on a quarterly or monthly basis for resetting. The crediting rate of the contract will track current market yields on a trailing basis.

## Note 7 – Fair Value Measurements

The Plan adopted the Fair Value Measurement and Disclosure topic of the FASB ASC, which establishes a framework for measuring value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

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 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 the 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 should maximize the use of observable inputs and minimize the use of unobservable inputs.

The investments in registered investment companies are based on quoted market prices. There have been no changes in the methodologies used during the year ended December 31, 2025.

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

The following table sets forth by level, within fair value hierarchy, the Plan's assets at fair value at December 31, 2025 and 2024:

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| December 31, 2025 | | | | |
| Registered Investment Companies | $ 12,953,896 | $ 0 | $ 0 | $ 12,953,896 |
| December 31, 2024 | | | | |
| Registered Investment Companies | $ 10,500,768 | $ 0 | $ 0 | $ 10,500,768 |

## Note 8 – Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of the financial statements at December 31, 2025 and 2024 to Schedule H of Form 5500:

| | 2025 | 2024 |
|---|---|---|
| Net assets available for benefits per the financial statements | $ 13,859,816 | $ 11,477,882 |
| Less deemed distributions reported to participants | (10,677) | (10,677) |
| Net assets available for benefits per Schedule H of Form 5500 | 13,849,139 | 11,467,205 |
| Notes receivable from participants per the financial statements | 26,055 | 24,874 |
| Less deemed distributions reported to participants | (10,667) | (10,677) |
| Less loan interest accrued after loans were considered deemed | (15,378) | (14,197) |
| Notes receivable from participants per Schedule H of Form 5500 | $ 0 | $ 0 |
| Participant-directed investments, at fair value per the financial statements | $ 12,953,896 | $ 10,500,768 |
| Plus loan interest accrued after loans were considered deemed | 15,378 | 14,197 |
| Value of investment companies per Schedule H of Form 5500 | $ 12,969,274 | $ 10,514,965 |

## Note 9 – Income Tax Status

The Plan is a prototype plan that qualifies for tax-exempt status; however, it has not received a favorable determination letter issued by the Internal Revenue Service. The plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the plan has been amended since inception, the plan administrator and the plan's tax counsel believe that the plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the plan is qualified, and the related trust is tax-exempt.

The Plan adheres to guidance issued by the Codification with respect to accounting for uncertainty in income taxes. This guidance clarifies the accounting for uncertainty in income taxes recognized in an enterprise's financial statements and prescribes a comprehensive model for recognizing, measuring, presenting, and disclosing in the financial statements tax positions taken or expected to be taken on a tax return including positions that the organization is exempt from income taxes or not subject to income taxes or unrelated business income. With few exceptions, the Plan is no longer subject to income tax examinations by federal, state, or local tax authorities for tax years ending before December 31, 2023.

## Note 10 – Related Party Transactions

Certain plan investments are shares of mutual funds and annuities managed by The Variable Annuity Life Insurance Company and The Voya Retirement Insurance and Annuity Company, who are the trustees/custodians as defined by the Plan. These transactions qualify as exempt party-in-interest transactions.

## Note 11 – Risks and Uncertainties

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

# SUPPLEMENTAL SCHEDULE

**HARDIN COUNTY REGIONAL HEALTH CENTER 403(b) PLAN**

Plan EIN: 58-2053386
Plan Number: 001
Schedule H, Line 4i-Schedule of Assets (Held At End of Year)
December 31, 2025

| (a) Party in Interest | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral and Par or Maturity Value | (d) Current Cost | (e) Value |
|---|---|---|---|---|
| | THE VANGUARD GROUP | VANGUARD WELLINGTON FUND INC | * | $ 248,077 |
| Y | VARIABLE ANNUITY LIFE INSURANCE CO | MODERATE GROWTH LIFESTYLE | * | 150,086 |
| Y | VARIABLE ANNUITY LIFE INSURANCE CO | FIXED ACCOUNT PLUS | * | 82,135 |
| | THE VANGUARD GROUP | VANGUARD WINDSOR II | * | 128,987 |
| Y | VARIABLE ANNUITY LIFE INSURANCE CO | SHORT TERM FIXED ACCOUNT | * | 126 |
| Y | VARIABLE ANNUITY LIFE INSURANCE CO | CORE BOND FUND | * | 46,572 |
| Y | VARIABLE ANNUITY LIFE INSURANCE CO | MID CAP INDEX FUND | * | 46,555 |
| Y | VARIABLE ANNUITY LIFE INSURANCE CO | STOCK INDEX FUND | * | 29,434 |
| Y | VARIABLE ANNUITY LIFE INSURANCE CO | DIVIDEND VALUE | * | 63,768 |
| | THE VANGUARD GROUP | INFLATION PROTECTED FUND | * | 19,962 |
| | THE VANGUARD GROUP | VANGUARD LIFESTRATEGY MODERATE | * | 38,641 |
| | GOLDMAN SACHS | GOVERNMENT MONEY MARKET FUND | * | 27,282 |
| Y | VARIABLE ANNUITY LIFE INSURANCE CO | INTL OPPORTUNITIES | * | 25,837 |
| Y | VARIABLE ANNUITY LIFE INSURANCE CO | ARIEL FUND | * | 29,230 |
| Y | VARIABLE ANNUITY LIFE INSURANCE CO | INTERNATL EQUITIES INDEX FUND | * | 20,051 |
| Y | VARIABLE ANNUITY LIFE INSURANCE CO | SMALL CAP INDEX FUND | * | 9,033 |
| Y | VARIABLE ANNUITY LIFE INSURANCE CO | AGGRESSIVE GROWTH LIFESTYLE | * | 20,055 |
| Y | VARIABLE ANNUITY LIFE INSURANCE CO | EMERGING ECONOMIES | * | 10,587 |
| Y | VARIABLE ANNUITY LIFE INSURANCE CO | US SOCIALLY RESPONSIBLE FUND | * | 4,692 |
| Y | VARIABLE ANNUITY LIFE INSURANCE CO | MID CAP VALUE FUND | * | 3,604 |
| Y | VARIABLE ANNUITY LIFE INSURANCE CO | INTERNATIONAL VALUE FUND | * | 3,853 |
| Y | VARIABLE ANNUITY LIFE INSURANCE CO | SYSTEMATIC GROWTH FUND | * | 13,316 |
| Y | VARIABLE ANNUITY LIFE INSURANCE CO | LARGE CAPITAL GROWTH | * | 3,139 |
| Y | VARIABLE ANNUITY LIFE INSURANCE CO | INTERNATIONAL GROWTH FUND | * | 4,871 |
| Y | VARIABLE ANNUITY LIFE INSURANCE CO | SYSTEMATIC VALUE | * | 4,847 |
| Y | VARIABLE ANNUITY LIFE INSURANCE CO | GLOBAL REAL ESTATE FUND | * | 2,768 |
| Y | VARIABLE ANNUITY LIFE INSURANCE CO | SMALL CAP VALUE FUND | * | 3,243 |
| Y | VARIABLE ANNUITY LIFE INSURANCE CO | SCIENCE & TECHNOLOGY FUND | * | 6,731 |
| Y | VARIABLE ANNUITY LIFE INSURANCE CO | MID CAP STRATEGIC GROWTH | * | 3,777 |
| Y | VARIABLE ANNUITY LIFE INSURANCE CO | INTL SOCIALLY RESPONSIBLE FUND | * | 3,666 |
| Y | VARIABLE ANNUITY LIFE INSURANCE CO | HIGH YIELD BOND FUND | * | 95 |
| Y | VARIABLE ANNUITY LIFE INSURANCE CO | SYSTEMATIC CORE FUND | * | 433 |
| Y | VARIABLE ANNUITY LIFE INSURANCE CO | VC I CAPITAL APPRECIATION | * | 4,821 |
| | **TOTAL INVESTMENT HELD AT VALIC** | | | **$ 1,060,274** |

* - Cost is not required for participant-directed investments.

See Independent Auditor's Report

**HARDIN COUNTY REGIONAL HEALTH CENTER 403(b) PLAN**

Plan EIN: 58-2053386
Plan Number: 001
Schedule H, Line 4i-Schedule of Assets (Held At End of Year)
December 31, 2025

| (a) Party in Interest | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral and Par or Maturity Value | (d) Current Cost | (e) Value |
|---|---|---|---|---|
| | THE VANGUARD GROUP | VANGUARD TARGET RETIRE 2045 | * | $ 2,161,760 |
| | THE VANGUARD GROUP | VANGUARD 500 INDEX FUND | * | 2,226,642 |
| Y | VOYA RETIREMENT INSURANCE AND ANNUITY | VOYA FIXED PLUS ACCOUNT III | * | 797,604 |
| | THE VANGUARD GROUP | VANGUARD TARGET RETIRE 2035 | * | 1,114,187 |
| | THE VANGUARD GROUP | VANGUARD TARGET RETIRE 2040 | * | 1,224,206 |
| | THE VANGUARD GROUP | VANGUARD TARGET RETIRE 2025 | * | 506,927 |
| | THE VANGUARD GROUP | VANGUARD TARGET RETIRE 2020 | * | 401,900 |
| | THE VANGUARD GROUP | VANGUARD TARGET RETIRE 2055 | * | 964,628 |
| | THE VANGUARD GROUP | VANGUARD TARGET RETIRE 2030 | * | 473,787 |
| | THE VANGUARD GROUP | VANGUARD MID CAP INDEX FUND | * | 448,059 |
| | THE VANGUARD GROUP | VANGUARD BALANCED INDEX FUND | * | 263,584 |
| | THE VANGUARD GROUP | VANGUARD SMALL CAP INDEX FUND | * | 276,657 |
| | THE AMERICAN FUNDS GROUP | AMERICAN FUNDS AMCAP FUND | * | 353,574 |
| | THE VANGUARD GROUP | VANGUARD TARGET RETIRE 2050 | * | 199,710 |
| | THE VANGUARD GROUP | VANGUARD TOTAL BOND MARKET | * | 135,623 |
| | DIMENSIONAL FUNDS | DFA GLOBAL REAL ESTATE | * | 100,413 |
| | THE VANGUARD GROUP | VANGUARD TARGET RETIRE 2060 | * | 255,990 |
| | THE VANGUARD GROUP | VANGUARD EMERGING MARKETS | * | 82,141 |
| | THE AMERICAN FUNDS GROUP | AMERICAN FUNDS NW PSPCTV R6 | * | 180,074 |
| | CARILLON FAMILY OF FUNDS | CARILLON EAGLE SMALL CAP | * | 82,226 |
| | THE AMERICAN FUNDS GROUP | AMERICAN FUNDS WASH MUTUAL | * | 77,201 |
| | NEUBERGER BERMAN | NEUBERG BERM MD CAP | * | 80,925 |
| | J.P. MORGAN ASSET MANAGEMENT | JPMORGAN US EQUITY FUND | * | 88,232 |
| | THE AMERICAN FUNDS GROUP | AMERICAN FUNDS EUROPACIFIC | * | 60,964 |
| | PGIM INVESTMENTS | PGIM HIGH YIELD FUND | * | 24,874 |
| | PIMCO, LLC | PIMCO INCOME FUND | * | 39,929 |
| | INVESCO | INVESCO CORP BOND | * | 32,997 |
| | DIMENSIONAL FUNDS | DFA US TARGETED VI PORT INS | * | 33,078 |
| | THE VANGUARD GROUP | VANGUARD TARGET RETIRE 2070 | * | 37,914 |
| | DIMENSIONAL FUNDS | DFA INTERNATIONAL CORE EQUITY | * | 42,048 |
| | VICTORY CAPITAL MANAGEMENT | VICTORY SYCAMORE ESTABLISHED VALUE | * | 5,514 |
| | INVESCO | INVESCO OPPENHEIMER INTL GROWTH | * | 119 |
| | **TOTAL INVESTMENT HELD AT VOYA** | | | **$ 12,773,487** |
| | **TOTAL ALL INVESTMENTS** | | | **$ 13,833,761** |
| Y | PARTICIPANT LOANS | INTEREST RATES RANGING FROM 4% TO 6% WITH VARIOUS MATURITIES | | **26,055** |

* - Cost is not required for participant-directed investments.

See Independent Auditor's Report

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

Name of Plan:

► Hardin County Regional Health Center 403(b) Plan

Employer Identification Number:► 58-2053386

For plan year (beginning/ending):► 01/01/2025 - 12/31/2025 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 |
|---|---|---|---|---|
| X | AIG | AGGRESSIVE ALLOC LIFESTYLE FND | | 20055.16 |
| X | AIG | ARIEL FUND | | 29230.34 |
| X | AIG | CORE BOND FUND | | 46572.36 |
| X | AIG | DIVIDEND VALUE | | 63767.82 |
| X | AIG | EMERGING ECONOMIES | | 10587.05 |
| X | AIG | FIXED ACCOUNT PLUS | | 82135.49 |
| X | AIG | GLOBAL REAL ESTATE FUND | | 2767.56 |
| X | AIG | GS VIT GOV MONEY MKT FD INST | | 27282.12 |
| X | AIG | HIGH YIELD BOND FUND | | 94.64 |
| X | AIG | INFLATION PROTECTED FUND | | 19961.41 |
| X | AIG | INTERNATIONAL GROWTH FUND | | 4871.36 |
| X | AIG | INTERNATIONAL VALUE FUND | | 3852.77 |
| X | AIG | INTERNATL EQUITIES INDEX FUND | | 20051.28 |
| X | AIG | INTL OPPORTUNITIES | | 25837.18 |
| X | AIG | INTL SOCIALLY RESPONSIBLE FUND | | 3666.06 |
| X | AIG | LARGE CAP CORE FUND | | 3138.6 |
| X | AIG | LOAN COLLATERAL FUND | | 24819.02 |
| X | AIG | LOAN ESCROW FUND | | 1236.34 |
| X | AIG | MID CAP INDEX FUND | | 46554.75 |
| X | AIG | MID CAP STRATEGIC GWTH | | 3777.41 |
| X | AIG | MID CAP VALUE FUND | | 3604.35 |
| X | AIG | MODERATE ALLOC LIFESTYLE FUND | | 150085.86 |
| X | AIG | SCIENCE & TECHNOLOGY FUND | | 6730.6 |
| X | AIG | SHORT TERM FIXED ACCOUNT | | 125.73 |
| X | AIG | SMALL CAP INDEX FUND | | 9032.59 |
| X | AIG | SMALL CAP VALUE FUND | | 3243.2 |
| X | AIG | STOCK INDEX FUND | | 29433.92 |
| X | AIG | SYSTEMATIC CORE FUND | | 433.27 |
| X | AIG | SYSTEMATIC GROWTH FUND | | 13315.81 |
| X | AIG | SYSTEMATIC VALUE | | 4846.79 |
| X | AIG | US SOCIALLY RESPONSIBLE FUND | | 4691.51 |
| X | AIG | VANGUARD LIFESTRATEGY MODERA | | 38640.73 |
| X | AIG | VANGUARD WELLINGTON FUND INC | | 248077.32 |
| X | AIG | VANGUARD WINDSOR II | | 128987.08 |
| X | AIG | VC I CAPITAL APPRECIATION | | 4821.3 |
| X | Voya | Amer Fnds AMCAP Fund R6 | | 353574.09 |
| X | Voya | Amer Fnds EUPAC Fund R6 | | 60964.36 |
| X | Voya | Amer Fnds New Perspective R6 | | 180074.14 |
| X | Voya | Amer Fnds Wash Mutual Inv R6 | | 77201.22 |
| X | Voya | Carillon Eagle Sm Cap Grw R6 | | 82225.53 |

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| X | Voya | DFA Global Real Est Sec Pt Ins | | 100412.49 |
| X | Voya | DFA Intl Core Eq 2-Inst | | 42047.8 |
| X | Voya | DFA US Targeted Vl Port Ins | | 33078.07 |
| X | Voya | Invesco Corporate Bond Fd R6 | | 32996.5 |
| X | Voya | Invesco Intl Growth R6 | | 119.29 |
| X | Voya | JPMorgan US Equity Fund R6 | | 88232.15 |
| X | Voya | Neuberger Mid Cap GrowthFd R6 | | 80924.75 |
| X | Voya | PGIM High Yield Fund R6 | | 24874.27 |
| X | Voya | PIMCO Income Fund Ins | | 39929.32 |
| X | Voya | Vangrd 500 Index Fund Adm | | 2226642.19 |
| X | Voya | Vangrd Balanced Index Fnd Adm | | 263584.01 |
| X | Voya | Vangrd Em Mkts Stk Ind Fd Adm | | 82141.19 |
| X | Voya | Vangrd Mid-Cap Index Fund Adm | | 448058.51 |
| X | Voya | Vangrd Small-Cap Index Fnd Adm | | 276656.44 |
| X | Voya | Vangrd Tot Bd Mkt Ind Fd Adm | | 135622.68 |
| X | Voya | Vangrd Trgt Retire 2020 Fd | | 401900.39 |
| X | Voya | Vangrd Trgt Retire 2025 Fd | | 506926.81 |
| X | Voya | Vangrd Trgt Retire 2030 Fd | | 473786.44 |
| X | Voya | Vangrd Trgt Retire 2035 Fd | | 1114186.85 |
| X | Voya | Vangrd Trgt Retire 2040 Fd | | 1224205.99 |
| X | Voya | Vangrd Trgt Retire 2045 Fd | | 2161760.12 |
| X | Voya | Vangrd Trgt Retire 2050 Fd | | 199710.32 |
| X | Voya | Vangrd Trgt Retire 2055 Fd | | 964627.94 |
| X | Voya | Vangrd Trgt Retire 2060 Fd | | 255990.4 |
| X | Voya | Vangrd Trgt Retire 2070 Fd | | 37914.23 |
| X | Voya | Victory Sycmr Est Vl Fd R6 | | 5514.06 |
| X | Voya | Voya Fixed Plus Account III | | 797603.95 |
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