# 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
CENTRAL FLORIDA KIDNEY CENTERS INC. TAX-DEFERRED

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

**1c** Effective date of plan 07/01/1984

**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)
CENTRAL FLORIDA KIDNEY CENTERS INC.

203 ERNESTINE ST
ORLANDO, FL 32801

**2b** Employer Identification Number (EIN)
59-1485025

**2c** Plan Sponsor's telephone number
407-843-6110

**2d** Business code (see instructions)
621399

**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. | 10/14/2026 | AMY KOZSUCH |
| | **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: | **4b** | EIN |
| **a** | Sponsor's name | **4d** | PN |
| **c** | Plan Name | | |

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 186 |
| **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)** | 125 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 129 |
| **b** | Retired or separated participants receiving benefits | **6b** | 2 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 65 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 196 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 196 |
| **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)** | 172 |
| **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)** | 181 |
| **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:

2F 2G 2L 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) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** | [X] Insurance | **(1)** | [X] Insurance |
| **(2)** | [ ] Code section 412(e)(3) insurance contracts | **(2)** | [ ] Code section 412(e)(3) insurance contracts |
| **(3)** | [X] Trust | **(3)** | [X] Trust |
| **(4)** | [ ] General assets of the sponsor | **(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
CENTRAL FLORIDA KIDNEY CENTERS INC. TAX-DEFERRED

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
CENTRAL FLORIDA KIDNEY CENTERS INC.

**D** Employer Identification Number (EIN)
59-1485025

**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
THE VARIABLE ANNUITY LIFE INSURANCE CO

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 74-1625348 | 70238 | 03329 | 45 | 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 | 344514 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 175829 |

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 | 334754 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 0 | | |
| | (2) Dividends and credits | 7c(2) | 0 | | |
| | (3) Interest credited during the year | 7c(3) | 12137 | | |
| | (4) Transferred from separate account | 7c(4) | 0 | | |
| | (5) Other (specify below) | 7c(5) | 0 | | |
| | ▶ * | | | | |
| | (6)Total additions | | | 7c(6) | 12137 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | 346891 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 2377 | | |
| | (2) Administration charge made by carrier | 7e(2) | 0 | | |
| | (3) Transferred to separate account | 7e(3) | 0 | | |
| | (4) Other (specify below) | 7e(4) | 0 | | |
| | ▶ * | | | | |
| | (5) Total deductions | | | 7e(5) | 2377 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 344514 |

## 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<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**This Form is Open to Public Inspection.** |

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

**A** Name of plan
CENTRAL FLORIDA KIDNEY CENTERS INC. TAX-DEFERRED

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
CENTRAL FLORIDA KIDNEY CENTERS INC.

**D** Employer Identification Number (EIN)
59-1485025

## 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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

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

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

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 64 | RECORDKEEPER | 46064 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

ONEDIGITAL TOPCO LLC

82-1434504

| (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? |
|---|---|---|---|---|---|---|
| 99 | SERVICE PROVIDER | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 19877 | Yes [ ] No [X] |

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

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

## Part I Service Provider Information (continued)

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

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

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

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

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

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

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

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

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

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

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

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

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

(complete as many entries as needed)

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

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

**A** Name of plan
CENTRAL FLORIDA KIDNEY CENTERS INC. TAX-DEFERRED

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
CENTRAL FLORIDA KIDNEY CENTERS INC.

**D** Employer Identification Number (EIN)
59-1485025

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 245245 | 181979 |
| **(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) | 8301582 | 9393567 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 334754 | 344514 |
| **(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 | 8881581 | 9920060 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | | |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | | |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 8881581 | 9920060 |

## 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) | 277686 | |
| **(B)** Participants | 2a(1)(B) | 467587 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 63506 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 808779 |
| **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) | 15673 | |
| **(F)** Other | 2b(1)(F) | 12137 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 27810 |
| **(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) | 445060 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 445060 |
| **(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) | | 749173 |
| c Other income | 2c | | 3511 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 2034333 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 902725 | |
| (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) | | 902725 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 47050 |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 44278 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 1086 | |
| (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) | 715 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 46079 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 995854 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 1038479 |
| 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: VEHRS & COMPANY, LLC **(2)** EIN: 86-1654346

**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 | | 1172 |
| **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
CENTRAL FLORIDA KIDNEY CENTERS INC. TAX-DEFERRED

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
CENTRAL FLORIDA KIDNEY CENTERS INC.

**D** Employer Identification Number (EIN)
59-1485025

## 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** |

**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): 71-0294708

**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 03 / 21 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500551A .

# CENTRAL FLORIDA KIDNEY CENTERS, INC. TAX-DEFERRED 403(B) PLAN

Financial Statements and
Supplemental Schedule

December 31, 2025

(With Independent Auditor's Report Thereon)

**CENTRAL FLORIDA KIDNEY CENTERS, INC. TAX-DEFERRED 403(B) PLAN**

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VEHRS & CO

**Report of Independent Auditor**

Board of Directors and Plan Administrator
Central Florida Kidney Centers, Inc.
Tax-Deferred 403(b) Plan
Orlando, Florida

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

We have performed audits of the accompanying financial statements of Central Florida Kidney Centers, Inc. Tax-Deferred 403(b) 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 statement of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year 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 Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

**Opinion**

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

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined 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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Central Florida Kidney Centers, Inc. Tax-Deferred 403(b) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

**Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Central Florida Kidney Centers, Inc. Tax-Deferred 403(b) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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, 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 Central Florida Kidney Centers, Inc. Tax-Deferred 403(b) Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Central Florida Kidney Centers, Inc. Tax-Deferred 403(b) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the 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 accounting principles generally accepted in the United States of America.

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

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

**Other Matters**

*Supplemental Schedules Required by ERISA*

The supplemental schedules, Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025, and Form 5500, Schedule H, Part IV, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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 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 Department of Labor'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 Department of Labor'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).




Vehrs & Company LLC
Winter Garden, Florida
October 14, 2026

**CENTRAL FLORIDA KIDNEY CENTERS, INC. TAX-DEFERRED 403(B) PLAN**

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

| | 2025 | 2024 |
|---|---|---|
| **Assets** | | |
| Investments: | | |
| Mutual funds, at fair value | $ 9,393,567 | $ 8,301,582 |
| Insurance company general accounts, at contract value | 344,514 | 334,754 |
| Total investments | 9,738,081 | 8,636,336 |
| Receivables: | | |
| Notes from participants | 181,979 | 245,245 |
| Total receivables | 181,979 | 245,245 |
| Total assets | $ 9,920,060 | $ 8,881,581 |
| **Liabilities** | $ - | $ - |
| **Net assets available for benefits** | $ 9,920,060 | $ 8,881,581 |



See accompanying notes to the financial statements and independent auditor's report.

**CENTRAL FLORIDA KIDNEY CENTERS, INC. TAX-DEFERRED 403(B) PLAN**

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2025

| | |
|---|---|
| Change to net assets attributed to: | |
| Investment activity: | |
| Net appreciation (depreciation) in fair value of investments | $ 749,173 |
| Interest and dividends | 457,197 |
| Total investment activity | 1,206,370 |
| Interest on notes receivable from participants | 15,673 |
| Other income | 3,511 |
| Contributions: | |
| Employer | 277,686 |
| Participants | 467,587 |
| Rollovers | 63,506 |
| Total contributions | 808,779 |
| Deductions: | |
| Benefits paid to participants | 902,725 |
| Deemed distributions | 47,050 |
| Administrative expenses | 46,079 |
| Total deductions | 995,854 |
| Net increase (decrease) | 1,038,479 |
| Net assets available for benefits, beginning of year | 8,881,581 |
| Net assets available for benefits, end of year | $ 9,920,060 |



See accompanying notes to the financial statements and independent auditor's report.

## (1) Plan Description

The following description of the Central Florida Kidney Centers, Inc. Tax-Deferred 403(b) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

### *General*

The Plan was established July 1, 1984, is classified as a defined-contribution plan covering all eligible employees of Central Florida Kidney Centers, Inc. (the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and is administered by the Plan administrator appointed by the Board of the Company. The Plan was effective July 1, 1984, restated on January 1, 1997, and amended most recently on April 22, 2024.

### *Contributions*

Immediately upon hire, employees of the Company may contribute a percentage of their compensation, as defined in the Plan, subject to Internal Revenue Code ("IRC") rules and limitations. Contribution deferral percentages can be changed throughout the year.

The Company may, at its discretion, elect to make qualified matching and discretionary contributions to the Plan. Employees who have completed one year of service, as defined by the Plan, and are age 21 or older are eligible to receive Company contributions. For the year ended December 31, 2025, the Company's matching contribution was 100% of participant deferrals up to 5% of the participant's compensation. For the year ended December 31, 2025, the Company elected not to make discretionary contributions to the Plan.

### *Participant Accounts*

A separate account is maintained for each participant. Each participant's account is credited with the participant's contribution, the Company's contribution, and allocations of Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings 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.

### *Investment Options*

Participants may direct their account balance among any of the investment options offered by the Plan. Participants may change their investment options at any time, with certain exceptions.

### *Vesting*

The vested portion of employer contributions, plus actual earnings thereon, is based on years of service. A participant is 20% vested after two years, with a 20% increase each succeeding year until becoming fully vested after the sixth year of service. A participant becomes fully vested if, while an employee, they reach their normal retirement age, die, or become permanently disabled.

**(1) Plan Description, continued**

***Forfeited Accounts***

Forfeited balances of terminated participants' non-vested accounts are used to reduce future Company contributions and pay Plan expenses. The unallocated forfeitures account, which consists of the unused balance of terminated participants' non-vested accounts, held no balance as of December 31, 2025 and 2024. During the year ended December 31, 2025, approximately $15,000 of forfeited account balances were used to reduce employer contributions to the Plan and pay Plan expenses.

***Notes Receivable from Participants***

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000, or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at a range of 4.25% to 9.50%. Principal and interest is paid ratably through bi-weekly payroll deductions over terms ranging from 1 to 6 years. Plan loans are measured at their unpaid principal balance plus any accrued unpaid interest. Interest income on plan loans is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2025 and 2024. When a participant loan is offset against the participant's vested account balance in accordance with the Plan's provisions, the outstanding loan balance is removed from notes receivable from participants and recognized as a distribution to the participant.

***Payment of Benefits***

Upon retirement or other separation from service, a participant is entitled to receive an amount equal to the vested portion of the balance in their account. The Plan provides for several benefit payment options. The Plan allows for in-service distributions if a participant reaches age 59½ and hardship distributions subject to Plan provisions. As of December 31, 2025, there were no unpaid amounts allocated to participants who elected to withdraw from the Plan.

***Hardship Withdrawals***

In the event funds are needed because of extreme financial hardship, as defined by the law, the participant may be allowed to make a withdrawal from his/her vested account balance from eligible accounts, as defined by the Plan. In accordance with the Internal Revenue Code (the Code), benefits withdrawn prior to age 59½ may be subject to additional taxes.

## (2) Summary of Significant Accounting Policies

### *Basis of Accounting*

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

### *Estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

### *Investment Valuation and Income Recognition*

The Plan's investments in mutual funds are reported at fair value and are valued at the reported closing net asset value ("NAV") of the shares held by the Plan at year end. NAV is based on the fair value of the funds' underlying investments, less any fund liabilities.

Purchases and sales of marketable securities are reflected on a trade-date basis. Interest income is recorded as earned on an accrual basis. Dividends are recorded on the ex-dividend date. Net change in fair value of investments includes the Plan's gains and losses on investments purchased and sold, as well as held during the year.

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

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts, because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions and reinvested income, less any withdrawals, plus accrued interest. The Plan's investments in the unallocated insurance company contracts are deemed to be fully benefit-responsive and are stated at contract value (see Note 5).

### *Contributions*

Contributions from Plan participants and the matching contributions from the Employer are recorded in the year in which the employee contributions are withheld from compensation.

**(2) Summary of Significant Accounting Policies, continued**

***Notes Receivable from Participants***

Principal and interest payments with respect to the notes are credited solely to the account of the borrowing participant from which the note was made. Participant notes receivable are measured at their unpaid principal balances, plus any accrued but unpaid interest. Delinquent notes are reclassified as distributions, based upon the terms of the Plan document.

***Payment of Benefits***

Benefits are recorded when they have been processed and paid by the Plan.

***Administration and Investment Expenses***

Certain administrative costs are paid by the Plan and are allocated to the individual participant accounts in accordance with the Plan document. Investment-related fees and commissions are netted against net change in fair value of investments. The Company has, at its discretion, elected to pay certain administrative expenses on behalf of the Plan.

***Subsequent Events***

In preparing the financial statements, the Company has evaluated events and transactions for potential recognition or disclosure through October 14, 2026, the date the financial statements were available to be issued.

**(3) Information Certified by the Plan Custodians**

Voya Retirement Insurance and Annuity Company ("Voya") and Variable Annuity Life Insurance Company ("VALIC") (collectively, the "Plan Custodians") hold the Plan's investments and execute all investment transactions. All investment and participant notes receivable information disclosed in the financial statements and accompanying supplemental schedule, including investments and participant notes receivable held at December 31, 2025 and 2024, net change in fair value of investments, interest on notes receivable from participants, and interest and dividend income for the year ended December 31, 2025, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the Plan Custodians.

## (4) Fair Value Measurement

The fair value of financial instruments is presented based upon a hierarchy of levels that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The three levels of the fair value hierarchy are described as follows:

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

**Level 2** Inputs to the valuation methodology that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

**Level 3** Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

| | December 31, 2025 | | | |
|---|---|---|---|---|
| | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Investments: | | | | |
| Mutual Funds | $ 9,393,567 | $ - | $ - | $ 9,393,567 |
| Investments at Fair Value | $ 9,393,567 | $ - | $ - | $ 9,393,567 |

| | December 31, 2024 | | | |
|---|---|---|---|---|
| | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Investments: | | | | |
| Mutual Funds | $ 8,301,582 | $ - | $ - | $ 8,301,582 |
| Investments at Fair Value | $ 8,301,582 | $ - | $ - | $ 8,301,582 |

There were no transfers of investments between fair value levels during the year ended December 31, 2025.

## (5) Fully Benefit-Responsive Investment Contracts

Investments in unallocated insurance company contracts are invested in the VALIC Fixed Account Plus and the VALIC Short Term Fixed Account. These funds are deemed to be fully benefit-responsive investment contracts and are reported at contract value. Contract value is the relevant measurement for fully benefit-responsive investment contracts, because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals and administrative expenses.

Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. However, withdrawals influenced by Company-initiated events, such as reallocation of investments, may result in a distribution at other than contract value, and are subject to certain restrictions. The Plan's ability to receive amounts due in accordance with fully benefit-responsive contracts is dependent on the contract issuer's ability to meet its financial obligations. Based on ongoing credit evaluations of these investments, there are no reserves against contract values for credit risk of the contract issuer or otherwise.

## (6) Investment Risk

The Plan has investments that are exposed to risk, such as interest rate, credit, and market risks. Due to the level of risk associated with certain investment securities, it is possible that changes in the value of investment securities may occur in the near term and that such change could materially affect the amounts reported in these financial statements.

The value, liquidity, and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

The Plan's investments are not insured or protected by the Plan Custodians, the Plan sponsor, the Pension Benefit Guaranty Corporation, or any other governmental agency; accordingly, the Plan is subject to the normal investment risks associated with similar investments.

## (7) Income Tax Status

The Plan has adopted a pre-approved plan document that received a favorable opinion/advisory letter from the Internal Revenue Service dated March 31, 2017, stating that the form of the Plan satisfies the applicable requirements of Section 403(b) of the Internal Revenue Code (IRC). Although the Plan has been amended since the date of the letter, the Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

**(8) Party-in-Interest**

During 2025, certain Plan investments were managed by the Plan Custodians and, therefore, these transactions qualify as party-in-interest transactions. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempted from the prohibition of party-in-interest transactions under ERISA.

**(9) Plan Termination**

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

# SUPPLEMENTAL SCHEDULES

**CENTRAL FLORIDA KIDNEY CENTERS, INC. TAX-DEFERRED 403(B) PLAN**

Form 5500 – Schedule H, Line 4(i)
Schedule of Assets (Held at End of Year)
EIN: 59-1485025
Plan Number: 001

December 31, 2025

| (a) | (b) Identity of Issuer, Borrower, Lessor, or Similar Party | (c) Description of Investment | (e) Current Value |
|---|---|---|---|
| | Mutual Funds: | | |
| | American Century | AmerCent Growth Fund | $ 1,560 |
| | American Funds | American Funds EuroPacific R6 | $ 12,036 |
| | Ariel Investments | Ariel Appreciation Fund | $ 604 |
| | Ariel Investments | Ariel Fund | $ 424 |
| | BlackRock Advisors | Mid Cap Growth Equity Inst | $ 82,000 |
| | BlackRock Advisors | Dividend Value Fund | $ 149 |
| | Burrow Hanley | Broad Cap Value Income Funds | $ 8 |
| | ClearBridge Investments | ClrBrg LgCp Grw Fnd I | $ 93,329 |
| | Columbia Threadneedle | VC I Capital Appreciation | $ 146 |
| | Delaware/MFS | International Opportunities Fund | $ 303 |
| | Dodge & Cox | Dodge & Cox Income Fd I | $ 15,935 |
| | Franklin Templeton | Foreign Value Fund | $ 357 |
| | Franklin Templeton | Global Strategy Fund | $ 3,377 |
| | Goldman/Wellington | Systematic Growth Fund | $ 78 |
| | Goldman Sachs | Systemic Core Fund | $ 363 |
| | Goldman Sachs | Government Money Market Fund | $ 16,228 |
| | Invesco | Global Real Estate Fund | $ 135 |
| | JP Morgan | Emerging Economies Fund | $ 513 |
| | JP Morgan | Government Securities Fund | $ 41,967 |
| | JP Morgan | Small Cap Value Fund | $ 246 |
| | JP Morgan | JPMorgan Mid Cap Value Fnd R6 | $ 3,080 |
| | Massachusetts Financial | Large Capital Growth Fund | $ 342 |
| | Morgan Stanley | Mid Cap Strategic Growth Fund | $ 358 |
| | Pimco Funds | PIMCO Income Fund Ins | $ 21,467 |
| | PineBridge | Core Bond Fund | $ 321 |
| | PineBridge | Inflation Protected Fund | $ 148 |
| | PineBridge | International Equities Fund | $ 855 |
| | Robert W. Baird & Co Inc. | Baird Short-Term Bond Fnd Ins | $ 636 |
| | SunAmerica | Mid Cap Index Fund | $ 5,914 |
| | SunAmerica | Small Cap Index Fund | $ 4,283 |



See Independent Auditor's Report.

**CENTRAL FLORIDA KIDNEY CENTERS, INC. TAX-DEFERRED 403(B) PLAN**

Form 5500 – Schedule H, Line 4(i)
Schedule of Assets (Held at End of Year) *(Continued)*
EIN: 59-1485025
Plan Number: 001

December 31, 2025

| (a) | (b) Identity of Issuer, Borrower, Lessor, or Similar Party | (c) Description of Investment | (e) Current Value |
|---|---|---|---|
| | Mutual Funds (continued): | | |
| | SunAmerica | U.S. Socially Responsible Fund | $ 653 |
| | SunAmerica | Int'l Socially Responsible Fund | $ 109 |
| | SunAmerica | Stock Index Fund | $ 27,952 |
| | T.Rowe Price | TRwPr Retirement I 2010 Fd I | $ 9,405 |
| | T.Rowe Price | TRwPr Retirement I 2020 Fd I | $ 115,651 |
| | T.Rowe Price | TRwPr Retirement I 2025 Fd I | $ 833,609 |
| | T.Rowe Price | TRwPr Retirement I 2030 Fd I | $ 1,105,123 |
| | T.Rowe Price | TRwPr Retirement I 2035 Fd I | $ 2,573,352 |
| | T.Rowe Price | TRwPr Retirement I 2040 Fd I | $ 1,379,442 |
| | T.Rowe Price | TRwPr Retirement I 2045 Fd I | $ 445,842 |
| | T.Rowe Price | TRwPr Retirement I 2050 Fd I | $ 747,420 |
| | T.Rowe Price | TRwPr Retirement I 2055 Fd I | $ 392,504 |
| | T.Rowe Price | TRwPr Retirement I 2060 Fd I | $ 36,122 |
| | T.Rowe Price | TRwPr Retirement I 2065 Fd I | $ 4,086 |
| | T.Rowe Price | TRwPr Retirement I Bal Fd I | $ 46,096 |
| | T.Rowe Price | TRwPr Science & Tech Fund | $ 889 |
| | Vanguard | Vangrd Wellington Fund | $ 5,005 |
| | Vanguard | Vangrd Windsor II Fund Investor Sh | $ 5,557 |
| | Vanguard | Vangrd 500 Index Fund Adm | $ 70,513 |
| | Vanguard | Vangrd Equity Income Fund Adm | $ 74,013 |
| | Vanguard | Vangrd Federal Mny Mkt Fd Inv | $ 923,795 |
| | Vanguard | Vangrd Mid-Cap Index Fund Adm | $ 6,335 |
| | Vanguard | Vangrd Sm-Cap Grw Index Fd Adm | $ 3,324 |
| | Vanguard | Vangrd Sm-Cap Vl Index Fnd Adm | $ 4,058 |
| | Vanguard | Vangrd Small-Cap Index Fnd Adm | $ 27,430 |
| | Vanguard | Vangrd Tot Bd Mkt Ind Fd Adm | $ 128,214 |
| | Vanguard | Vangrd Tot Int Stk In F Adm | $ 42,404 |
| | Vanguard | Vanguard Real Estate Indx Adm | $ 20,941 |
| | Wellington | High Yield Bond Fund | $ 56,561 |



See Independent Auditor's Report.

**CENTRAL FLORIDA KIDNEY CENTERS, INC. TAX-DEFERRED 403(B) PLAN**

Form 5500 – Schedule H, Line 4(i)
Schedule of Assets (Held at End of Year) *(Continued)*
EIN: 59-1485025
Plan Number: 001

December 31, 2025

| (a) | (b) Identity of Issuer, Borrower, Lessor, or Similar Party | (c) Description of Investment | (e) Current Value |
|---|---|---|---|
| | Insurance Company General Accounts: | | |
| * | VALIC | Fixed Account Plus | $ 335,306 |
| * | VALIC | Short Term Fixed Account | $ 9,208 |
| | Participant Loans: | | |
| * | Notes receivable from participants | Interest rate 4.25% - 9.5% | $ 181,979 |

** Party-in-interest*



See Independent Auditor's Report.

**CENTRAL FLORIDA KIDNEY CENTERS, INC. TAX-DEFERRED 403(B) PLAN**

Form 5500 – Schedule H, Line 4(a)
Schedule of Delinquent Participant Contributions
EIN: 59-1485025
Plan Number: 001

December 31, 2025

| Participant Contributions Transferred Late to Plan | | | Total that Constitutes Nonexempt Prohibited Transactions | | | |
|---|---|---|---|---|---|---|
| Check here if Late Participant Loan Repayments are included: | | | Contributions not corrected | Contributions corrected outside VFCP | Contributions pending correction in VFCP | Total Fully Corrected under VFCP and PTE 2002-51 |
| Amount Withheld | Date Withheld | Date Remitted | | | | |
| $ 1,868 | 9/12/2024 | 10/20/2025 | | $ 1,868 | | |
| $ 56 | 1/24/2025 | | $ 56 | | | |
| $ 1,008 | 6/27/2025 | | $ 1,008 | | | |
| $ 108 | 9/19/2025 | | $ 108 | | | |



See Independent Auditor's Report.

# Attachment to 2025 Form 5500

**Schedule H, line 4i - Schedule of Assets**
**(Held at End of Year)**
**CENTRAL FL KIDNEY CR 403B**
**EIN#59-1485025**
**Plan# 001**
**As of December 31, 2025**

| (a) | (b) Identity of issue, borrower,lessor or similar party | (c) Description of investments including maturity date,rate of interest, collateral, par, or maturity date | (d)Cost | (e) Current Value |
|---|---|---|---|---|
| | Amer Fnds EUPAC Fund R6 | Registered Investment Company | | $12,036.00 |
| | Baird Short-Term Bond Fnd Ins | Registered Investment Company | | $636.07 |
| | BlackRock Mid Cap Grw Eq Inst | Registered Investment Company | | $81,999.76 |
| | ClrBrg LgCp Grw Fnd I | Registered Investment Company | | $93,329.20 |
| | Dodge & Cox Income Fd I | Registered Investment Company | | $15,934.98 |
| | JPMorgan Mid Cap Value Fnd R6 | Registered Investment Company | | $2,657.63 |
| | PIMCO Income Fund Ins | Registered Investment Company | | $21,466.97 |
| | T Rowe Price Retire Balance I | Registered Investment Company | | $46,095.69 |
| | TRwPr Retirement 2010 Fund I | Registered Investment Company | | $9,404.75 |
| | TRwPr Retirement 2020 Fund I | Registered Investment Company | | $115,651.20 |
| | TRwPr Retirement 2025 Fund I | Registered Investment Company | | $833,608.47 |
| | TRwPr Retirement 2030 Fund I | Registered Investment Company | | $1,105,123.03 |
| | TRwPr Retirement 2035 Fund I | Registered Investment Company | | $2,573,351.92 |
| | TRwPr Retirement 2040 Fund I | Registered Investment Company | | $1,379,442.09 |
| | TRwPr Retirement 2045 Fund I | Registered Investment Company | | $445,841.81 |
| | TRwPr Retirement 2050 Fund I | Registered Investment Company | | $747,420.13 |
| | TRwPr Retirement 2055 Fund I | Registered Investment Company | | $392,504.32 |
| | TRwPr Retirement 2060 Fund I | Registered Investment Company | | $36,122.06 |
| | TRwPr Retirement 2065 Fund I | Registered Investment Company | | $4,086.15 |
| | Vangrd 500 Index Fund Adm | Registered Investment Company | | $70,512.53 |
| | Vangrd Equity Income Fund Adm | Registered Investment Company | | $74,012.71 |
| | Vangrd Federal Mny Mkt Fd Inv | Registered Investment Company | | $923,795.33 |

# Attachment to 2025 Form 5500

**Schedule H, line 4i - Schedule of Assets**
**(Held at End of Year)**
**CENTRAL FL KIDNEY CR 403B**
**EIN#59-1485025**
**Plan# 001**

| | | | | |
|---|---|---|---|---|
| | Vangrd Mid-Cap Index Fund Adm | Registered Investment Company | | $6,334.51 |
| | Vangrd Sm-Cap Grw Index Fd Adm | Registered Investment Company | | $3,324.02 |
| | Vangrd Sm-Cap Vl Index Fnd Adm | Registered Investment Company | | $4,058.15 |
| | Vangrd Small-Cap Index Fnd Adm | Registered Investment Company | | $27,430.00 |
| | Vangrd Tot Bd Mkt Ind Fd Adm | Registered Investment Company | | $128,214.43 |
| | Vangrd Tot Int Stk In F Adm | Registered Investment Company | | $42,403.54 |
| | Vanguard Real Estate Indx Adm | Registered Investment Company | | $20,940.79 |
| | LOAN FUND | Participant Loans - Rates 4.25% to 9.50% | | $181,978.85 |
| | TOTAL | | | $9,399,717.09 |

*** denotes party-in-interest**
**Column (d) is not required as the Plan investments are totally participant directed.**

# CENTRAL FLORIDA KIDNEY CENTERS, INC. TAX-DEFERRED 403(B) PLAN

Financial Statements and
Supplemental Schedule

December 31, 2025

(With Independent Auditor's Report Thereon)

**CENTRAL FLORIDA KIDNEY CENTERS, INC. TAX-DEFERRED 403(B) PLAN**

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VEHRS & CO

**Report of Independent Auditor**

Board of Directors and Plan Administrator
Central Florida Kidney Centers, Inc.
Tax-Deferred 403(b) Plan
Orlando, Florida

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

We have performed audits of the accompanying financial statements of Central Florida Kidney Centers, Inc. Tax-Deferred 403(b) 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 statement of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year 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 Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

**Opinion**

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

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined 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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Central Florida Kidney Centers, Inc. Tax-Deferred 403(b) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

**Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Central Florida Kidney Centers, Inc. Tax-Deferred 403(b) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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, 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 Central Florida Kidney Centers, Inc. Tax-Deferred 403(b) Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Central Florida Kidney Centers, Inc. Tax-Deferred 403(b) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the 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 accounting principles generally accepted in the United States of America.

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

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

**Other Matters**

*Supplemental Schedules Required by ERISA*

The supplemental schedules, Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025, and Form 5500, Schedule H, Part IV, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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 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 Department of Labor'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 Department of Labor'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).




Vehrs & Company LLC
Winter Garden, Florida
October 14, 2026

**CENTRAL FLORIDA KIDNEY CENTERS, INC. TAX-DEFERRED 403(B) PLAN**

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

| | 2025 | 2024 |
|---|---|---|
| **Assets** | | |
| Investments: | | |
| Mutual funds, at fair value | $ 9,393,567 | $ 8,301,582 |
| Insurance company general accounts, at contract value | 344,514 | 334,754 |
| Total investments | 9,738,081 | 8,636,336 |
| Receivables: | | |
| Notes from participants | 181,979 | 245,245 |
| Total receivables | 181,979 | 245,245 |
| Total assets | $ 9,920,060 | $ 8,881,581 |
| **Liabilities** | $ - | $ - |
| **Net assets available for benefits** | $ 9,920,060 | $ 8,881,581 |



See accompanying notes to the financial statements and independent auditor's report.

**CENTRAL FLORIDA KIDNEY CENTERS, INC. TAX-DEFERRED 403(B) PLAN**

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2025

| | |
|---|---|
| Change to net assets attributed to: | |
| Investment activity: | |
| Net appreciation (depreciation) in fair value of investments | $ 749,173 |
| Interest and dividends | 457,197 |
| Total investment activity | 1,206,370 |
| Interest on notes receivable from participants | 15,673 |
| Other income | 3,511 |
| Contributions: | |
| Employer | 277,686 |
| Participants | 467,587 |
| Rollovers | 63,506 |
| Total contributions | 808,779 |
| Deductions: | |
| Benefits paid to participants | 902,725 |
| Deemed distributions | 47,050 |
| Administrative expenses | 46,079 |
| Total deductions | 995,854 |
| Net increase (decrease) | 1,038,479 |
| Net assets available for benefits, beginning of year | 8,881,581 |
| Net assets available for benefits, end of year | $ 9,920,060 |



See accompanying notes to the financial statements and independent auditor's report.

## (1) Plan Description

The following description of the Central Florida Kidney Centers, Inc. Tax-Deferred 403(b) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

### *General*

The Plan was established July 1, 1984, is classified as a defined-contribution plan covering all eligible employees of Central Florida Kidney Centers, Inc. (the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and is administered by the Plan administrator appointed by the Board of the Company. The Plan was effective July 1, 1984, restated on January 1, 1997, and amended most recently on April 22, 2024.

### *Contributions*

Immediately upon hire, employees of the Company may contribute a percentage of their compensation, as defined in the Plan, subject to Internal Revenue Code ("IRC") rules and limitations. Contribution deferral percentages can be changed throughout the year.

The Company may, at its discretion, elect to make qualified matching and discretionary contributions to the Plan. Employees who have completed one year of service, as defined by the Plan, and are age 21 or older are eligible to receive Company contributions. For the year ended December 31, 2025, the Company's matching contribution was 100% of participant deferrals up to 5% of the participant's compensation. For the year ended December 31, 2025, the Company elected not to make discretionary contributions to the Plan.

### *Participant Accounts*

A separate account is maintained for each participant. Each participant's account is credited with the participant's contribution, the Company's contribution, and allocations of Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings 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.

### *Investment Options*

Participants may direct their account balance among any of the investment options offered by the Plan. Participants may change their investment options at any time, with certain exceptions.

### *Vesting*

The vested portion of employer contributions, plus actual earnings thereon, is based on years of service. A participant is 20% vested after two years, with a 20% increase each succeeding year until becoming fully vested after the sixth year of service. A participant becomes fully vested if, while an employee, they reach their normal retirement age, die, or become permanently disabled.

**(1) Plan Description, continued**

***Forfeited Accounts***

Forfeited balances of terminated participants' non-vested accounts are used to reduce future Company contributions and pay Plan expenses. The unallocated forfeitures account, which consists of the unused balance of terminated participants' non-vested accounts, held no balance as of December 31, 2025 and 2024. During the year ended December 31, 2025, approximately $15,000 of forfeited account balances were used to reduce employer contributions to the Plan and pay Plan expenses.

***Notes Receivable from Participants***

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000, or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at a range of 4.25% to 9.50%. Principal and interest is paid ratably through bi-weekly payroll deductions over terms ranging from 1 to 6 years. Plan loans are measured at their unpaid principal balance plus any accrued unpaid interest. Interest income on plan loans is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2025 and 2024. When a participant loan is offset against the participant's vested account balance in accordance with the Plan's provisions, the outstanding loan balance is removed from notes receivable from participants and recognized as a distribution to the participant.

***Payment of Benefits***

Upon retirement or other separation from service, a participant is entitled to receive an amount equal to the vested portion of the balance in their account. The Plan provides for several benefit payment options. The Plan allows for in-service distributions if a participant reaches age 59½ and hardship distributions subject to Plan provisions. As of December 31, 2025, there were no unpaid amounts allocated to participants who elected to withdraw from the Plan.

***Hardship Withdrawals***

In the event funds are needed because of extreme financial hardship, as defined by the law, the participant may be allowed to make a withdrawal from his/her vested account balance from eligible accounts, as defined by the Plan. In accordance with the Internal Revenue Code (the Code), benefits withdrawn prior to age 59½ may be subject to additional taxes.

## (2) Summary of Significant Accounting Policies

### *Basis of Accounting*

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

### *Estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

### *Investment Valuation and Income Recognition*

The Plan's investments in mutual funds are reported at fair value and are valued at the reported closing net asset value ("NAV") of the shares held by the Plan at year end. NAV is based on the fair value of the funds' underlying investments, less any fund liabilities.

Purchases and sales of marketable securities are reflected on a trade-date basis. Interest income is recorded as earned on an accrual basis. Dividends are recorded on the ex-dividend date. Net change in fair value of investments includes the Plan's gains and losses on investments purchased and sold, as well as held during the year.

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

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts, because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions and reinvested income, less any withdrawals, plus accrued interest. The Plan's investments in the unallocated insurance company contracts are deemed to be fully benefit-responsive and are stated at contract value (see Note 5).

### *Contributions*

Contributions from Plan participants and the matching contributions from the Employer are recorded in the year in which the employee contributions are withheld from compensation.

**(2) Summary of Significant Accounting Policies, continued**

***Notes Receivable from Participants***

Principal and interest payments with respect to the notes are credited solely to the account of the borrowing participant from which the note was made. Participant notes receivable are measured at their unpaid principal balances, plus any accrued but unpaid interest. Delinquent notes are reclassified as distributions, based upon the terms of the Plan document.

***Payment of Benefits***

Benefits are recorded when they have been processed and paid by the Plan.

***Administration and Investment Expenses***

Certain administrative costs are paid by the Plan and are allocated to the individual participant accounts in accordance with the Plan document. Investment-related fees and commissions are netted against net change in fair value of investments. The Company has, at its discretion, elected to pay certain administrative expenses on behalf of the Plan.

***Subsequent Events***

In preparing the financial statements, the Company has evaluated events and transactions for potential recognition or disclosure through October 14, 2026, the date the financial statements were available to be issued.

**(3) Information Certified by the Plan Custodians**

Voya Retirement Insurance and Annuity Company ("Voya") and Variable Annuity Life Insurance Company ("VALIC") (collectively, the "Plan Custodians") hold the Plan's investments and execute all investment transactions. All investment and participant notes receivable information disclosed in the financial statements and accompanying supplemental schedule, including investments and participant notes receivable held at December 31, 2025 and 2024, net change in fair value of investments, interest on notes receivable from participants, and interest and dividend income for the year ended December 31, 2025, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the Plan Custodians.

## (4) Fair Value Measurement

The fair value of financial instruments is presented based upon a hierarchy of levels that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The three levels of the fair value hierarchy are described as follows:

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

**Level 2** Inputs to the valuation methodology that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

**Level 3** Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

| | December 31, 2025 | | | |
|---|---|---|---|---|
| | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Investments: | | | | |
| Mutual Funds | $ 9,393,567 | $ - | $ - | $ 9,393,567 |
| Investments at Fair Value | $ 9,393,567 | $ - | $ - | $ 9,393,567 |

| | December 31, 2024 | | | |
|---|---|---|---|---|
| | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Investments: | | | | |
| Mutual Funds | $ 8,301,582 | $ - | $ - | $ 8,301,582 |
| Investments at Fair Value | $ 8,301,582 | $ - | $ - | $ 8,301,582 |

There were no transfers of investments between fair value levels during the year ended December 31, 2025.

## (5) Fully Benefit-Responsive Investment Contracts

Investments in unallocated insurance company contracts are invested in the VALIC Fixed Account Plus and the VALIC Short Term Fixed Account. These funds are deemed to be fully benefit-responsive investment contracts and are reported at contract value. Contract value is the relevant measurement for fully benefit-responsive investment contracts, because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals and administrative expenses.

Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. However, withdrawals influenced by Company-initiated events, such as reallocation of investments, may result in a distribution at other than contract value, and are subject to certain restrictions. The Plan's ability to receive amounts due in accordance with fully benefit-responsive contracts is dependent on the contract issuer's ability to meet its financial obligations. Based on ongoing credit evaluations of these investments, there are no reserves against contract values for credit risk of the contract issuer or otherwise.

## (6) Investment Risk

The Plan has investments that are exposed to risk, such as interest rate, credit, and market risks. Due to the level of risk associated with certain investment securities, it is possible that changes in the value of investment securities may occur in the near term and that such change could materially affect the amounts reported in these financial statements.

The value, liquidity, and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

The Plan's investments are not insured or protected by the Plan Custodians, the Plan sponsor, the Pension Benefit Guaranty Corporation, or any other governmental agency; accordingly, the Plan is subject to the normal investment risks associated with similar investments.

## (7) Income Tax Status

The Plan has adopted a pre-approved plan document that received a favorable opinion/advisory letter from the Internal Revenue Service dated March 31, 2017, stating that the form of the Plan satisfies the applicable requirements of Section 403(b) of the Internal Revenue Code (IRC). Although the Plan has been amended since the date of the letter, the Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

**(8) Party-in-Interest**

During 2025, certain Plan investments were managed by the Plan Custodians and, therefore, these transactions qualify as party-in-interest transactions. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempted from the prohibition of party-in-interest transactions under ERISA.

**(9) Plan Termination**

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

# SUPPLEMENTAL SCHEDULES

**CENTRAL FLORIDA KIDNEY CENTERS, INC. TAX-DEFERRED 403(B) PLAN**

Form 5500 – Schedule H, Line 4(i)
Schedule of Assets (Held at End of Year)
EIN: 59-1485025
Plan Number: 001

December 31, 2025

| (a) | (b) Identity of Issuer, Borrower, Lessor, or Similar Party | (c) Description of Investment | (e) Current Value |
|---|---|---|---|
| | Mutual Funds: | | |
| | American Century | AmerCent Growth Fund | $ 1,560 |
| | American Funds | American Funds EuroPacific R6 | $ 12,036 |
| | Ariel Investments | Ariel Appreciation Fund | $ 604 |
| | Ariel Investments | Ariel Fund | $ 424 |
| | BlackRock Advisors | Mid Cap Growth Equity Inst | $ 82,000 |
| | BlackRock Advisors | Dividend Value Fund | $ 149 |
| | Burrow Hanley | Broad Cap Value Income Funds | $ 8 |
| | ClearBridge Investments | ClrBrg LgCp Grw Fnd I | $ 93,329 |
| | Columbia Threadneedle | VC I Capital Appreciation | $ 146 |
| | Delaware/MFS | International Opportunities Fund | $ 303 |
| | Dodge & Cox | Dodge & Cox Income Fd I | $ 15,935 |
| | Franklin Templeton | Foreign Value Fund | $ 357 |
| | Franklin Templeton | Global Strategy Fund | $ 3,377 |
| | Goldman/Wellington | Systematic Growth Fund | $ 78 |
| | Goldman Sachs | Systemic Core Fund | $ 363 |
| | Goldman Sachs | Government Money Market Fund | $ 16,228 |
| | Invesco | Global Real Estate Fund | $ 135 |
| | JP Morgan | Emerging Economies Fund | $ 513 |
| | JP Morgan | Government Securities Fund | $ 41,967 |
| | JP Morgan | Small Cap Value Fund | $ 246 |
| | JP Morgan | JPMorgan Mid Cap Value Fnd R6 | $ 3,080 |
| | Massachusetts Financial | Large Capital Growth Fund | $ 342 |
| | Morgan Stanley | Mid Cap Strategic Growth Fund | $ 358 |
| | Pimco Funds | PIMCO Income Fund Ins | $ 21,467 |
| | PineBridge | Core Bond Fund | $ 321 |
| | PineBridge | Inflation Protected Fund | $ 148 |
| | PineBridge | International Equities Fund | $ 855 |
| | Robert W. Baird & Co Inc. | Baird Short-Term Bond Fnd Ins | $ 636 |
| | SunAmerica | Mid Cap Index Fund | $ 5,914 |
| | SunAmerica | Small Cap Index Fund | $ 4,283 |



See Independent Auditor's Report.

**CENTRAL FLORIDA KIDNEY CENTERS, INC. TAX-DEFERRED 403(B) PLAN**

Form 5500 – Schedule H, Line 4(i)
Schedule of Assets (Held at End of Year) *(Continued)*
EIN: 59-1485025
Plan Number: 001

December 31, 2025

| (a) | (b) Identity of Issuer, Borrower, Lessor, or Similar Party | (c) Description of Investment | (e) Current Value |
|---|---|---|---|
| | Mutual Funds (continued): | | |
| | SunAmerica | U.S. Socially Responsible Fund | $ 653 |
| | SunAmerica | Int'l Socially Responsible Fund | $ 109 |
| | SunAmerica | Stock Index Fund | $ 27,952 |
| | T.Rowe Price | TRwPr Retirement I 2010 Fd I | $ 9,405 |
| | T.Rowe Price | TRwPr Retirement I 2020 Fd I | $ 115,651 |
| | T.Rowe Price | TRwPr Retirement I 2025 Fd I | $ 833,609 |
| | T.Rowe Price | TRwPr Retirement I 2030 Fd I | $ 1,105,123 |
| | T.Rowe Price | TRwPr Retirement I 2035 Fd I | $ 2,573,352 |
| | T.Rowe Price | TRwPr Retirement I 2040 Fd I | $ 1,379,442 |
| | T.Rowe Price | TRwPr Retirement I 2045 Fd I | $ 445,842 |
| | T.Rowe Price | TRwPr Retirement I 2050 Fd I | $ 747,420 |
| | T.Rowe Price | TRwPr Retirement I 2055 Fd I | $ 392,504 |
| | T.Rowe Price | TRwPr Retirement I 2060 Fd I | $ 36,122 |
| | T.Rowe Price | TRwPr Retirement I 2065 Fd I | $ 4,086 |
| | T.Rowe Price | TRwPr Retirement I Bal Fd I | $ 46,096 |
| | T.Rowe Price | TRwPr Science & Tech Fund | $ 889 |
| | Vanguard | Vangrd Wellington Fund | $ 5,005 |
| | Vanguard | Vangrd Windsor II Fund Investor Sh | $ 5,557 |
| | Vanguard | Vangrd 500 Index Fund Adm | $ 70,513 |
| | Vanguard | Vangrd Equity Income Fund Adm | $ 74,013 |
| | Vanguard | Vangrd Federal Mny Mkt Fd Inv | $ 923,795 |
| | Vanguard | Vangrd Mid-Cap Index Fund Adm | $ 6,335 |
| | Vanguard | Vangrd Sm-Cap Grw Index Fd Adm | $ 3,324 |
| | Vanguard | Vangrd Sm-Cap Vl Index Fnd Adm | $ 4,058 |
| | Vanguard | Vangrd Small-Cap Index Fnd Adm | $ 27,430 |
| | Vanguard | Vangrd Tot Bd Mkt Ind Fd Adm | $ 128,214 |
| | Vanguard | Vangrd Tot Int Stk In F Adm | $ 42,404 |
| | Vanguard | Vanguard Real Estate Indx Adm | $ 20,941 |
| | Wellington | High Yield Bond Fund | $ 56,561 |



See Independent Auditor's Report.

**CENTRAL FLORIDA KIDNEY CENTERS, INC. TAX-DEFERRED 403(B) PLAN**

Form 5500 – Schedule H, Line 4(i)
Schedule of Assets (Held at End of Year) *(Continued)*
EIN: 59-1485025
Plan Number: 001

December 31, 2025

| (a) | (b) Identity of Issuer, Borrower, Lessor, or Similar Party | (c) Description of Investment | (e) Current Value |
|---|---|---|---|
| | Insurance Company General Accounts: | | |
| * | VALIC | Fixed Account Plus | $ 335,306 |
| * | VALIC | Short Term Fixed Account | $ 9,208 |
| | Participant Loans: | | |
| * | Notes receivable from participants | Interest rate 4.25% - 9.5% | $ 181,979 |

** Party-in-interest*



See Independent Auditor's Report.

**CENTRAL FLORIDA KIDNEY CENTERS, INC. TAX-DEFERRED 403(B) PLAN**

Form 5500 – Schedule H, Line 4(a)
Schedule of Delinquent Participant Contributions
EIN: 59-1485025
Plan Number: 001

December 31, 2025

| Participant Contributions Transferred Late to Plan | | | Total that Constitutes Nonexempt Prohibited Transactions | | | |
|---|---|---|---|---|---|---|
| Check here if Late Participant Loan Repayments are included: | | | Contributions not corrected | Contributions corrected outside VFCP | Contributions pending correction in VFCP | Total Fully Corrected under VFCP and PTE 2002-51 |
| Amount Withheld | Date Withheld | Date Remitted | | | | |
| $ 1,868 | 9/12/2024 | 10/20/2025 | | $ 1,868 | | |
| $ 56 | 1/24/2025 | | $ 56 | | | |
| $ 1,008 | 6/27/2025 | | $ 1,008 | | | |
| $ 108 | 9/19/2025 | | $ 108 | | | |



See Independent Auditor's Report.