

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 <h1 style="text-align: center;">2024</h1> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>VALEO BEHAVIORAL HEALTH CARE 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶ <u>002</u>
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) <u>VALEO BEHAVIORAL HEALTH CARE</u> <u>5401 SW 7TH STREET</u> <u>TOPEKA, KS 66606-2330</u>	1c Effective date of plan <u>01/01/2004</u> 2b Employer Identification Number (EIN) <u>48-0730326</u> 2c Plan Sponsor's telephone number <u>785-273-2252</u> 2d Business code (see instructions) <u>621420</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/23/2025	ANGIE HAGGARD
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	303
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	274
	6a(2)	243
	6b	9
	6c	40
	6d	292
	6e	0
	6f	292
	6g(1)	238
6g(2)	288	
6h	42	
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 Characteristics Codes in the instructions:
 2E 2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan VALEO BEHAVIORAL HEALTH CARE 401(K) PLAN</p>	<p>B Three-digit plan number (PN) ▶ 002</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 VALEO BEHAVIORAL HEALTH CARE</p>	<p>D Employer Identification Number (EIN) 48-0730326</p>	

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
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	GAP-CP-HP4N	33	01/01/2024	12/31/2024

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 0	(b) Total amount of fees paid 0
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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

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(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
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(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	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	773667
c Additions: (1) Contributions deposited during the year	7c(1)	64736
	7c(2)	
	7c(3)	14842
	7c(4)	3218289
	7c(5)	
(6) Total additions	7c(6)	3297867
d Total of balance and additions (add lines 7b and 7c(6))	7d	4071534
e Deductions:	7e(1)	79469
	7e(2)	1189
	7e(3)	3195021
	7e(4)	418
	7e(5)	
(5) Total deductions	7e(5)	3276097
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	795437

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan VALEO BEHAVIORAL HEALTH CARE 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 VALEO BEHAVIORAL HEALTH CARE	D Employer Identification Number (EIN) 48-0730326	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

PROACCOUNT

73-0988442

(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?
26	NONE	7551	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan VALEO BEHAVIORAL HEALTH CARE 401(K) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 VALEO BEHAVIORAL HEALTH CARE	D Employer Identification Number (EIN) 48-0730326

Part I	Asset and Liability Statement
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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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	15627	174681
(2) Participant contributions	1b(2)	22366	
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9428324	10424489
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	773667	795437
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	10239984	11394607
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	10239984	11394607

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)	619499	
(B) Participants.....	2a(1)(B)	759132	
(C) Others (including rollovers).....	2a(1)(C)	21520	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1400151
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	14842	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		14842
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1263383
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2678376

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1509470	
(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)		1509470
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	14283	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		14283
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1523753

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1154623
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

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

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **BT&CO., P.A.**

(2) EIN: **48-1066439**

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		600000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>VALEO BEHAVIORAL HEALTH CARE 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>VALEO BEHAVIORAL HEALTH CARE</u>	D Employer Identification Number (EIN) <u>48-0730326</u>	

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): 04-3157927

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

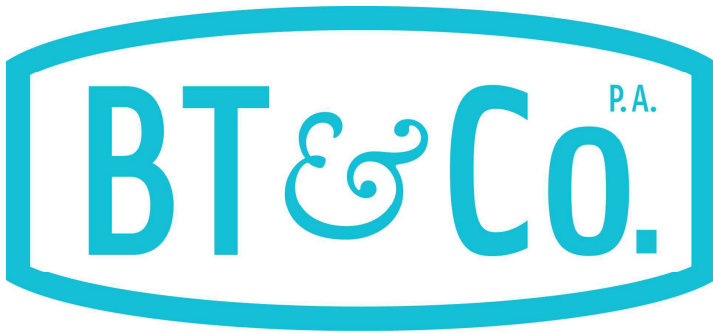
b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702615A.



Certified Public Accountants

VALEO BEHAVIORAL HEALTH CARE 401(k) PLAN

FINANCIAL STATEMENTS
WITH SUPPLEMENTARY INFORMATION
REQUIRED FOR FORM 5500
YEAR ENDED DECEMBER 31, 2024

VALEO BEHAVIORAL HEALTH CARE 401(k) PLAN
FINANCIAL STATEMENTS
WITH SUPPLEMENTARY INFORMATION
REQUIRED FOR FORM 5500
Year Ended December 31, 2024

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INDEPENDENT AUDITORS' REPORT

Board of Directors
Valeo Behavioral Health Care 401(k) Plan

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

We have performed audits of the financial statements of Valeo Behavioral Health Care 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, 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 Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

Other Matter

Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, 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 GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

BT & Co., P.A.

August 25, 2025
Topeka, Kansas

VALEO BEHAVIORAL HEALTH CARE 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023

	2024	2023
Assets:		
Investments, at fair value	\$ 10,424,489	\$ 9,428,324
Investments, at contract value	795,437	773,667
Total investments	11,219,926	10,201,991
Receivables:		
Employer contribution	174,681	15,627
Participant contributions	-	22,366
Total receivables	174,681	37,993
Net assets available for benefits	\$ 11,394,607	\$ 10,239,984

See accompanying notes to the financial statements.

VALEO BEHAVIORAL HEALTH CARE 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2024

Additions:	
Investment income:	
Net appreciation in fair value of investments	\$ 1,263,383
Interest and dividends	14,842
	<u>1,278,225</u>
Contributions:	
Employer	619,499
Participants	759,132
Rollovers	21,520
	<u>1,400,151</u>
Total additions	<u>2,678,376</u>
Deductions:	
Benefits paid to participants	1,509,470
Administrative expenses	14,283
	<u>1,523,753</u>
Net increase	1,154,623
Net assets available for benefits:	
Beginning of year	<u>10,239,984</u>
End of year	<u>\$ 11,394,607</u>

See accompanying notes to the financial statements.

VALEO BEHAVIORAL HEALTH CARE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024

1 - Description of the Plan

The following description of the Valeo Behavioral Health Care 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan organized under Section 401(k) of the Internal Revenue Code, covering substantially all full-time and part-time employees of Valeo Behavioral Health Care, Inc. and Valeo CRP, Inc., henceforth known as the Sponsors. Employees are eligible to make elective deferrals and receive employer matching contributions upon their hire date. Employees are qualified to receive additional employer discretionary profit sharing contributions once they have completed one year of service. Entry dates are the first day of each Plan year quarter coincident with or following the date the service requirements are satisfied. The Plan excludes persons employed on an hourly basis to provide after-hours emergency out-patient services and On-Call employees with job codes of ARPN, Mental Health Clinician, Senior Clinician, Case Manager, Afterhours Crisis Worker, Afterhours Clinicians, Receptionist, Recovery Specialist, Mental Health Technicians, Alcohol/Drug Technicians, Daily Living Counselors, Program Secretaries and Passrr Screeners. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Directors is responsible for the oversight of the Plan. Management of the Plan determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Board of Directors.

Contributions

Each year, participants may contribute a percentage of their annual compensation, as defined by the Plan. Participants may elect to have their salary deferrals as pre-tax contributions, or on an after-tax basis as a Roth deferral. Participants who have attained age 50 or older before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at four percent of eligible compensation and their contributions invested in a designated balanced fund until changed by the participant. During 2024, the Sponsors contributed 100% of the first 4% of base compensation that a participant contributes to the Plan. Additional profit sharing amounts may be contributed at the discretion of the Sponsors' Board of Directors. During 2024 there were profit sharing match contributions equal to 2% of base compensation. To be eligible for a profit sharing match, participants must be employed at the end of the Plan year in an eligible class and have worked 1,000 hours. All contributions are participant-directed. Contributions are subject to certain IRS limitations.

VALEO BEHAVIORAL HEALTH CARE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
(Continued)

Participant Accounts

Each participant's account is credited with the participant's contributions, an allocation of the Sponsors' discretionary matching contributions and profit sharing contributions, if applicable, contributions and Plan earnings and is charged for any withdrawals or distributions made by the participant and the participant's share of administrative fees and expenses paid out of the Plan. 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.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Sponsors' contribution portion of their account is based on years of continuous service. A participant is 100% vested after six years of continuous service.

Payment of Benefits

Upon termination of service, a participant with an account balance less than \$ 7,000 will receive a lump-sum amount equal to the value of the participant's account. A participant with an account balance greater than \$ 7,000 may elect to receive either a lump-sum amount equal to the value of the participant's account, installments sufficient to satisfy a required minimum distribution, or a direct rollover distribution. Participants can receive a distribution prior to separation from service if certain conditions are met. Hardship withdrawals are limited to the participant's portion of their account.

Administrative Expenses

Certain Plan administrative expenses are paid out of the Plan as a reduction in each participant's account. The Sponsors provide administrative services and pay certain administrative expenses on behalf of the Plan. As the Plan does not reimburse the Sponsors for the costs of such services, they are not included in these financial statements. Expenses relating to specific participant transactions (distribution requests) are charged directly against the appropriate participant's account. Investment related expenses are included in net appreciation of fair value of investments.

Forfeitures

At December 31, 2024 and 2023, forfeited nonvested accounts totaled \$ 66,028 and \$ 31,120, respectively. These accounts will be used to reduce administrative expenses or future employer contributions. During 2024, employer contributions were reduced by \$ 67,694 from forfeited nonvested accounts.

2 - Summary of Significant Accounting Policies

Basis of Accounting

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

VALEO BEHAVIORAL HEALTH CARE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
(Continued)

Investment Valuation and Income Recognition

The Plan's investments are recorded at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment advisor and the custodian. See Note 4 for discussion of fair value measurements and Note 5 for contract value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Subsequent Events

Subsequent events have been evaluated by management of the Plan through the date of the independent auditors' report, which is the date the financial statements were available to be issued.

In February 2025, the Valeo Board of Directors passed a motion that allowed Valeo to authorize and execute a memorandum of understanding (MOU) with Family Service and Guidance Center of Topeka, Inc. (FSGC) regarding a corporate merger. The MOU outlines the terms under which Valeo and FSGC will merge to form a single nonprofit entity, with a new name and the objective to enhance service delivery, improve operational efficiency, and ensure sustainability. A new Board of Directors will be formed with members from each existing organization for the merged entity. The merger is expected to be completed in 2026. Accordingly, the Family Service & Guidance Center of Topeka, Inc. Employees 401(k) Plan (FSGS Plan) will merge into the Plan and FSGS Plan participants will participate in the Plan. All FSGS Plan activity is expected to cease in 2025. In addition, the Plan will be transferring from Nationwide to Fidelity as custodian with the merger.

3 - Certified Investment Information

The following is a summary of the Plan's asset information as of December 31, 2024 and 2023, and for the year ended December 31, 2024, included throughout the Plan's financial statements and ERISA-required supplemental schedule, obtained by management and agreed to or derived from information

VALEO BEHAVIORAL HEALTH CARE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
(Continued)

certified as complete and accurate by Nationwide Trust Company, FSB (Nationwide), a qualified institution:

	2024	2023
Investments, at fair value	\$ 10,424,489	\$ 9,428,324
Investments, at contract value	795,437	773,667

Nationwide also certified to the completeness and accuracy of \$ 1,263,383 of net appreciation in fair value of investments and \$ 14,842 of interest and dividends related to the aforementioned assets for the year ended December 31, 2024.

4 - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 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 include
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2024 and 2023.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

VALEO BEHAVIORAL HEALTH CARE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
(Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

Assets at Fair Value as of December 31, 2024

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 10,424,489	\$ -	\$ -	\$ 10,424,489
Total assets at fair value	\$ 10,424,489	\$ -	\$ -	\$ 10,424,489

Assets at Fair Value as of December 31, 2023

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 9,428,324	\$ -	\$ -	\$ 9,428,324
Total assets at fair value	\$ 9,428,324	\$ -	\$ -	\$ 9,428,324

5 - Fully Benefit-Responsive Guaranteed Investment Contract

The Plan has a fully benefit-responsive guaranteed investment contract with Nationwide Life Insurance Company (Nationwide) totaling \$ 795,437 and \$ 773,667 as of December 31, 2024 and 2023, respectively. Nationwide maintains the contributions in the Fixed Select Contract. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer. The crediting rate is reviewed on a quarterly basis for resetting. For the years ended December 31, 2024 and 2023 the crediting rates were 1.70% and 2.06%, respectively. The guaranteed investment contract does not permit Nationwide to terminate the agreement prior to the scheduled maturity date.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure 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, as reported to the Plan by Nationwide, represents contributions made under the 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.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

VALEO BEHAVIORAL HEALTH CARE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
(Continued)

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletions of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the Trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, (4) a material amendment to the agreement without the consent of the issuer.

6 - Plan Termination

Although it has not expressed any intent to do so, the Sponsors have the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, no further contributions will be made to the Plan and participants would become 100 percent vested in their employer contributions.

7 - Tax Status

The Sponsors have adopted a pre-approved plan document that has received an opinion letter from the Internal Revenue Service (IRS) dated June 30, 2020, stating that the form of pre-approved plan document was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since adopting the pre-approved plan document, the Plan Administrator and the Plan's Tax Counsel believe the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8 - Related-Party and Party-in-Interest Transactions

Certain Plan investments are shares of mutual funds and a guaranteed investment contract managed by Nationwide. Nationwide is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Some investment management and administrative fees are paid by the Sponsors. Fees paid by the Plan for the year ended December 31, 2024 were \$ 14,283.

VALEO BEHAVIORAL HEALTH CARE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
(Continued)

9 - Risks and Uncertainties

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

SUPPLEMENTARY INFORMATION REQUIRED FOR FORM 5500

VALEO BEHAVIORAL HEALTH CARE 401(k) PLAN
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN NUMBER: 002 FEIN: 48-0730326
December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost ¹	Current value
*	Nationwide Trust Company, FSB	AB Global Bond Fund Class I	\$	19,304
*	Nationwide Trust Company, FSB	Aberdeen Global Equity Fund Class A		1,104
*	Nationwide Trust Company, FSB	Allspring Adjustable Rate Government Fund Institutional Class		59,387
*	Nationwide Trust Company, FSB	American Century Short Duration Inflation Protection Bond Fund Class R5		716
*	Nationwide Trust Company, FSB	American Funds New World Fund Class R6		66,942
*	Nationwide Trust Company, FSB	Avantis U.S. Large Cap Value Fund Institutional Class		63,535
*	Nationwide Trust Company, FSB	Avantis U.S. Small Cap Value Fund Institutional Class		16,417
*	Nationwide Trust Company, FSB	Baird Core Plus Bond Fund Institutional Class		203,872
*	Nationwide Trust Company, FSB	Baird Mid Cap Growth Fund Institutional Class		43,566
*	Nationwide Trust Company, FSB	Baird Short-Term Bond Fund Institutional Class		66,418
*	Nationwide Trust Company, FSB	BlackRock 80/20 Target Allocation Fund Institutional Class		35,051
*	Nationwide Trust Company, FSB	BlackRock High Yield Bond Portfolio Institutional Shares		43,226
*	Nationwide Trust Company, FSB	BlackRock High Yield Bond Portfolio Investor A Shares		1,359
*	Nationwide Trust Company, FSB	BlackRock Strategic Income Opportunities Portfolio Investor A Shares		38,408
*	Nationwide Trust Company, FSB	BlackRock Total Return Fund Investor A Shares		25,277
*	Nationwide Trust Company, FSB	BNY Mellon Global Fixed Income Fund Class I		72,515
*	Nationwide Trust Company, FSB	Cohen & Steers Real Estate Securities Fund, Inc. Class Z		56,675
*	Nationwide Trust Company, FSB	Columbia Select Large Cap Growth Fund Institutional 2 Class		1,550
*	Nationwide Trust Company, FSB	DFA Emerging Markets Core Equity Portfolio Institutional Class		60,441
*	Nationwide Trust Company, FSB	DFA U.S. Large Cap Value Portfolio Institutional Class		1,605
*	Nationwide Trust Company, FSB	Diamond Hill Mid Cap Fund Class I		32,257
*	Nationwide Trust Company, FSB	Dodge & Cox International Stock Fund Class I		78,337
*	Nationwide Trust Company, FSB	Federated Hermes Institutional High Yield Bond Fund Institutional Shares		161,623
*	Nationwide Trust Company, FSB	Fidelity 500 Index Fund		242,165
*	Nationwide Trust Company, FSB	Fidelity Inflation-Protected Bond Index Fund		12,526
*	Nationwide Trust Company, FSB	Fidelity International Index Fund		70,340
*	Nationwide Trust Company, FSB	Fidelity U.S. Bond Index Fund		65,504
*	Nationwide Trust Company, FSB	Goldman Sachs GQG Partners International Opportunities Fund Class R6		660,592
*	Nationwide Trust Company, FSB	Harbor International Fund Institutional Class		1,320
*	Nationwide Trust Company, FSB	Invesco Oppenheimer International Growth Fund Class A		1,261
*	Nationwide Trust Company, FSB	JPMorgan Equity Income Fund Class A		1,179
*	Nationwide Trust Company, FSB	JPMorgan Equity Income Fund Class R5		57,253
*	Nationwide Trust Company, FSB	JPMorgan Large Cap Growth Fund Class R6		60,273
*	Nationwide Trust Company, FSB	JPMorgan Mid Cap Value Fund Class A		309,170
*	Nationwide Trust Company, FSB	JPMorgan Small Cap Value Fund Class A		390
*	Nationwide Trust Company, FSB	Loomis Sayles Growth Fund Class A		1,312
*	Nationwide Trust Company, FSB	NYLI MacKay Total Return Bond Fund Class I		1,266
*	Nationwide Trust Company, FSB	Metropolitan West Total Return Bond Fund Class I		88,183
*	Nationwide Trust Company, FSB	MFS Mid Cap Growth Fund Class R6		32,697
*	Nationwide Trust Company, FSB	Nationwide Destination 2030 Fund Class R6		18,525

(Continued)

VALEO BEHAVIORAL HEALTH CARE 401(k) PLAN
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN NUMBER: 002 FEIN: 48-0730326
(Continued)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost ¹	Current value
*	Nationwide Trust Company, FSB	Nationwide Destination 2060 Fund Class R6	\$	11,389
*	Nationwide Trust Company, FSB	Nationwide Government Money Market Fund Class R6		66,028
*	Nationwide Trust Company, FSB	Nationwide Investor Destinations Aggressive Fund Service Class		592,476
*	Nationwide Trust Company, FSB	Nationwide Investor Destinations Conservative Fund Service Class		215,233
*	Nationwide Trust Company, FSB	Nationwide Investor Destinations Moderate Fund Service Class		683,591
*	Nationwide Trust Company, FSB	Nationwide Investor Destinations Moderately Aggressive Fund Service Class		470,486
*	Nationwide Trust Company, FSB	Nationwide Investor Destinations Moderately Conservative Fund Service Class		25,626
*	Nationwide Trust Company, FSB	Nationwide Loomis All Cap Growth Fund Class R6		66,293
*	Nationwide Trust Company, FSB	PGIM Global Real Estate Fund Class A		1,253
*	Nationwide Trust Company, FSB	PGIM Total Return Bond Fund Class A		714
*	Nationwide Trust Company, FSB	PGIM Total Return Bond Fund Class R6		46,479
*	Nationwide Trust Company, FSB	PIMCO CommodityRealReturn Strategy Fund Class A		28,365
*	Nationwide Trust Company, FSB	PIMCO Real Return Fund Institutional Class		25,111
*	Nationwide Trust Company, FSB	Principal Global Real Estate Securities Fund Institutional Class		31,690
*	Nationwide Trust Company, FSB	Putnam Large Cap Growth Fund Class A		1,304,368
*	Nationwide Trust Company, FSB	State Street Balanced Index Fund - Class K		501,135
*	Nationwide Trust Company, FSB	Templeton Global Bond Fund Class A		468
*	Nationwide Trust Company, FSB	Nuveen Lifecycle Index 2015 Fund R6 Class		34,760
*	Nationwide Trust Company, FSB	Nuveen Lifecycle Index 2020 Fund R6 Class		110,429
*	Nationwide Trust Company, FSB	Nuveen Lifecycle Index 2025 Fund R6 Class		84,206
*	Nationwide Trust Company, FSB	Nuveen Lifecycle Index 2030 Fund R6 Class		87,875
*	Nationwide Trust Company, FSB	Nuveen Lifecycle Index 2035 Fund R6 Class		224,345
*	Nationwide Trust Company, FSB	Nuveen Lifecycle Index 2040 Fund R6 Class		215,400
*	Nationwide Trust Company, FSB	Nuveen Lifecycle Index 2045 Fund R6 Class		176,945
*	Nationwide Trust Company, FSB	Nuveen Lifecycle Index 2050 Fund R6 Class		282,026
*	Nationwide Trust Company, FSB	Nuveen Lifecycle Index 2055 Fund R6 Class		116,689
*	Nationwide Trust Company, FSB	Nuveen Lifecycle Index 2060 Fund R6 Class		182,683
*	Nationwide Trust Company, FSB	Nuveen Lifecycle Index 2065 Fund R6 Class		64,260
*	Nationwide Trust Company, FSB	Vanguard Equity-Income Fund Admiral Shares		645,142
*	Nationwide Trust Company, FSB	Vanguard Explorer Fund Admiral Shares		17,028
*	Nationwide Trust Company, FSB	Vanguard FTSE Social Index Fund Admiral Shares		16,781
*	Nationwide Trust Company, FSB	Vanguard GNMA Fund Admiral Shares		223,433
*	Nationwide Trust Company, FSB	Vanguard Mid-Cap Index Fund Admiral Shares		31,027
*	Nationwide Trust Company, FSB	Vanguard Small-Cap Index Fund Admiral Shares		361,025
*	Nationwide Trust Company, FSB	Vanguard Total Bond Market Index Fund Admiral Shares		11,371
*	Nationwide Trust Company, FSB	Vanguard Total International Stock Index Fund Admiral Shares		90,537
*	Nationwide Trust Company, FSB	Vanguard Total Stock Market Index Fund Admiral Shares		225,449
*	Nationwide Trust Company, FSB	Vanguard Wellesley Income Fund Admiral Shares		1,988
*	Nationwide Trust Company, FSB	Victory Sycamore Established Value Fund Class R6		376,844
*	Nationwide Trust Company, FSB	Nationwide Fixed Select Contract		795,437

* Party-in-interest

¹ Column information is omitted because transactions are participant-directed.

VALEO BEHAVIORAL HEALTH CARE 401(k) PLAN
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN NUMBER: 002 FEIN: 48-0730326
December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost ¹	Current value
*	Nationwide Trust Company, FSB	AB Global Bond Fund Class I	\$	19,304
*	Nationwide Trust Company, FSB	Aberdeen Global Equity Fund Class A		1,104
*	Nationwide Trust Company, FSB	Allspring Adjustable Rate Government Fund Institutional Class		59,387
*	Nationwide Trust Company, FSB	American Century Short Duration Inflation Protection Bond Fund Class R5		716
*	Nationwide Trust Company, FSB	American Funds New World Fund Class R6		66,942
*	Nationwide Trust Company, FSB	Avantis U.S. Large Cap Value Fund Institutional Class		63,535
*	Nationwide Trust Company, FSB	Avantis U.S. Small Cap Value Fund Institutional Class		16,417
*	Nationwide Trust Company, FSB	Baird Core Plus Bond Fund Institutional Class		203,872
*	Nationwide Trust Company, FSB	Baird Mid Cap Growth Fund Institutional Class		43,566
*	Nationwide Trust Company, FSB	Baird Short-Term Bond Fund Institutional Class		66,418
*	Nationwide Trust Company, FSB	BlackRock 80/20 Target Allocation Fund Institutional Class		35,051
*	Nationwide Trust Company, FSB	BlackRock High Yield Bond Portfolio Institutional Shares		43,226
*	Nationwide Trust Company, FSB	BlackRock High Yield Bond Portfolio Investor A Shares		1,359
*	Nationwide Trust Company, FSB	BlackRock Strategic Income Opportunities Portfolio Investor A Shares		38,408
*	Nationwide Trust Company, FSB	BlackRock Total Return Fund Investor A Shares		25,277
*	Nationwide Trust Company, FSB	BNY Mellon Global Fixed Income Fund Class I		72,515
*	Nationwide Trust Company, FSB	Cohen & Steers Real Estate Securities Fund, Inc. Class Z		56,675
*	Nationwide Trust Company, FSB	Columbia Select Large Cap Growth Fund Institutional 2 Class		1,550
*	Nationwide Trust Company, FSB	DFA Emerging Markets Core Equity Portfolio Institutional Class		60,441
*	Nationwide Trust Company, FSB	DFA U.S. Large Cap Value Portfolio Institutional Class		1,605
*	Nationwide Trust Company, FSB	Diamond Hill Mid Cap Fund Class I		32,257
*	Nationwide Trust Company, FSB	Dodge & Cox International Stock Fund Class I		78,337
*	Nationwide Trust Company, FSB	Federated Hermes Institutional High Yield Bond Fund Institutional Shares		161,623
*	Nationwide Trust Company, FSB	Fidelity 500 Index Fund		242,165
*	Nationwide Trust Company, FSB	Fidelity Inflation-Protected Bond Index Fund		12,526
*	Nationwide Trust Company, FSB	Fidelity International Index Fund		70,340
*	Nationwide Trust Company, FSB	Fidelity U.S. Bond Index Fund		65,504
*	Nationwide Trust Company, FSB	Goldman Sachs GQG Partners International Opportunities Fund Class R6		660,592
*	Nationwide Trust Company, FSB	Harbor International Fund Institutional Class		1,320
*	Nationwide Trust Company, FSB	Invesco Oppenheimer International Growth Fund Class A		1,261
*	Nationwide Trust Company, FSB	JPMorgan Equity Income Fund Class A		1,179
*	Nationwide Trust Company, FSB	JPMorgan Equity Income Fund Class R5		57,253
*	Nationwide Trust Company, FSB	JPMorgan Large Cap Growth Fund Class R6		60,273
*	Nationwide Trust Company, FSB	JPMorgan Mid Cap Value Fund Class A		309,170
*	Nationwide Trust Company, FSB	JPMorgan Small Cap Value Fund Class A		390
*	Nationwide Trust Company, FSB	Loomis Sayles Growth Fund Class A		1,312
*	Nationwide Trust Company, FSB	NYLI MacKay Total Return Bond Fund Class I		1,266
*	Nationwide Trust Company, FSB	Metropolitan West Total Return Bond Fund Class I		88,183
*	Nationwide Trust Company, FSB	MFS Mid Cap Growth Fund Class R6		32,697
*	Nationwide Trust Company, FSB	Nationwide Destination 2030 Fund Class R6		18,525

(Continued)

VALEO BEHAVIORAL HEALTH CARE 401(k) PLAN
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN NUMBER: 002 FEIN: 48-0730326
(Continued)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost ¹	Current value
*	Nationwide Trust Company, FSB	Nationwide Destination 2060 Fund Class R6	\$	11,389
*	Nationwide Trust Company, FSB	Nationwide Government Money Market Fund Class R6		66,028
*	Nationwide Trust Company, FSB	Nationwide Investor Destinations Aggressive Fund Service Class		592,476
*	Nationwide Trust Company, FSB	Nationwide Investor Destinations Conservative Fund Service Class		215,233
*	Nationwide Trust Company, FSB	Nationwide Investor Destinations Moderate Fund Service Class		683,591
*	Nationwide Trust Company, FSB	Nationwide Investor Destinations Moderately Aggressive Fund Service Class		470,486
*	Nationwide Trust Company, FSB	Nationwide Investor Destinations Moderately Conservative Fund Service Class		25,626
*	Nationwide Trust Company, FSB	Nationwide Loomis All Cap Growth Fund Class R6		66,293
*	Nationwide Trust Company, FSB	PGIM Global Real Estate Fund Class A		1,253
*	Nationwide Trust Company, FSB	PGIM Total Return Bond Fund Class A		714
*	Nationwide Trust Company, FSB	PGIM Total Return Bond Fund Class R6		46,479
*	Nationwide Trust Company, FSB	PIMCO CommodityRealReturn Strategy Fund Class A		28,365
*	Nationwide Trust Company, FSB	PIMCO Real Return Fund Institutional Class		25,111
*	Nationwide Trust Company, FSB	Principal Global Real Estate Securities Fund Institutional Class		31,690
*	Nationwide Trust Company, FSB	Putnam Large Cap Growth Fund Class A		1,304,368
*	Nationwide Trust Company, FSB	State Street Balanced Index Fund - Class K		501,135
*	Nationwide Trust Company, FSB	Templeton Global Bond Fund Class A		468
*	Nationwide Trust Company, FSB	Nuveen Lifecycle Index 2015 Fund R6 Class		34,760
*	Nationwide Trust Company, FSB	Nuveen Lifecycle Index 2020 Fund R6 Class		110,429
*	Nationwide Trust Company, FSB	Nuveen Lifecycle Index 2025 Fund R6 Class		84,206
*	Nationwide Trust Company, FSB	Nuveen Lifecycle Index 2030 Fund R6 Class		87,875
*	Nationwide Trust Company, FSB	Nuveen Lifecycle Index 2035 Fund R6 Class		224,345
*	Nationwide Trust Company, FSB	Nuveen Lifecycle Index 2040 Fund R6 Class		215,400
*	Nationwide Trust Company, FSB	Nuveen Lifecycle Index 2045 Fund R6 Class		176,945
*	Nationwide Trust Company, FSB	Nuveen Lifecycle Index 2050 Fund R6 Class		282,026
*	Nationwide Trust Company, FSB	Nuveen Lifecycle Index 2055 Fund R6 Class		116,689
*	Nationwide Trust Company, FSB	Nuveen Lifecycle Index 2060 Fund R6 Class		182,683
*	Nationwide Trust Company, FSB	Nuveen Lifecycle Index 2065 Fund R6 Class		64,260
*	Nationwide Trust Company, FSB	Vanguard Equity-Income Fund Admiral Shares		645,142
*	Nationwide Trust Company, FSB	Vanguard Explorer Fund Admiral Shares		17,028
*	Nationwide Trust Company, FSB	Vanguard FTSE Social Index Fund Admiral Shares		16,781
*	Nationwide Trust Company, FSB	Vanguard GNMA Fund Admiral Shares		223,433
*	Nationwide Trust Company, FSB	Vanguard Mid-Cap Index Fund Admiral Shares		31,027
*	Nationwide Trust Company, FSB	Vanguard Small-Cap Index Fund Admiral Shares		361,025
*	Nationwide Trust Company, FSB	Vanguard Total Bond Market Index Fund Admiral Shares		11,371
*	Nationwide Trust Company, FSB	Vanguard Total International Stock Index Fund Admiral Shares		90,537
*	Nationwide Trust Company, FSB	Vanguard Total Stock Market Index Fund Admiral Shares		225,449
*	Nationwide Trust Company, FSB	Vanguard Wellesley Income Fund Admiral Shares		1,988
*	Nationwide Trust Company, FSB	Victory Sycamore Established Value Fund Class R6		376,844
*	Nationwide Trust Company, FSB	Nationwide Fixed Select Contract		795,437

* Party-in-interest

¹ Column information is omitted because transactions are participant-directed.