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
NORTH CENTRAL TEXAS COMMUNITY HEALTH CARE CENTER, INC. 401(K) SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1994

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)
NORTH CENTRAL TEXAS COMMUNITY HEALTH CARE CENTER, INC.

200 MARTIN LUTHER KING JR. BLVD
WICHITA FALLS, TX 76301

2b Employer Identification Number (EIN)
75-2429644

2c Plan Sponsor's telephone number
940-397-2594

2d Business code (see instructions)
621498

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2026	CHAD MINNIX
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2026	CHAD MINNIX
	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:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	335
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)**	295
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	270
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	32
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	302
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f	Total. Add lines **6d** and **6e**.	**6f**	304
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)**	274
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)**	283
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	8
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:

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

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(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
NORTH CENTRAL TEXAS COMMUNITY HEALTH CARE CENTER, INC. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NORTH CENTRAL TEXAS COMMUNITY HEALTH CARE CENTER, INC.

D Employer Identification Number (EIN)
75-2429644

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
CMFG LIFE INSURANCE 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
39-0230590	62626	4209234	304	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	19963
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	16193
c	Additions: (1) Contributions deposited during the year	7c(1)	3480		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	605		
	(4) Transferred from separate account	7c(4)	76258		
	(5) Other (specify below) ▶	7c(5)			
	(6)Total additions			7c(6)	80343
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	96536
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)	72		
	(3) Transferred to separate account	7e(3)	76501		
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	76573
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	19963

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)**	
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)**	
(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)**	
(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 Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
NORTH CENTRAL TEXAS COMMUNITY HEALTH CARE CENTER, INC. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NORTH CENTRAL TEXAS COMMUNITY HEALTH CARE CENTER, INC.

D Employer Identification Number (EIN)
75-2429644

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

CPI QUALIFIED PLAN CONSULTANTS, INC

48-1205033

(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)

CPI QUALIFIED PLAN CONSULTANTS, INC

48-1205033

(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?
15 17 37 38 50 64	NONE	51481	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

(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
NORTH CENTRAL TEXAS COMMUNITY HEALTH CARE CENTER, INC. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NORTH CENTRAL TEXAS COMMUNITY HEALTH CARE CENTER, INC.

D Employer Identification Number (EIN)
75-2429644

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	14724	10572
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)	336262	444751
(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)	10944334	10812799
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	16193	19963
(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	11311513	11288085
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	14724	10572
1k Total liabilities (add all amounts in lines 1g through1j)	1k	14724	10572
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	11296789	11277513

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)	927196	
(B) Participants	2a(1)(B)	698776	
(C) Others (including rollovers)	2a(1)(C)	12599	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1638571
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)	34353	
(F) Other	2b(1)(F)	605	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		34958
(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)	567580	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		567580
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1259664
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3500773
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3451499	
(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)		3451499
f Corrective distributions (see instructions)	2f		14854
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)	39305	
(3) Recordkeeping fees	2i(3)	12176	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	2215	
(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)		53696
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3520049
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-19276
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: MICHELLE RIGGINS, CPA **(2)** EIN: 26-1234352

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		550000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
NORTH CENTRAL TEXAS COMMUNITY HEALTH CARE CENTER, INC. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NORTH CENTRAL TEXAS COMMUNITY HEALTH CARE CENTER, INC.

D Employer Identification Number (EIN)
75-2429644

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): 75-3182674

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ 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 Q702918A .

NORTH CENTRAL TEXAS COMMUNITY HEALTH CARE CENTER, INC. 401(K) SAVINGS PLAN

FINANCIAL STATEMENTS AND INDEPENDENT AUDITOR'S REPORT

AS OF DECEMBER 31, 2025 AND 2024 AND FOR THE YEAR ENDED DECEMBER 31, 2025

S. Michelle Riggins, CPA
Certified Public Accountant

NORTH CENTRAL TEXAS COMMUNITY HEALTH CARE CENTER, INC. 401(K) SAVINGS PLAN

FINANCIAL STATEMENTS AND INDEPENDENT AUDITOR'S REPORT

AS OF DECEMBER 31, 2025 AND 2024 AND FOR THE YEAR ENDED DECEMBER 31, 2025

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S. MICHELLE RIGGINS
CERTIFIED PUBLIC ACCOUNTANT
Employee Benefit Plan Consulting, Administration, and Auditing

INDEPENDENT AUDITOR'S REPORT

To North Central Texas Community Health Care Center, Inc., the Plan Administrator of the
North Central Texas Community Health Care Center, Inc. 401(k) Savings Plan

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

I have performed audits of the accompanying financial statements of North Central Texas Community Health Care Center, Inc. 401(k) Savings 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 statement of net assets available for benefits (modified cash basis) as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits (modified cash basis) 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 North Central Texas Community Health Care Center, Inc. 401(k) Savings 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), my 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 4 to the financial statements, is complete and accurate.

Opinion

In my opinion, based on my 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 the modified cash basis of accounting described in Note 2.

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

300 West Washington Avenue, P.O. Box 955, Iowa Park, Texas 76367
940-592-7028 ~ Email: mriggins@mrigginscpa.com

Basis for Opinion

I conducted my audits in accordance with auditing standards generally accepted in the United States of America. My responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of my report. I am required to be independent of North Central Texas Community Health Care Center, Inc. 401(k) Savings Plan and to meet my other ethical responsibilities, in accordance with the relevant ethical requirements relating to my audit. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my ERISA Section 103(a)(3)(C) audit opinion.

Basis of Accounting

I draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedule are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. My opinion is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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 North Central Texas Community Health Care Center, Inc. 401(k) Savings 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 my report, my 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 my 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 generally accepted auditing standards 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 generally accepted auditing standards, I:

- 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 North Central Texas Community Health Care Center, Inc. 401(k) Savings 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 my judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about North Central Texas Community Health Care Center, Inc. 401(k) Savings Plan’s ability to continue as a going concern for a reasonable period of time.

My audits did not extend to the certified investment information, except for obtaining and reading the certifications, 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 the modified cash basis of accounting.

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 the modified cash basis of accounting.

I am 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 I identified during the audit.

Other Matter—Supplemental Schedule Required by ERISA

The supplemental schedule (modified cash basis) of Schedule H, line 4i—Schedule of Assets (Held at End of Year) (Modified Cash Basis) as of December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule (modified cash basis), 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 generally accepted auditing standards. For information included in the supplemental schedule (modified cash basis) that agreed to or is derived from the certified investment information, I compared such information to the related certified investment information.

In forming my opinion on the supplemental schedule (modified cash basis), I evaluated whether the supplemental schedule (modified cash basis), 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 my opinion:

- the form and content of the supplemental schedule (modified cash basis), other than the information in the supplemental schedule (modified cash basis) 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 (modified cash basis) 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 meets the requirements of ERISA Section 103(a)(3)(C).



S. MICHELLE RIGGINS, CPA

Iowa Park, Texas
October 6, 2026

NORTH CENTRAL TEXAS
COMMUNITY HEALTH CARE CENTER, INC.
401(K) SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
Cash, non-interest bearing	$ 10,572	$ 14,724
Investments at fair value	10,832,762	10,960,527
Notes receivable from participants	444,751	336,262
TOTAL ASSETS	11,288,085	11,311,513
LIABILITIES		
Due to service providers/broker	10,572	14,724
NET ASSETS AVAILABLE FOR BENEFITS	$ 11,277,513	$ 11,296,789

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

NORTH CENTRAL TEXAS
COMMUNITY HEALTH CARE CENTER, INC.
401(K) SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)

FOR THE YEAR ENDED DECEMBER 31, 2025

ADDITIONS	
Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	**$ 1,259,664**
Dividends	**567,580**
Interest	**605**
Total investment income	**1,827,849**
Interest income on notes receivable from participants	**34,353**
Contributions:	
Employer	**927,196**
Participants	**698,776**
Rollovers	**12,599**
Total contributions	**1,638,571**
TOTAL ADDITIONS	**3,500,773**
DEDUCTIONS	
Deductions from net assets attributed to:	
Benefits paid to participants	**3,451,499**
Corrective distributions paid to participants	**14,854**
Administrative expenses	**53,696**
TOTAL DEDUCTIONS	**3,520,049**
NET DECREASE	**(19,276)**
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	**11,296,789**
End of year	**$ 11,277,513**

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

NORTH CENTRAL TEXAS COMMUNITY HEALTH CARE CENTER, INC. 401(K) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

Note 1 - DESCRIPTION OF THE PLAN

The following description of the **North Central Texas Community Health Care Center, Inc. 401(k) Savings Plan** (the "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 covering all employees of North Central Texas Community Health Care Center, Inc. (the "Company"), except for employees who are nonresident aliens with no United States source income and leased employees, who have at least one hour of service and are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Each year, participants may contribute up to 100% of compensation (as defined by the Plan and subject to other deductions from their pay) up to the maximum permitted by the Internal Revenue Code, as pre-tax or Roth elective deferrals. Effective January 1, 2025, an eligible automatic contribution arrangement with a 1% of compensation automatic participant deferral contribution applies to participants who do not have a salary deferral agreement in place on the effective date. Participants who have attained age 50 during the Plan year are eligible to make catch-up contributions. Employees may also make rollover contributions representing distributions from certain other eligible retirement plans.

The Company will make a non-elective safe harbor employer contribution in the amount of 3% of Plan compensation. The Company may make a discretionary profit sharing contribution in an amount to be determined each Plan year. The Company may contribute a discretionary matching contribution that is limited to salary deferrals that do not exceed 6% of Plan compensation. The total matching contribution will not exceed 4% of Plan compensation. In determining Plan compensation for purposes of the safe harbor employer contributions, discretionary profit sharing plan contributions, and discretionary matching contributions, only Plan compensation earned while the individual is a participant under the Plan will be taken into account. Contributions are subject to certain limitations. Forfeitures of participant's accounts may be used to reduce the Company's contribution.

For the year ended December 31, 2025, the Company made a 3% non-elective safe harbor employer contribution to eligible Participants. In addition, the Company also made a 3% discretionary profit sharing plan employer contribution to eligible Participants.

Participant Accounts

Upon enrollment in the Plan, participants direct the investment of all contributions and earnings into various investment options offered by the Plan. The Plan currently offers various mutual funds and a deposit administration group annuity contract as investment options for participants. As applicable, each participant's account is credited with the participant's elective and rollover contributions and allocations of (a) the Company's discretionary matching contribution, (b) the Company's discretionary profit sharing contribution, (c) the Company's non-elective safe harbor employer contribution, and (d) Plan income, as well as charged with withdrawals and an allocation of the Plan's losses and administrative expenses. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Note 1 - DESCRIPTION OF THE PLAN (CONT'D)

Vesting

Participants are immediately vested in their elective deferral contributions and rollover contributions, plus actual earnings thereon. Participants are also immediately vested in their non-elective safe harbor employer contributions, plus actual earnings thereon. The Company's discretionary matching contributions, discretionary profit sharing contributions, and related earnings, are subject to the following vesting schedule: 0% at 0-1 years, 20% at 2 years, 40% at 3 years, 60% at 4 years, 80% at 5 years and 100% at 6 or more years of service. Participants become immediately and fully vested upon death or disability or at the later of (1) attainment of age 59 ½ or (2) the 1st anniversary of the date the employee commenced participation in the Plan.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance. These transactions are treated as transfers from the investment funds to the Loan fund. The loans are secured by the balance in the participant's account and bear interest at a rate of 5.25% to 10.25%, which is based on 2% above the prime interest rate. Principal and interest are paid ratably through bi-weekly payroll deductions, and the maximum number of loans a participant may have outstanding at one time is four.

Payment of Benefits

Participants may receive a distribution of their vested account balance upon termination of service, death, disability or retirement. Participants may receive a distribution of their rollover account at any time. Upon attainment of age 59 ½, participants may receive an in-service distribution from participant pre-tax elective deferrals and Roth accounts. Hardship distributions may be made from the Plan while the participant is still employed based on specific Plan provisions. Single sum payments and partial distributions of less than the entire vested account balance may be available to participants as permitted by the Plan document.

Forfeited Accounts

At December 31, 2025 and 2024, forfeited non-vested accounts totaled $0 and $392 respectively. Balances in this account will be used to reduce the Company's contributions. For the year ended December 31, 2025, the Company's contributions were reduced by $46,505 from forfeited non-vested accounts.

Note 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accounts of the Plan are maintained, and the accompanying financial statements have been prepared, on the modified cash basis of accounting. Employer and participant contributions and investment income are recognized when received, and disbursements are recognized when made. Purchases and sales of securities are recorded on a settlement-date basis. Additionally, investments are reflected at fair value. Accordingly, the financial statements are not intended to present the net assets available for benefits and changes in net assets available for benefits of the Plan in accordance with accounting principles generally accepted in the United States of America.

Note 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

Use of Estimates

The preparation of financial statements in accordance with the modified cash basis of accounting requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The plan administrator determines the Plan's valuation policies. See Note 3 for discussion of fair value measurements. Investment income is recognized when received by the Plan. Capital gain distributions are included in dividend income. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance. Interest income is recorded when received. Related fees are recorded in the notes receivable from participants and are paid out of the participant's account when they are incurred. As of December 31, 2025 and 2024, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants and to the payment of benefits from participants' accounts are charged directly to the participant's account. Some investment related expenses are included in the net appreciation (depreciation) of fair value of investments.

Plan Amendments

On December 19, 2024, the Plan adopted an amendment effective January 1, 2025 to include: change eligibility requirements for participant elective deferrals and employer discretionary matching contributions to age 21 and 2 months of service; include an eligible automatic contribution arrangement with a 1% of compensation automatic participant deferral contribution for participants who do not have a salary deferral agreement in place on the effective date; allow partial withdrawals (other than for hardship or from the participant's rollover account) only for participants who must receive a required minimum distribution; limit in-service distributions for participants' age 59 ½ from participant pre-tax elective deferrals and Roth accounts; and permit in-plan Roth rollover transfers for pre-tax elective deferral accounts.

On April 1, 2025, the Plan was amended to remove Allen Patterson as Trustee. On October 15, 2025, the Plan was amended to add Michael Dotson as Trustee.

Note 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

Plan Amendments (Cont'd)

On March 19, 2026, the Plan was amended to implement provisions of the Setting Every Community Up for Retirement Enhancement (SECURE) Act of 2019, the SECURE 2.0 Act, the Coronavirus Aid, Relief, and Economic Security Act (CARES), and the Bipartisan American Miners Act (BAMA).

Note 3 - FAIR VALUE MEASUREMENTS

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available. There were no plan assets requiring the use of Level 2 or 3 inputs for the periods presented.

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Level 1 Fair Value Measurements: Mutual Funds are valued at the net asset value (NAV) of shares held by the Plan at year end. NAV is a quoted price in an active market.

Level 3 Fair Value Measurements: CMFG Stable Value Account is a deposit administration group annuity contract that is not actively traded, and is commingled with the general assets of the CMFG Life Insurance Company. Therefore, significant observable inputs are not available. This account is valued at the Plan's contract value which approximates fair value, as determined by CMFG Life Insurance Company. Contract value equals contributions and credited interest less funds to pay withdrawal benefits and administrative expenses.

Note 3 - FAIR VALUE MEASUREMENTS (CONT'D)

The following tables set forth by level, within the fair value hierarchy, the Plan's investments measured at fair value as of December 31, 2025 and 2024:

		Fair Value Measurements at Reporting Date Using:		
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
As of December 31, 2025:				
Mutual Funds	$10,812,799	$10,812,799	$ -	$ -
CMFG Stable Value Account	19,963	-	-	19,963
Investments at fair value	$10,832,762	$10,812,799	-	$ 19,963
As of December 31, 2024:				
Mutual Funds	$10,944,334	$10,944,334	$ -	$ -
CMFG Stable Value Account	16,193	-	-	16,193
Investments at fair value	$10,960,527	$10,944,334	-	$ 16,193

The following tables set forth a summary of certain changes in the fair value of the Plan's Level 3 assets (CMFG Stable Value Account) for the year ended December 31, 2025 and 2024:

	2025	2024
Purchases	$ 4,085	$ 1,965
Sales	(72)	(31)
Transfers to/from mutual funds	(243)	-

Note 4 - INFORMATION CERTIFIED BY MATRIX TRUST COMPANY AND CMFG LIFE INSURANCE COMPANY

The Plan management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Matrix Trust Company, the Custodian, certified to the completeness and accuracy of all investments reflected on the accompanying financial statements and supplemental schedule of assets (held at year end)(modified cash basis), other than notes receivable from participants. CMFG Life Insurance Company certified to the completeness and accuracy of the notes receivable from participants and the CMFG Stable Value Account reflected on the accompanying financial statements and supplemental schedule of assets (held at year end)(modified cash basis).

As permitted under such election, the following investment information was certified as being complete and accurate by Matrix Trust Company and was not subjected to any auditing procedures performed by the independent public accountant as of December 31, 2025 and 2024, and for the year ended December 31, 2025:

	2025	2024
Investments at fair value	$10,832,762	$10,960,527
Cash, non-interest bearing	$ 10,572	$ 14,724
Net appreciation in fair value of investments	$ 1,259,664	
Dividends	$ 567,580	
Interest	$ 605	

Note 3: All investment balances included in the note.

Supplemental schedule of assets (held at end of year)(modified cash basis): All investment balances included in the schedule.

As permitted under such election, the following investment information was certified by CMFG Life Insurance Company and was not subjected to any auditing procedures performed by the independent public accountant as of December 31, 2025 and 2024, and for the year ended December 31, 2025:

	2025	2024
Notes receivable from participants	$ 444,751	$ 336,262
Interest income on notes receivable from participants	$ 34,353	

Note 5 - GROUP ANNUITY CONTRACT WITH CMFG LIFE INSURANCE COMPANY

The Plan is invested in a deposit administration group annuity contract, CMFG Stable Value Account, with CMFG Life Insurance Company (CMFG Life). The CMFG Stable Value Account is an unallocated deferred fixed group annuity contract that provides guaranteed protection of principal with a set rate of return. The contact is guaranteed by CMFG Life. Certain employees and former employees of the Company are participants under the contract. Amounts held in connection with this contract represent financial obligations of the CMFG Life general account. CMFG Life invests the assets of its general account in a manner consistent with its obligations as a life insurer. There are no penalties assessed by the CMFG Stable Value Account for benefit payments or other withdrawals taken by participants prior to contract termination. This contract is subject to a market value adjustment if the plan terminates the contract and elects a lump sum distribution, which may result in a payout of less than 100% of principal and interest credited. CMFG Stable Value Account is included in the financial statements at fair value as reported to the Plan by CMFG Life. The CMFG Stable Value Account is valued at the Plan's contract value which approximates fair value. CMFG Life, in its own discretion, may adjust quarterly the declared interest rate paid on amounts allocated to the CMFG Stable Value Account. After the minimum guarantee period, CMFG Life uses the best interest rate that is consistent with the performance of the general account assets of CMFG Life for determining credited interest rates. The credited interest rate, when declared, is applied on a daily basis to all funds accumulated in the CMFG Stable Value Account.

Note 6 - RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Matrix Trust Company is the custodian of the Plan; therefore, transactions with the custodian qualify as party-in-interest transactions. CUNA Mutual Holding Company (CUNA) and its subsidiaries and affiliates, TruStage Financial Group, Inc. (TruStage) /CPI Qualified Plan Consultants, Inc. (CPI) and CMFG Life Insurance Company, serve respectively as the recordkeeper and service provider to the Plan, and the insurer and custodian of the group annuity contract, CMFG Stable Value Account, held by the Plan; therefore, these transactions and fees paid by the Plan to CUNA qualify as party-in-interest transactions. Crossvine A Financial Planning Firm (doing business as a representative of Northwestern Mutual Investment Services, LLC) serves as an investment advisor to the Plan; therefore, these transactions and fees paid by the Plan to Crossvine qualify as party-in-interest transactions.

Additionally, certain officers of the Company are trustees of the Plan; therefore, transactions with the trustees qualify as party-in-interest transactions. Notes receivable from participants and participant contributions are also considered to be party-in-interest transactions. Plan Sponsor contributions are considered to be both party-in-interest and related party transactions.

These party-in-interest transactions are exempt from the prohibited transactions rules of ERISA.

Note 7 - PLAN TERMINATION

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

Note 8 - TAX STATUS

On March 24, 2016, the Company adopted the CUNA Mutual Insurance Society volume submitter profit sharing plan with CODA plan document, effective July 1, 2015. CUNA received an opinion letter from the Internal Revenue Service (IRS) dated March 31, 2014, which stated that the volume submitter profit sharing plan with CODA plan document is acceptable under Internal Revenue Code (IRC) Section 401. On August 19, 2022, the Company adopted the CMFG Life Insurance Company non-standardized pre-approved profit sharing plan/CODA plan document, effective July 1, 2022. CUNA received an opinion letter from the IRS dated June 30, 2020, which stated that the plan document is acceptable under IRC Section 401. The Company believes the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

The modified cash basis of accounting requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are no audits for any tax periods currently in progress.

Note 9 - RISKS AND UNCERTAINTIES

The Plan invests in various mutual funds. These investments are exposed to various risks such as market and credit risks. Due to the level of risk associated with these investments, it is at least reasonably possible that changes in the values of these investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits (modified cash basis).

Note 10 - SUBSEQUENT EVENTS

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

Cybersecurity Incident

In July 2026, TruStage, a service provider to the Plan, experienced a cybersecurity incident that resulted in the disruption of certain systems and services used in the administration and recordkeeping of the Plan. TruStage has implemented interim processes for certain Plan administrative functions while affected systems and services are being restored.

As a result of the incident, the processing of certain participant contributions and loan payments related to payroll periods subsequent to the incident have been delayed. As of the date the financial statements were available to be issued, the Plan Sponsor has submitted all contributions and loan payments to TruStage, but some of these payments had not yet been processed. TruStage has indicated that affected participants will be credited with lost earnings on delayed contributions and loan payments from the applicable payroll check date through the date the contributions and loan payments are invested.

TruStage has reported that retirement plan assets held prior to the cybersecurity incident were not affected by the incident and remained invested during the service disruption. Certain Plan information and administrative functionality also remain unavailable or limited as TruStage continues its restoration efforts.

Note 10 - SUBSEQUENT EVENTS (CONT'D)

The cybersecurity incident occurred subsequent to December 31, 2025 and did not affect amounts reported in the Plan's financial statements as of and for the year then ended. Plan management continues to monitor the incident and TruStage's restoration and processing of affected transactions.

SUPPLEMENTAL SCHEDULE

NORTH CENTRAL TEXAS COMMUNITY HEALTH CARE CENTER, INC.
401(K) SAVINGS PLAN

EIN: 75-2429644
Plan #001

Schedule H, line 4i--Schedule of Assets (Held At End of Year) (Modified Cash Basis)
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral par, or maturity value	(d) Cost	(e) Current value
	AB SMALL CAP GROWTH FUND - Z	VALUE OF INT IN REGIST INVEST CO	**	2,529
	AMERICAN FUNDS NEW WORLD FUND - R6	VALUE OF INT IN REGIST INVEST CO	**	20,082
	BLACKROCK ADVANTAGE LARGE CAP CORE FUND - K	VALUE OF INT IN REGIST INVEST CO	**	4,123
	BLACKROCK ADVANTAGE LARGE CAP GROWTH FUND - K	VALUE OF INT IN REGIST INVEST CO	**	248,222
	FIDELITY 500 INDEX INSTITUTIONAL PREMIUM FUND	VALUE OF INT IN REGIST INVEST CO	**	1,657,516
	FIDELITY MID CAP INDEX	VALUE OF INT IN REGIST INVEST CO	**	59,675
	HARTFORD INTERNATIONAL VALUE FUND - R6	VALUE OF INT IN REGIST INVEST CO	**	32,654
	JOHN HANCOCK DISCIPLINED VALUE MID CAP FUND - R6	VALUE OF INT IN REGIST INVEST CO	**	1,459
	JP MORGAN LARGE CAP VALUE FUND - R6	VALUE OF INT IN REGIST INVEST CO	**	28,651
	LORD ABBETT SHORT DURATION INCOME FUND - R6	VALUE OF INT IN REGIST INVEST CO	**	1,834
	MFS INTERNATIONAL GROWTH FUND - R6	VALUE OF INT IN REGIST INVEST CO	**	54,068
	MFS MID CAP VALUE FUND - R6	VALUE OF INT IN REGIST INVEST CO	**	1,439
	PIMCO INCOME INSTITUTIONAL FUND	VALUE OF INT IN REGIST INVEST CO	**	5,710
	SCHWAB SMALL CAP INDEX FUND	VALUE OF INT IN REGIST INVEST CO	**	32,474
	T. ROWE PRICE DIVERSIFIED MID CAP GROWTH FUND - I	VALUE OF INT IN REGIST INVEST CO	**	24,648
	VIRTUS KAR SMALL CAP VALUE FUND - R6	VALUE OF INT IN REGIST INVEST CO	**	1,334
	JP MORGAN HIGH YIELD FUND - R6	VALUE OF INT IN REGIST INVEST CO	**	43,729
	AMERICAN FUNDS BOND FUND AN - R6	VALUE OF INT IN REGIST INVEST CO	**	38,670
	AMERICAN FUNDS 2015 TARGET DATE RETIREMENT FUND - R6	VALUE OF INT IN REGIST INVEST CO	**	63,421
	AMERICAN FUNDS 2020 TARGET DATE RETIREMENT FUND - R6	VALUE OF INT IN REGIST INVEST CO	**	203,281
	AMERICAN FUNDS 2025 TARGET DATE RETIREMENT FUND - R6	VALUE OF INT IN REGIST INVEST CO	**	1,152,708
	AMERICAN FUNDS 2030 TARGET DATE RETIREMENT FUND - R6	VALUE OF INT IN REGIST INVEST CO	**	1,972,246
	AMERICAN FUNDS 2035 TARGET DATE RETIREMENT FUND - R6	VALUE OF INT IN REGIST INVEST CO	**	941,048
	AMERICAN FUNDS 2040 TARGET DATE RETIREMENT FUND - R6	VALUE OF INT IN REGIST INVEST CO	**	433,129
	AMERICAN FUNDS 2045 TARGET DATE RETIREMENT FUND - R6	VALUE OF INT IN REGIST INVEST CO	**	1,093,083
	AMERICAN FUNDS 2050 TARGET DATE RETIREMENT FUND - R6	VALUE OF INT IN REGIST INVEST CO	**	1,514,920
	AMERICAN FUNDS 2055 TARGET DATE RETIREMENT FUND - R6	VALUE OF INT IN REGIST INVEST CO	**	724,486
	AMERICAN FUNDS 2060 TARGET DATE RETIREMENT FUND - R6	VALUE OF INT IN REGIST INVEST CO	**	313,236
	AMERICAN FUNDS 2065 TARGET DATE RETIREMENT FUND - R6	VALUE OF INT IN REGIST INVEST CO	**	142,424
*	CMFG STABLE VALUE ACCOUNT	DEPOSIT ADMIN GROUP ANNUITY CON	**	19,963
*	PARTICIPANT LOANS	INTEREST RATES 5.25% - 10.50%	**	444,751
		Total Investments	**$ -**	**$ 11,277,513**

*** A party in interest, as defined by the Employee Retirement Income Security Act of 1974, as amended.**
**** Costs omitted for participant directed investments.**

NORTH CENTRAL TEXAS COMMUNITY HEALTH CARE CENTER, INC.
401(K) SAVINGS PLAN

EIN: 75-2429644
Plan #001

Schedule H, line 4i--Schedule of Assets (Held At End of Year) (Modified Cash Basis)
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral par, or maturity value	(d) Cost	(e) Current value
	AB SMALL CAP GROWTH FUND - Z	VALUE OF INT IN REGIST INVEST CO	**	2,529
	AMERICAN FUNDS NEW WORLD FUND - R6	VALUE OF INT IN REGIST INVEST CO	**	20,082
	BLACKROCK ADVANTAGE LARGE CAP CORE FUND - K	VALUE OF INT IN REGIST INVEST CO	**	4,123
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	AMERICAN FUNDS 2025 TARGET DATE RETIREMENT FUND - R6	VALUE OF INT IN REGIST INVEST CO	**	1,152,708
	AMERICAN FUNDS 2030 TARGET DATE RETIREMENT FUND - R6	VALUE OF INT IN REGIST INVEST CO	**	1,972,246
	AMERICAN FUNDS 2035 TARGET DATE RETIREMENT FUND - R6	VALUE OF INT IN REGIST INVEST CO	**	941,048
	AMERICAN FUNDS 2040 TARGET DATE RETIREMENT FUND - R6	VALUE OF INT IN REGIST INVEST CO	**	433,129
	AMERICAN FUNDS 2045 TARGET DATE RETIREMENT FUND - R6	VALUE OF INT IN REGIST INVEST CO	**	1,093,083
	AMERICAN FUNDS 2050 TARGET DATE RETIREMENT FUND - R6	VALUE OF INT IN REGIST INVEST CO	**	1,514,920
	AMERICAN FUNDS 2055 TARGET DATE RETIREMENT FUND - R6	VALUE OF INT IN REGIST INVEST CO	**	724,486
	AMERICAN FUNDS 2060 TARGET DATE RETIREMENT FUND - R6	VALUE OF INT IN REGIST INVEST CO	**	313,236
	AMERICAN FUNDS 2065 TARGET DATE RETIREMENT FUND - R6	VALUE OF INT IN REGIST INVEST CO	**	142,424
*	CMFG STABLE VALUE ACCOUNT	DEPOSIT ADMIN GROUP ANNUITY CON	**	19,963
*	PARTICIPANT LOANS	INTEREST RATES 5.25% - 10.50%	**	444,751
		Total Investments	**$ -**	**$ 11,277,513**

*** A party in interest, as defined by the Employee Retirement Income Security Act of 1974, as amended.**
**** Costs omitted for participant directed investments.**