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
TEXAS HEALTH CARE, P.L.L.C. 401(K) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1996

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)
TEXAS HEALTH CARE, P.L.L.C.

6000 WESTERN PLACE
SUITE 900
FORT WORTH, TX 76107

2b Employer Identification Number (EIN) 71-0892430

2c Plan Sponsor's telephone number 817-740-8406

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.	10/12/2026	TRAVIS CRUDUP
	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:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1478
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)**	1205
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1123
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	349
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1472
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	1472
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)**	1192
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)**	1376
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
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:

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

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [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)** [ ] **A** (Insurance Information) – Number Attached 0
- **(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 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
TEXAS HEALTH CARE, P.L.L.C. 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TEXAS HEALTH CARE, P.L.L.C.

D Employer Identification Number (EIN)
71-0892430

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)

PRIME CAPITAL INVESTMENT ADVISORS

82-1364595

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	269944	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRIME PENSIONS, INC.

25B VREELAND ROAD SUITE 209
FLORHAM PARK, NJ 07932

(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?
13	CONTRACT ADMIN	94740	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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	RECORD KEEPER	89132	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

J TAYLOR & ASSOCIATES LLC

4800 OVERTON PLAZA STE 360
FORTH WORTH, TX 76109

(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?
10	AUDITOR	40003	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 ☐

(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

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
TEXAS HEALTH CARE, P.L.L.C. 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TEXAS HEALTH CARE, P.L.L.C.

D Employer Identification Number (EIN)
71-0892430

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)	831924	904499
(2) Participant contributions	1b(2)	29081	32589
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	756714	794456
(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)	1065697	1148584
(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)	107481116	127306611
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	110164532	130186739
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	2064	5150
1k Total liabilities (add all amounts in lines 1g through1j)	1k	2064	5150
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	110162468	130181589

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)	1443577	
(B) Participants	2a(1)(B)	7533629	
(C) Others (including rollovers)	2a(1)(C)	3950258	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		12927464
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)	88931	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		88931
(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)	5803583	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		5803583
(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)		11761236
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		30581214
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13988773	
(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)		13988773
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		5233
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	483949	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		483949
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		14477955
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		16103259
l Transfers of assets:			
(1) To this plan	2l(1)		3915862
(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: TAYLOR & ASSOCIATES, LLC **(2)** EIN: 75-2795393

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		208957
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 _____.

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
TEXAS HEALTH CARE, P.L.L.C. 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TEXAS HEALTH CARE, P.L.L.C.

D Employer Identification Number (EIN)
71-0892430

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): 84-0467907

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 Q702583A .

TEXAS HEALTH CARE, P.L.L.C. 401(K) RETIREMENT PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

Years Ended December 31, 2025 and 2024
With Independent Auditors' Report

TEXAS HEALTH CARE, P.L.L.C. 401(K) RETIREMENT PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

Years Ended December 31, 2025 and 2024

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NOTE: All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted since they are either not applicable or the information required therein has been included in the financial statements or notes thereto.

JTaylor

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants of the
Texas Health Care, P.L.L.C. 401(k) Retirement Plan

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

We have performed audits of the financial statements of the Texas Health Care, P.L.L.C. 401(k) Retirement Plan (the "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 statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certification from a qualified institution as of and for the years ended December 31, 2025 and 2024 stating that the certified investment information, as described in Note E 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 Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("US GAAP").

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

Basis for Opinion

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

Plan management is responsible for the preparation and fair presentation of the financial statements in accordance with US GAAP, 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 the Plan's ability to continue as a going concern for one year after the date that the financial statements are 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.

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

In performing an audit in accordance with GAAS, we:

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

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 US GAAP.

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules, Form 5500 Schedule H, Line 4a – Schedule of Delinquent Participant Contributions and Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year), as of December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplemental information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

J. Taylor & Associates, LLC

Fort Worth, Texas
October 6, 2026

TEXAS HEALTH CARE, P.L.L.C. 401(K) RETIREMENT PLAN
Statements Net Assets Available for Benefits
Years Ended December 31, 2025 and 2024

	2025	2024
ASSETS		
Participant directed investments at fair value:		
Money market funds	$ 794,456	$ 756,714
Mutual funds	126,269,698	106,691,500
Self-directed brokerage accounts	1,036,913	789,616
Total investments at fair value	128,101,067	108,237,830
Receivables:		
Participant contributions	32,589	29,081
Employer contributions	904,499	831,924
Notes receivable from participant loans	1,148,584	1,065,697
Total receivables	2,085,672	1,926,702
Total assets	130,186,739	110,164,532
LIABILITIES		
Total liabilities	5,150	2,064
NET ASSETS AVAILABLE FOR BENEFITS	$ 130,181,589	$ 110,162,468

See accompanying notes to the financial statements.

TEXAS HEALTH CARE, P.L.L.C. 401(K) RETIREMENT PLAN
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2025 and 2024

	2025	2024
ADDITIONS TO NET ASSETS		
Investment income:		
Net realized and unrealized gain on investments	$ 11,761,236	$ 9,394,768
Interest and dividends	5,892,514	4,293,903
Total investment income	17,653,750	13,688,671
Contributions:		
Participant	7,533,629	7,106,951
Employer	1,443,577	1,339,218
Rollover	3,950,258	786,422
Total contributions	12,927,464	9,232,591
Total additions to net assets	30,581,214	22,921,262
DEDUCTIONS FROM NET ASSETS		
Benefits paid to participants	13,994,006	8,795,465
Administrative expenses	483,949	522,215
Total deductions from net assets	14,477,955	9,317,680
TRANSFERS OF ASSETS TO THIS PLAN	3,915,862	549,726
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	20,019,121	14,153,308
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	110,162,468	96,009,160
End of year	$ 130,181,589	$ 110,162,468

See accompanying notes to the financial statements.

A. Description of the Plan

General

The following description of the Texas Health Care, P.L.L.C. 401(k) Retirement Plan (the "Plan") is provided for general information purposes only. The Plan is sponsored by Texas Health Care, P.L.L.C. dba Privia Medical Group of North Texas (the "Plan Sponsor"). Participants should refer to the Plan document for a more complete description of the Plan's provisions. The following entities were participating employers in the Plan (collectively, the "Company") during the year ended December 31, 2025:

- Advanced Women's Healthcare of Waxahachie, PLLC
- Andrew W. Hoover, M.D., P.A.
- Avail Health and Wellness, PLLC
- Baze Medical, PLLC
- Blair Family Medicine, PA
- Bright Stars Pediatrics, PA
- Brighter Horizon Pediatrics, PLLC
- Centennial OB/GYN PA
- Christina Myint, M.D., P.A.
- Dennis Eisenberg MD PA
- Dr. Crable OB/GYN P.A.
- Emil W. Tajzoy, MD, PLLC
- Endocrine Associates of Dallas, P.A.
- Forest Lane Pediatrics LLP
- Gary W. Duncan MDPA
- Genesis Obstetrics & Gynecology, PLLC
- Gold Pediatrics, P.A.
- Grapevine Pediatric Clinic, PA
- Honoriode, LLC
- Joseph E. Saucedo, DO, PA
- Joseph P. Behan, M.D., P.A.
- Julie Tomberlin, M.D., P.A.
- Lake Pointe Women's Center, PA
- Marcia J Oliveira MD, PA
- Metroplex Womens Care, PLLC
- Midlothian Family Medicine Clinic, P.A.
- Natalie Hughes, D.O., P.A.
- North Dallas Pediatric Associates, PA
- ObGyn Dallas, P.A.
- Pediatricians of North Texas P.A.
- Pediatrics Associates of Frisco, Inc.
- Personalized Women's Healthcare, P.A.
- Premier Urogynecology of North Texas, PLLC
- Rebecca D. Butler, MD, PLLC
- Samuel H Davis MD, PA
- Seasons OB/GYN, PLLC
- Shelley E. Weiss, M.D., P.A.
- Shepherd Health Management, LLC
- Stephenville Medical and Surgical Clinic, P.A.
- Ted E. Fogwell, MD
- Texas Health Care, P.L.L.C.
- Veronica Villalba, MD, PA
- Walter F. Evans, II, M.D. & Associates P.A.
- William J. Warren, D.P.M., P.A.

The Plan was established on January 1, 1996, and restated at various dates. The Plan is a defined contribution plan covering substantially all employees of the Company who have completed at least one year of credited service and attained age twenty-one. Employees are eligible to become a participant in the Plan on the first day of the next calendar quarter following attainment of the above requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective January 1, 2025, the Plan Sponsor filed joinder agreements allowing the following entities to adopt the Plan: Baze Medical PLLC, Brighter Horizon Pediatrics PLLC, Endocrine Associates of Dallas, P.A., and Honoriode LLC. Effective January 1, 2024, the Plan Sponsor filed joinder agreements allowing the following entities to adopt the Plan: Gold Pediatrics, P.A., Genesis Obstetrics & Gynecology, PLLC and Avail Health and Wellness, PLLC. During 2025, the following entities exited the Plan: Genesis Obstetrics & Gynecology PLLC, Dr. Crable OB/GYN P.A., Joseph P. Behan, M.D., P.A., Veronica Villalba, M.D., P.A., and Shepherd Health Management, LLC. During 2024, the following entities exited the Plan: Bedford Family Medicine, PA, C. Keith Grisham, MD, P.A, Joy L. Touchstone, M.D., P.A., Pediatric Endocrinology of North Texas, PLLC, and Tarrant Medical Associates, LLC.

A. Description of the Plan (*continued*)

General (*continued*)

The purpose of the Plan is to encourage the Company's employees to systematically save and invest a portion of their current compensation so that they and their families may have a source of additional income upon their retirement or in the event of death.

Plan Administration

The Plan is administered by the members of the Texas Health Care, P.L.L.C. 401(k) Plan Committee ("Plan Administrator"). Empower Trust Company, LLC, the trustee of the Plan for the years ended December 31, 2025 and 2024 (the "Trustee"), is responsible for the custody and administration of the Plan's assets. Empower Retirement is responsible for the recordkeeping of the Plan.

Contributions

Participants may elect to make voluntary contributions up to their total amount of annual compensation, as defined by the plan document. The Plan allows for an automatic enrollment feature whereby all eligible participants will be automatically enrolled in the Plan at an automatic deferral rate of 4% unless a participant specifically opts out. However, self-employed individuals are not covered by the automatic enrollment feature. Participant contributions are subject to certain annual limitations as prescribed by the Internal Revenue Code (the "Code"), which was $23,500 and $23,000 for 2025 and 2024, respectively.

Participants who have attained age 50 before the end of the year are eligible to make catch-up contributions in accordance with, and subject to the limitations imposed by, the Code ($7,500 for both 2025 and 2024). Participants may also contribute amounts representing distributions from other qualified employee benefit plans. The Company may make discretionary matching contributions to the Plan. During 2025 and 2024, the Company made matching contributions to eligible employees equal to the lesser of 25% of the participant's contribution or 1% of the participant's annual compensation. The Company may make discretionary profit-sharing contributions into the Plan.

The Company made matching contributions of approximately $805,000 and $736,000 to participant accounts in the Plan during 2025 and 2024, respectively. The Company made profit-sharing contributions of approximately $639,000 and $603,000 in the Plan during 2025 and 2024, respectively.

All contributions made by the Company are invested based upon participant investment option elections.

Participant Accounts

Each participant's account is credited with the participant's voluntary contributions, an allocation of the Company's contributions (if any), and the Plan's earnings, net of any administrative expenses. Allocations are based on participant contributions or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Forfeitures

Forfeitures of terminated participants' non-vested amounts may be used to reduce administrative expenses charged to the Plan. Any forfeiture not used to reduce administrative expenses shall be used to reduce future Company matching contributions. There were approximately $62,000 and $91,000 remaining in the forfeiture accounts as of December 31, 2025 and 2024, respectively. Approximately $214,000 and $81,000 of the forfeitures were used to reduce administrative expenses during the years ended December 31, 2025 and 2024, respectively.

A. Description of the Plan (*continued*)

Administrative Expenses

Expenses incurred in administration of the Plan, including costs relating to asset charges and recordkeeping, are paid by the Plan and allocated to all participant accounts on a pro-rata basis, or are charged directly to participant accounts for fees associated with establishment of a loan or a benefit payment. Certain expenses incurred in the administration of the Plan are paid directly by the Company.

Vesting

Participants are immediately vested in their voluntary contributions plus the actual net earnings thereon. Vesting in the remainder of their accounts is based on years of service. Participants become 20% vested after two years of service, increasing 20% per year thereafter until they are fully vested after six years of service or the occurrence of death, disability, or retirement.

Investment Options

Upon enrollment in the Plan, a participant may direct his or her salary deferrals in 1% increments into any of the Plan's investment options, which are composed of various mutual funds and a money market or cash reserve account. A self-directed brokerage account option is also available to allow participants to select investment options not specifically offered by the Plan.

Notes Receivable from Participant Loans

Participants are permitted to borrow from their accounts a minimum amount of $1,000 up to a maximum amount equal to the lesser of (a) 50% of the vested account balance; or (b) $50,000. The maximum amount will be reduced by the participant's highest outstanding loan balance during the one-year period ending on the day before the date on which such loan is made. A participant may have no more than two loans outstanding at one time. The loans are secured by the remaining balance in the participant's account. The interest rate will be the prime rate of interest, as stated in the *Wall Street Journal*, plus one percent (1%), as of the date of the loan. The rate of interest will be constant throughout the term of the loan. All loans generally become due and payable in full immediately upon the occurrence of a distributable event. All loans are required to be repaid within 5 years of the date of the loan or within 30 years if the loan will be utilized for the purchase of a primary residence. If a participant does not repay the entire outstanding loan balance, his/her vested account balance will be reduced by the remaining outstanding balance of the loan. Principal and interest are paid ratably through payroll deductions. As of December 31, 2025 and 2024, the loans bear interest at the rates of 4.25% to 9.50%. Principal and interest are paid ratably through monthly payroll deductions.

Benefits Paid to Participants

Upon termination of service due to death, disability, or retirement, a participant or designated beneficiary may elect to receive a lump-sum payment or a life or survivor annuity equal to the value of his or her account. For termination of service due to other reasons, a participant may receive the value of the vested amount of his or her account as a lump-sum payment. Payment shall be made as soon as practicable following the participant's normal retirement date, disability, termination of employment or death, as the case may be. The non-vested portion of a terminated participant's account is generally forfeited and applied to reduce Plan administration expenses or future employer contributions.

Hardship distributions are permitted for certain qualifying expenses during employment with the Company and may only be made for the vested portion of the participants pre-tax 401(K) deferral accounts and roth 401(K) deferral accounts. Payment of benefits to participants with balances less than $5,000 will be made in a lump-sum distribution.

B. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are presented using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires the plan administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosures of certain contingent assets and liabilities. Accordingly, actual results may differ from these estimates.

Contributions

Contributions are accrued as they become obligations of the Company, as determined by the Company, and in the period in which they are deducted, in accordance with salary deferral agreements.

Credit Losses on Plan Receivables

The Plan's financial assets primarily consist of investments measured at fair value. The Plan also maintains receivables for employer contributions, including amounts due for the current period and any delinquent contributions. The Plan evaluated these receivables for collectability and determined that they are fully collectible, and therefore, no allowance for expected credit losses has been recorded in accordance with Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic No. 326, *Financial Instruments: Credit Losses*. The Plan will continue to monitor the collectability of receivables and record any necessary allowance if credit losses become probable.

Notes Receivable from Participant Loans

Notes receivable from participant loans are recorded and measured at the unpaid principal balance plus accrued interest, which approximates fair value. Delinquent participant loans, if any, are reclassified as distributions based upon the terms of the Plan document. Notes receivable from participant loans are considered uncollectible in the period they are deemed distributions and, accordingly, no allowance has been established.

Investment Valuation and Income Recognition

The investments of the Plan are stated at fair value as of the end of the year and are subject to market or credit risks customarily associated with debt and equity investments. Fair value measurements are determined in accordance with ASC Topic No. 820, *Fair Value Measurements and Disclosures*, which defines fair value, establishes a framework for measuring fair value, and establishes disclosures about assets and liabilities measured at fair value.

The net realized and unrealized gains/(losses) on investments includes realized gains and losses on sales of investments during the year, using the average cost basis of the securities sold, and unrealized increases or decreases in the market value of investments held at year end. Purchases and sales of investments are reflected on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Capital gain distributions are included in dividend income.

B. Summary of Significant Accounting Policies (*continued*)

Payment of Benefits

Benefits are recorded when paid. As of December 31, 2025 and 2024, there were no unpaid benefit requests.

Plan Expenses

Employees of the Plan Sponsor perform certain administrative functions for the Plan with no compensation from the Plan. To the extent possible, Plan administrative expenses are paid from any available forfeitures. In accordance with the provisions of the Plan, the Company may pay a portion of the expenses incurred in the administration of the Plan, including costs relating to asset charges and recordkeeping, and such expenses are not reimbursed by the Plan nor reflected in the accompanying financial statements.

Recent Accounting Pronouncement and Law Changes

The following are ASUs issued by FASB or changes in law considered potentially significant to current or future financial reporting. This is not intended to be an evaluation of all recent accounting pronouncements, accounting standards, or changes in law.

On December 29, 2022, the Setting Every Community Up for Retirement Enhancement Act of 2022 (the "SECURE Act 2.0") was signed into law. The SECURE Act 2.0 is intended to expand coverage, increase retirement savings, and clarify retirement plan rules. The SECURE Act 2.0 changed existing long-term retirement rules, which included but is not limited to, increasing the age for required minimum distributions, expanding autoenrollment features, increasing the involuntary distribution limit, expanding penalty-free withdrawals, and providing enhanced opportunities for employee savings. The effective dates vary by each provision, however, the Plan will be formally amended to reflect these changes prior to the December 31, 2026 deadline.

The Plan adopted FASB ASU No. 326, *Current Expected Credit Losses* ("Topic 326") as of January 1, 2024, which requires the Plan to immediately recognize expected credit losses on the reporting date financial assets as an allowance account on the Statement of Net Assets Available for Benefit. Financial assets excluded from the scope of Topic 326 include note receivable from participant loans and participant contribution receivables and related credit losses. As of December 31, 2025 and 2024, the Plan does not have credit losses related to employer contribution receivables.

C. Investments

The Plan's investments are held under a trust agreement with the Trustee. All investment information presented in the accompanying financial statements and supplemental schedules, including investments held and net appreciation/depreciation in fair value of investments and interest and dividends, was obtained or derived from information supplied to the Plan Sponsor and certified as complete and accurate by the Trustee. The investments are reflected at fair value as of December 31, 2025 and 2024.

According to the FASB, participant loans are to be classified on the statement of net assets available for benefits as notes receivable from participants and measured at their unpaid principal balance, plus any accrued but unpaid interest. According to the Department of Labor, participant loans are considered an investment and measured at their fair value and are required to be included as supplemental information in the schedule of assets held for investment purposes at the end of the year.

C. Investments (*continued*)

The following is a reconciliation of the schedule of assets held for investment purposes to the financial statements as of December 31:

	2025
Investments per schedule of assets held for investment purposes at the end of the year	$129,249,651
Less: Notes receivable from participant loans	(1,148,584)
Investments per financial statements	$128,101,067

D. Fair Value Measurements

FASB ASC Topic No. 820 defines fair value as 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 and establishes a three-tier hierarchy that is used to identify assets and liabilities measured at fair value. The hierarchy focuses on the inputs used to measure fair value and requires that the lowest level input be used.

The three levels defined in FASB ASC Topic No. 820 are as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability. On December 31, 2025 and 2024, the Plan had no Level 2 investments.

Level 3: Inputs of the valuation methodology are unobservable and significant to fair value measurement. On December 31, 2025 and 2024, the Plan had no Level 3 investments.

The asset's or liability's fair value measurement level within the fair value hierarchy is based upon the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

FASB ASC Topic No. 820 requires a description of the methodologies used to measure the fair value of assets and liabilities. These methodologies were consistently applied to all assets carried as of December 31, 2025 and 2024. The methodology used to measure each major category of assets is as follows:

- Money market funds: The reported value of the money market funds is the cash balance which approximates fair value. The valuation is classified within Level 1 of the valuation hierarchy.

D. Fair Value Measurement (*continued*)

- Mutual funds: The fair value of registered investment company mutual funds are based on the daily quoted closing price as reported by the fund. The mutual funds held by the Plan are actively traded and are classified within Level 1 of the valuation hierarchy.

- Self-directed brokerage accounts: Valued at the closing price reported on the active market on which the individual securities comprising the brokerage accounts are traded. Additionally, these accounts include money market funds of which the value is the cash balance that approximates fair value. The valuation is classified within Level 1 of the valuation hierarchy.

Assets measured at fair value on a recurring basis at December 31, are as follows:

	Assets at Fair Value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Money market funds	$ 794,456	$ -	$ -	$ 794,456
Mutual funds	126,269,698	-	-	126,269,698
Self-directed brokerage accounts	1,036,913	-	-	1,036,913
Total assets at fair value	$ 128,101,067	$ -	$ -	$ 128,101,067

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Money market funds	$ 756,714	$ -	$ -	$ 756,714
Mutual funds	106,691,500	-	-	106,691,500
Self-directed brokerage accounts	789,616	-	-	789,616
Total assets at fair value	$ 108,237,830	$ -	$ -	$ 108,237,830

E. Information Certified by the Trustee

The Plan Administrator, having determined it is permissible in the circumstances, has elected the method of compliance permitted by 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. Accordingly, as permitted under such election, the Plan Administrator limited auditing procedures with respect to the investment information certified by the Trustee to be complete and accurate, which included total investments as of December 31, 2025 and 2024, total investment income, including net realized and unrealized gains on investments for the years ended 2025 and 2024, and all information included in the accompanying supplemental schedules. The Trustee is considered to be a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency.

F. Income Tax Status

The Company has adopted the Prime Pensions, Inc. Defined Contribution Volume Submitter Plan and Trust (Basic Plan Document #08) which received a favorable opinion letter from the IRS dated June 30, 2020. The Company may rely on this letter with respect to the qualification of the Plan under Section 401(a) of the Internal Revenue Code with certain limitations. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan has not requested or received a determination from the IRS regarding qualifications under the appropriate section of the Code; however, the Company believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code and therefore believes that the Plan is qualified, and the related trust is tax-exempt.

U.S. GAAP require the Company to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Sponsor has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the accompanying financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no examinations for any tax periods in progress. The Plan Sponsor believes the Plan is no longer subject to IRS examinations for years prior to 2022.

G. Transfer of Assets

During the year end December 31, 2025, two entities adopted the Plan and the assets from their respective existing 401(k) plans were transferred into the Plan. The transaction was accounted for as a change in the reporting entity in accordance with ASC 962. Accordingly, the transferred assets were recognized by the Plan at their fair value as of the transfer date.

As of March 27, 2025, assets consisting primarily of mutual funds totaling approximately $513,000 from 7 participants and $46,000 of participant loans were merged into the Plan from Baze Medical PLLC 401(k) Plan in connection with the adoption of the Plan.

As of July 1, 2025, assets consisting primarily of mutual funds totaling approximately $3,339,000 from 30 participants and $17,000 of participant loans were merged into the Plan from Endocrine Associates of Dallas, P.A. 401(k) Plan in connection with the adoption of the Plan.

No gains or losses were recognized by the Plan related to these transactions.

H. Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor 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 would become 100% vested in their accounts.

I. Party-in-Interest Transactions

Some administrative expenses and accounting fees of the Plan are paid by the Plan Sponsor. No such payments were made on behalf of the Plan in 2025 or 2024. Under the terms of the Plan, the Plan is not responsible for reimbursing the Plan Sponsor for any fees paid on its behalf.

J. Risks and Uncertainties

The Plan invests in various investment securities which 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 participant account balances and the amounts reported in the accompanying financial statements.

K. Subsequent Events

In preparing the accompanying financial statements, the Plan Administrator has evaluated all subsequent events and transactions for potential recognition or disclosure through October 6, 2026, the date the financial statements were available for issuance, and determined that other than the below described event there are no additional unusual or nonrecurring transactions or events of sufficient materiality to warrant disclosure in the accompanying financial statements.

Subsequent to year-end, effective January 1, 2026, the Plan Sponsor filed joinder agreements allowing the following entities to adopt the Plan: Dallas Diabetes and Endocrine Center, C. Brooks Smith MD & Associates, and SGH Pediatrics, PLLC.

SUPPLEMENTAL SCHEDULES

TEXAS HEALTH CARE, P.L.L.C. 401(K) RETIREMENT PLAN
Form 5500, Schedule H, Line 4a – Schedule of Delinquent Participant Contributions
Year Ended December 31, 2025

	Total that Constitutes Nonexempt Prohibited Transactions				
Check here if Late Participant Loan Repayments are included: ☑	Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
	$ 208,957	$ 140,537	$ 68,420	$ -	$ -

TEXAS HEALTH CARE, P.L.L.C. 401(K) RETIREMENT PLAN
Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

EIN: 71-0892430
Plan #: 001

(a)	(b) Identity of Issuer, 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
	American Century	American Century Small Cap Growth R6	**	374,873
	American Funds	American Funds New World R6	**	811,602
	BlackRock	BlackRock High Yield Bond Instl	**	623,763
	BlackRock	BlackRock Strategic Global Bond K	**	1,020,006
	Cohen & Steers	Cohen & Steers Realty Shares	**	841,636
*	Empower	Empower SDB	**	982,804
*	Empower	Empower SDB Roth	**	54,109
	Fidelity	Fidelity Advisor International Growth Z	**	2,827,049
	Fidelity	Fidelity 500 Index	**	19,270,875
	Fidelity	Fidelity Balanced Fund	**	38,853,551
	Janus	Janus Henderson Global Equity Income N	**	1,631,873
	JPMorgan	JPMorgan Large Cap Growth R6	**	6,026,029
	JPMorgan	JPMorgan Mid Cap Growth R6	**	1,809,111
	PGIM	PGIM Total Return Bond R6	**	6,983,381
	T. Rowe Price	T. Rowe Price Retirement I 2015 I	**	37,913
	T. Rowe Price	T. Rowe Price Retirement I 2020 I	**	491,559
	T. Rowe Price	T. Rowe Price Retirement I 2025 I	**	116,367
	T. Rowe Price	T. Rowe Price Retirement I 2030 I	**	1,015,195
	T. Rowe Price	T. Rowe Price Retirement I 2035 I	**	1,535,409
	T. Rowe Price	T. Rowe Price Retirement I 2040 I	**	803,628
	T. Rowe Price	T. Rowe Price Retirement I 2045 I	**	700,285
	T. Rowe Price	T. Rowe Price Retirement I 2050 I	**	561,049
	T. Rowe Price	T. Rowe Price Retirement I 2055 I	**	486,836
	T. Rowe Price	T. Rowe Price Retirement I 2060 I	**	313,931
	Vanguard	Vanguard Developed Markets Index Admiral	**	10,098,901
	Vanguard	Vanguard Equity Income Adm	**	7,037,884
	Vanguard	Vanguard Mid Cap Index Fund - Admiral	**	4,561,762
	Vanguard	Vanguard Mid Cap Value Index Admiral	**	3,255,098
	Vanguard	Vanguard Short Term Investment Grade Adm	**	4,867,752
	Vanguard	Vanguard Small Cap Index Adm	**	4,548,463
	Vanguard	Vanguard Treasury Money Market Investor	**	2,986,397
	Vanguard	Vanguard Admiral Money Market	**	794,456
	Vanguard	Vanguard Small Cap Value Index Admiral	**	1,777,520
				128,101,067
*	Participant Notes Receivable	Payment terms up to 30 years, interest rates range from 4.25% - 9.50%	-0-	1,148,584
				$ 129,249,651

* Indicates a party-in-interest as defined by ERISA.

** Cost omitted for participant-directed investments.

TEXAS HEALTH CARE, P.L.L.C. 401(K) RETIREMENT PLAN
Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

EIN: 71-0892430
Plan #: 001

(a)	(b) Identity of Issuer, 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
	American Century	American Century Small Cap Growth R6	**	374,873
	American Funds	American Funds New World R6	**	811,602
	BlackRock	BlackRock High Yield Bond Instl	**	623,763
	BlackRock	BlackRock Strategic Global Bond K	**	1,020,006
	Cohen & Steers	Cohen & Steers Realty Shares	**	841,636
*	Empower	Empower SDB	**	982,804
*	Empower	Empower SDB Roth	**	54,109
	Fidelity	Fidelity Advisor International Growth Z	**	2,827,049
	Fidelity	Fidelity 500 Index	**	19,270,875
	Fidelity	Fidelity Balanced Fund	**	38,853,551
	Janus	Janus Henderson Global Equity Income N	**	1,631,873
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	T. Rowe Price	T. Rowe Price Retirement I 2040 I	**	803,628
	T. Rowe Price	T. Rowe Price Retirement I 2045 I	**	700,285
	T. Rowe Price	T. Rowe Price Retirement I 2050 I	**	561,049
	T. Rowe Price	T. Rowe Price Retirement I 2055 I	**	486,836
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	Vanguard	Vanguard Mid Cap Index Fund - Admiral	**	4,561,762
	Vanguard	Vanguard Mid Cap Value Index Admiral	**	3,255,098
	Vanguard	Vanguard Short Term Investment Grade Adm	**	4,867,752
	Vanguard	Vanguard Small Cap Index Adm	**	4,548,463
	Vanguard	Vanguard Treasury Money Market Investor	**	2,986,397
	Vanguard	Vanguard Admiral Money Market	**	794,456
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				128,101,067
*	Participant Notes Receivable	Payment terms up to 30 years, interest rates range from 4.25% - 9.50%	-0-	1,148,584
				$ 129,249,651

* Indicates a party-in-interest as defined by ERISA.

** Cost omitted for participant-directed investments.