

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☐ a multiemployer plan☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)☒ 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
1a	Name of plan SIGNATURE HEALTHCARE RETIREMENT SAVINGS PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 01/01/2008
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) SIGNATURE HEALTHCARE BROCKTON HOSPITAL 680 CENTRE STREET BROCKTON, MA 02302-3395
2b	Employer Identification Number (EIN) 22-2472997
2c	Plan Sponsor's telephone number 508-941-7417
2d	Business code (see instructions) 622000

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.	07/23/2026	AMY DANDREA
	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 ☒ 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 3773
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) 2850 6a(2) 3168 6b 52 6c 860 6d 4080 6e 15 6f 4095 6g(1) 3402 6g(2) 3481 6h 61
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

2A 2F 2G 2L 2M 2R 2S 2T 3H 3D

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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 2
- (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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan SIGNATURE HEALTHCARE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 SIGNATURE HEALTHCARE BROCKTON HOSPITAL	D Employer Identification Number (EIN) 22-2472997	

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.
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1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL 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
35-0472300	65676	894503 007	207	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
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. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE		
b	Balance at the end of the previous year	7b	38472360
c	Additions: (1) Contributions deposited during the year	7c(1)	1266327
	(2) Dividends and credits	7c(2)	0
	(3) Interest credited during the year	7c(3)	621360
	(4) Transferred from separate account	7c(4)	367704
	(5) Other (specify below)	7c(5)	143631
	▶ MAY INCLUDE LOAN REPAYMENTS, FORFEITURES, TAKEOVERS AND/OR ADJUSTMENTS		
	(6) Total additions	7c(6)	2399022
d	Total of balance and additions (add lines 7b and 7c(6))	7d	40871382
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3040153
	(2) Administration charge made by carrier	7e(2)	16059
	(3) Transferred to separate account	7e(3)	20181443
	(4) Other (specify below)	7e(4)	154644
	▶ MAY INCLUDE LOANS ISSUED, FORFEITURES, FEES, CORRECTIVES AND/OR ADJUSTMENTS		
	(5) Total deductions	7e(5)	23392299
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	17479083

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan SIGNATURE HEALTHCARE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 SIGNATURE HEALTHCARE BROCKTON HOSPITAL	D Employer Identification Number (EIN) 22-2472997	

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.
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1 Coverage Information:

(a) Name of insurance carrier MUTUAL OF AMERICA 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
13-1614399	88668	007609-K	11	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	464747
5 Current value of plan's interest under this contract in separate accounts at year end	5	888473

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	905439
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c Additions: (1) Contributions deposited during the year	7c(1)	6802	
	7c(2)	0	
	7c(3)	21443	
	7c(4)		
	7c(5)		

(6) Total additions	7c(6)	28245
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d Total of balance and additions (add lines 7b and 7c(6))	7d	933684
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	468651	
(2) Administration charge made by carrier	7e(2)	286	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	468937
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	464747
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.

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

A Name of plan SIGNATURE HEALTHCARE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 SIGNATURE HEALTHCARE BROCKTON HOSPITAL	D Employer Identification Number (EIN) 22-2472997

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

AMERICAN CENTURY INVEST MGMT, INC. PO BOX 419786
KANSAS CITY, MO 64141-6786

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

AMERICAN FUNDS 399 PARK AVENUE, 34TH FLOOR
NEW YORK, NY 10022

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

CALVERT INVESTMENT MANAGEMENT, INC. 4550 MONTGOMERY AVENUE, SUITE 1000N
BETHESDA, MD 20814

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

DELAWARE FUNDS 610 MARKET STREET
PHILADELPHIA, PA 19106

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

DWS 875 3RD AVE
NEW YORK, NY 10022

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

FIDELITY MGMT & RESEARCH CO 82 DEVONSHIRE ST
BOSTON, MA 02109

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

GOLDMAN SACHS 200 WEST STREET
NEW YORK, NY 10282

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

MFS PO BOX 219341
KANSAS CITY, MO 64121

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

NEUBERGER BERMAN 1290 6TH AVE
NEW YORK, NY 10104

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

OPPENHEIMER FUNDS, INC. PO BOX 5270
DENVER, CO 80217-5270

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

PIMCO 840 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

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

T. ROWE PRICE ASSOCIATES, INC. 100 EAST PRATT STREET
BALTIMORE, MD 21202

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

THE VANGUARD GROUP

PO BOX 2600
VALLEY FORGE, PA 19482-2600

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

VICTORY FUNDS

280 PARK AVE
NEW YORK, NY 10017

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

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

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(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)

LINCOLN NATIONAL CORPORATION

35-1140070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	181528	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan 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.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan SIGNATURE HEALTHCARE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SIGNATURE HEALTHCARE BROCKTON HOSPITAL	D Employer Identification Number (EIN) 22-2472997	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
--------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:	SEPARATE ACCOUNT NO 2
---	-----------------------

b Name of sponsor of entity listed in (a):	MUTUAL OF AMERICA LIFE INSURANCE COMPANY
--	--

c EIN-PN 13-1614399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 888473
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
---	--

b Name of sponsor of entity listed in (a):	
--	--

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
----------	---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	
---	--

b Name of sponsor of entity listed in (a):	
--	--

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
----------	---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	
---	--

b Name of sponsor of entity listed in (a):	
--	--

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
----------	---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	
---	--

b Name of sponsor of entity listed in (a):	
--	--

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
----------	---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	
---	--

b Name of sponsor of entity listed in (a):	
--	--

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
----------	---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	
---	--

b Name of sponsor of entity listed in (a):	
--	--

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II**Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan SIGNATURE HEALTHCARE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 SIGNATURE HEALTHCARE BROCKTON HOSPITAL	D Employer Identification Number (EIN) 22-2472997	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1933794	2142941
(2) Participant contributions.....	1b(2)	423855	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2068710	1820847
(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)	1335332	1525543
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	831643	888473
(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)	185258624	238534508
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	39377798	17943830
(15) Other.....	1c(15)	682715	1521458

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e).....	1f	231912471	264377600

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness.....	1i		
1j Other liabilities.....	1j		
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

1l Net assets (subtract line 1k from line 1f).....	1l	231912471	264377600
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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)	4652400	
(B) Participants	2a(1)(B)	14364220	
(C) Others (including rollovers).....	2a(1)(C)	6373319	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		25389939
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	77767	
(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)	127102	
(F) Other	2b(1)(F)	642802	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		847671
(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)	13392282	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		13392282
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		91285
(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)		20234861
c Other income	2c		745670
d Total income. Add all income amounts in column (b) and enter total	2d		60701708

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	27964589	
(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)		27964589
f Corrective distributions (see instructions)	2f		53
g Certain deemed distributions of participant loans (see instructions)	2g		82421
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	186921	
(3) Recordkeeping fees	2i(3)	2595	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		189516
j Total expenses. Add all expense amounts in column (b) and enter total	2j		28236579

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		32465129
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: **BDO USA, P.C.**

(2) EIN: **13-5381590**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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.			

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan SIGNATURE HEALTHCARE RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 SIGNATURE HEALTHCARE BROCKTON HOSPITAL		D Employer Identification Number (EIN) 22-2472997
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-2647786 04-2456637		
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.....		3 736
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500796A.

Signature Healthcare Retirement Savings Plan

Financial Statements and ERISA-Required Supplemental Schedule

**As of December 31, 2025 and 2024
and for the Year Ended December 31, 2025**

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.



Signature Healthcare Retirement Savings Plan

Financial Statements and ERISA-Required Supplemental Schedule
As of December 31, 2025 and 2024 and for the Year Ended December 31, 2025

Signature Healthcare Retirement Savings Plan

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ERISA-Required Supplemental Schedule

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Note: Other schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

Independent Auditor's Report

The Plan Administrator
Signature Healthcare Retirement Savings Plan
Brockton, Massachusetts

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

We have performed audits of the financial statements of Signature Healthcare Retirement Savings 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). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of 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 (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- 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 (GAAP); and
- The certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by qualified institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).



Basis for Opinion

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.



- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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 certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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 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 Form 5500 - Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.



In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the 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 certified investment information in the supplemental schedule agrees to, or is derived from, in all material respects, the information prepared and certified by qualified institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C.

July 23, 2026

Financial Statements

Signature Healthcare Retirement Savings Plan

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2025	2024
Assets		
Investments, at fair value		
Mutual funds	\$ 238,534,508	\$ 185,258,624
Short-term investments	1,820,847	2,068,710
Pooled separate accounts	888,473	831,643
Brokerage account	1,521,458	682,715
Total Investments, at fair value	242,765,286	188,841,692
Investments, at contract value		
Guaranteed investment contracts	17,943,830	39,377,798
Total Investments	260,709,116	228,219,490
Receivables		
Employer contributions	2,142,941	1,933,794
Employee contributions	-	423,855
Notes receivable from participants	1,525,543	1,335,332
Total Receivables	3,668,484	3,692,981
Net Assets Available for Benefits	\$ 264,377,600	\$ 231,912,471

See accompanying notes to financial statements.

Signature Healthcare Retirement Savings Plan

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2025

Additions

Investment income:

Net appreciation in fair value of investments \$ 21,714,618

Interest and dividends 13,470,049

Total Investment Income 35,184,667

Interest income on notes receivable from participants 127,102

Contributions:

Participant 14,364,220

Employer, net of forfeitures 4,652,400

Rollovers 6,373,319

Total Contributions 25,389,939

Total Additions 60,701,708

Deductions

Benefits paid to participants 28,047,063

Administrative expenses 189,516

Total Deductions 28,236,579

Net Increase 32,465,129

Net Assets Available for Benefits, beginning of year 231,912,471

Net Assets Available for Benefits, end of year \$ 264,377,600

See accompanying notes to financial statements.

Signature Healthcare Retirement Savings Plan

Notes to Financial Statements

1. Description of Plan

The following description of the Signature Healthcare Retirement Savings Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution 403(b) plan covering all eligible employees of Signature Healthcare Brockton Hospital, Inc. and Signature Healthcare Medical Group, Inc. (collectively referred to as the Organization). Employees are eligible to make contributions the first day of the first payroll following their employment. Participants must be 21 years of age and are required to have completed 1,000 or more hours of service during a 12-month period immediately following their employment to be eligible for employer matching contributions and employer discretionary contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Board of Trustees is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Board of Trustees.

The Plan administrator, who is appointed by the Board of Trustees, has appointed Lincoln Financial Group Trust Company, Inc. (Lincoln); Fidelity Management Trust Company (Fidelity); and Mutual of America Life Insurance Company (MOA) to hold the Plan's investments and execute investment transactions.

Plan Restatement

Effective August 1, 2024, the Plan adopted the restated Plan document, which changed Plan compensation exclusions for purposes of employer and matching contributions. The adoption of the restated Plan document did not result in a material change to the design or operations of the Plan. There were no restatements to the Plan that occurred during 2025.

Contributions

Each year, participants may make elective contributions, as defined in the Plan, subject to certain Internal Revenue Service (IRS) limitations. An automatic deferral rate of 4% of compensation applies to all eligible participants who become a participant on or after January 1, 2018, and who do not complete a salary deferral election designating an alternate deferral percentage. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing rollover distributions from other qualified defined benefit or defined contribution plans, as defined by the Plan. Participants direct the investment of their contributions and employer contributions into various investment options offered by the Plan. The Organization matches Signature Healthcare Medical Group, Inc. employee contributions, for those employees not covered by a collective bargaining agreement, at a rate of \$0.50 on every dollar, subject to the maximum employer matching contribution of 4% of compensation. Any salary deferrals in excess of 4% of compensation will not be eligible for a matching contribution. The Organization matches Signature Healthcare Brockton Hospital, Inc. employee contributions, for those employees not covered by a collective bargaining agreement, at a rate of \$0.50 on every dollar, subject to the maximum employer matching contribution set forth below, which is based on the combined age and benefit service determined as of January 1 of each year.

Signature Healthcare Retirement Savings Plan

Notes to Financial Statements

Age Plus Benefit Service	Maximum Employer Matching Contribution
Less than 60	2% of compensation
60-79	3% of compensation
80 or more	4% of compensation

In addition to the matching contribution, the Organization may make employer discretionary contributions for those employees of Signature Healthcare Brockton Hospital, Inc. not covered by a collective bargaining agreement, equal to a percentage of compensation as shown below, which is based on the combined age and benefit service determined as of January 1 of each year. For Plan year 2025, the discretionary contributions are as follows:

Age Plus Benefit Service	Maximum Employer Matching Contribution
Less than 40	2.0% of compensation
40-59	2.5% of compensation
60-79	3.0% of compensation
80 or more	3.5% of compensation

If a participant is 55 years or older and has ten or more years of benefit service as of March 29, 2009, an additional employer discretionary contribution (55/10 contribution) will be made. For Plan year 2025, the 55/10 contribution is 1% of compensation.

Participant Accounts

Each participant's account is credited with the participant's contributions and the Organization's matching and discretionary contributions, as well as allocations of Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, deferrals, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investments

Participants may choose to invest contributions in one investment option or to allocate their contributions among several options offered by the Plan. Investment alternatives are offered by Lincoln, Fidelity, and MOA. Account balances may be transferred within investment options offered by the Plan.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Organization's matching and discretionary contributions, plus actual earnings thereon, is based on a three-year cliff vesting schedule. In the event of death, disability, or the attainment of age 65, participant's accounts become fully vested.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance, reduced by the highest outstanding loan

Signature Healthcare Retirement Savings Plan

Notes to Financial Statements

balance during the prior year before the date the loan is taken. The loans are secured by the balance in the participant's account. Each loan shall be repayable in substantially equal installments over the term not to exceed five years (or ten years if used to purchase a primary residence) and bear interest at a rate of the prime lending rate plus 1%, which is fixed for the term of the loan. If the participant terminates employment, any balance outstanding will be due immediately. Repayments are made directly to Lincoln by the participant.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant whose vested account balance exceeds \$5,000 may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or annual installments over a period not to exceed the participant's life expectancy. A participant whose vested account balance is \$5,000 or less and who has not commenced receiving installment payments will automatically receive an immediate lump-sum distribution equal to their vested account balance. In-service withdrawals are available in certain limited circumstances, as defined by the Plan. Hardship withdrawals are allowed for participants incurring an immediate and heavy financial need, as defined by the Plan. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution or a series of installment payments equal to the vested interest in his or her account paid out in equal annual installments over a set number of years.

Forfeited Accounts

At December 31, 2025 and 2024, forfeited non-vested accounts amounted to \$11,859 and \$26,335, respectively. These accounts will be used to reduce future employer contributions. In 2025, employer contributions were reduced by \$84,038 from forfeited accounts.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) 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 at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value, except the guaranteed investment contracts, which are 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 Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note 4 for discussion of fair value measurements.

Signature Healthcare Retirement Savings Plan

Notes to Financial Statements

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant's loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Organization. Expenses that are paid by the Organization are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation in fair value of investments.

Contributions Receivable

Participant contributions and any related employer matching contributions are recognized in the period during which the Company makes the respective payroll deduction from the participant's compensation. Non-elective/profit-sharing contributions are recorded in the relevant period in accordance with the terms in the Plan document.

Subsequent Events

The Plan has evaluated subsequent events through July 23, 2026, which is the date the financial statements were available to be issued.

Effective July 1, 2026, the Plan adopted a restated Plan document. The restatement included certain administrative and definitional updates, including changes to the definition of disability, revisions to the compensation definition for purposes of employer and matching contributions, expansion of Roth and in-plan Roth conversion provisions, and the addition of new in-service distribution categories.

On April 6, 2026, the Organization experienced a cyber event. Management is still evaluating the impact on the Plan, if any, from this event.

Signature Healthcare Retirement Savings Plan

Notes to Financial Statements

3. Certified Investments

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Lincoln, Fidelity, and MOA, the custodians of the Plan, and qualified institutions, have certified to the completeness and accuracy of all investments and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2025 and 2024, the ERISA-required supplemental Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025, and the related investment activity and interest income on notes receivable from participants reflected on the statement of changes in net assets available for benefits for the year ended December 31, 2025.

4. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy 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 - Valuations using unobservable inputs that are supported by little or no market activity and are significant to the fair value of the assets or liabilities.

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.

Signature Healthcare Retirement Savings Plan

Notes to Financial Statements

The following is a description of the valuation methodologies used for assets measured at fair value.

Mutual Funds - These are 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 and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Short-Term Investments - These are valued at the daily closing price as reported by the fund. Short-term investments held by the Plan are open-end money market funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The short-term investments held by the Plan are deemed to be actively traded.

Pooled Separate Accounts (PSA) - These are valued daily based on the market value of the underlying net assets in the separate account. The underlying net assets are mutual funds that are used to determine the unit value of the PSA which is not publicly quoted. The redemption frequency of the PSA is daily, and there are no redemption restrictions. There are no unfunded commitments related to the Plan's investment in the PSA.

Brokerage Account - Investments in the brokerage account are valued at the closing price reported in the active markets in which the individual securities are traded. Mutual fund investments held in the brokerage account are valued in the same manner as previously described.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value:

December 31, 2025

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 238,534,508	\$ -	\$ -	\$ 238,534,508
Short-term investments	1,820,847	-	-	1,820,847
Pooled separate accounts	-	888,473	-	888,473
Brokerage account	1,521,458	-	-	1,521,458
	\$ 241,876,813	\$ 888,473	\$ -	\$ 242,765,286

December 31, 2024

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 185,258,624	\$ -	\$ -	\$ 185,258,624
Short-term investments	2,068,710	-	-	2,068,710
Pooled separate accounts	-	831,643	-	831,643
Brokerage account	682,715	-	-	682,715
	\$ 188,010,049	\$ 831,643	\$ -	\$ 188,841,692

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

Signature Healthcare Retirement Savings Plan

Notes to Financial Statements

instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used at December 31, 2025 and 2024.

5. Investment Contracts with Insurance Companies

In 2025 and 2024, the Plan was invested in fully benefit-responsive guaranteed investment contracts with Lincoln and MOA. Lincoln and MOA individually maintain the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuers are contractually obligated to repay the principal and specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contracts are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contracts. Contract value, as reported to the Plan by Lincoln and MOA, represents contributions made under the contracts, 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. There are no reserves against contract value for credit risk of the contract issuers or otherwise. The contract value of the investment contracts at December 31, 2025 and 2024 was \$17,943,830 and \$39,377,798, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 1.00%. Such interest rates are reviewed on a quarterly basis for resetting. At December 31, 2025 and 2024, the Lincoln crediting interest rate was 3.0% and 3.10%, respectively. The MOA crediting interest rate was 2.65% and 3.00% at December 31, 2025 and 2024, respectively. The contracts do not have a maturity date.

Certain events limit the ability of the Plan to transact at contract value with the issuers. Such events include the following: (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 election 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, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are not probable of occurring.

6. Related Party Transactions and Party-in-Interest Transactions

Certain Plan investments are managed by Lincoln, Fidelity, and MOA. Lincoln, Fidelity, and MOA are the custodians, as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. The Plan made direct payments to the custodians regarding administrative expenses of \$189,516 in 2025. The Organization pays directly any other fees related to the Plan's operations. Certain employees of the Organization who participate in the Plan, perform administrative services to the Plan at no cost to the Plan. Participant notes receivable also qualify as party-in-interest transactions.

7. Plan Termination

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of

Signature Healthcare Retirement Savings Plan

Notes to Financial Statements

ERISA. In the event of Plan termination, participants would become 100% vested in the Organization's contributions.

8. Tax Status

The Plan has adopted a non-standardized pre-approved Plan document that received an opinion letter from the IRS dated November 29, 2024, stating that the Plan document is qualified under Section 403(b) of the Internal Revenue Code (IRC). Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan's administrator believes the Plan is currently designed and being operated in compliance with the IRC and that the Plan continues to be tax-exempt. Therefore, no provision for income taxes has been recorded.

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 (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or the DOL. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2025, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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 on the statements of net assets available for benefits.

ERISA Required Supplemental Schedule

Signature Healthcare Retirement Savings Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-2472997 Plan Number: 002

December 31, 2025

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Fair Value	
Mutual Funds				
* Fidelity	FID CONTRAFUND	\$	3,532,304	
* Fidelity	FID MAGELLAN		2,886,518	
* Fidelity	FID FREEDOM 2030 K		2,608,944	
* Fidelity	FID BLUE CHIP GR		2,172,021	
* Fidelity	FID FREEDOM 2040 K		1,929,342	
* Fidelity	FID 500 INDEX		1,581,801	
* Fidelity	FID BALANCED		1,339,690	
* Fidelity	FID GROWTH COMPANY		1,161,489	
* Fidelity	FID PURITAN		1,155,132	
* Fidelity	FID GROWTH & INC		1,017,365	
* Fidelity	FID SEL GOLD		1,016,312	
* Fidelity	FID FDM IDX 2020 IPR		977,769	
* Fidelity	FID ASSET MGR 85%		930,968	
* Fidelity	FID FREEDOM 2020 K		857,183	
* Fidelity	FID FOCUSED STOCK		722,566	
* Fidelity	FID ASSET MGR 70%		642,157	
* Fidelity	FID DIVERSIFD INTL		624,561	
* Fidelity	FID LOW PRICED STK		587,136	
* Fidelity	FID SEL SEMICONDUCT		576,545	
* Fidelity	FID GROWTH STRAT		558,124	
* Fidelity	FID FREEDOM 2025 K		486,454	
* Fidelity	FID SHORT TERM BOND		451,124	
* Fidelity	FID CAPITAL & INCOME		450,321	
* Fidelity	FID DIVIDEND GR		445,029	
* Fidelity	FID NEW MILLEN		385,291	
* Fidelity	FID FREEDOM 2015 K		316,551	
* Fidelity	FID INVST GR BD		312,609	
* Fidelity	FID STRATEGIC INCOME		307,154	
* Fidelity	FID VALUE		259,753	
* Fidelity	FID TOTAL MKT IDX		248,696	
* Fidelity	FID TOTAL BOND		202,614	
* Fidelity	FID INTERMED BOND		195,032	
* Fidelity	FID FDM IDX 2035 IPR		177,208	
* Fidelity	FID ASSET MGR 30%		175,381	
* Fidelity	FID EQUITY INC		173,177	

Signature Healthcare Retirement Savings Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
EIN: 22-2472997 **Plan Number: 002**

December 31, 2025

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Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Fair value	
Mutual Funds (cont.)				
* Fidelity	FID FREEDOM 2045 K	\$	163,916	
* Fidelity	FID US BOND IDX		163,683	
* Fidelity	FID SEL ENERGY		154,094	
* Fidelity	FID EQ DIV INCOME		149,305	
* Fidelity	FID FREEDOM 2035 K		146,842	
* Fidelity	FID NASDAQ COMP INDX		145,161	
* Fidelity	FID SEL HEALTHCARE		139,854	
* Fidelity	FID GNMA		138,860	
* Fidelity	FID OTC PORTFOLIO		133,674	
* Fidelity	FID EUROPE		131,798	
* Fidelity	FID CAPITAL APPREC		130,198	
* Fidelity	FID SEL TECHNOLOGY		128,149	
* Fidelity	FID SEL DEFENSE		123,945	
* Fidelity	FID GLOBAL EQ INCOME		122,870	
* Fidelity	FID MID CAP STOCK		122,531	
* Fidelity	FID MID CAP VALUE		113,582	
* Fidelity	FID LTD TERM GOVT		107,820	
* Fidelity	FID SEL SOFTWARE		105,012	
* Fidelity	FID DISCIPLND EQTY		104,271	
* Fidelity	FID OVERSEAS		98,073	
* Fidelity	FID LARGE CAP STOCK		84,501	
* Fidelity	FID ASSET MGR 60%		81,530	
* Fidelity	FID PACIFIC BASIN		77,161	
* Fidelity	FID SEL BANKING		75,534	
* Fidelity	FID EMERGING ASIA		73,297	
* Fidelity	FID SMALL CAP GROWTH		72,449	
* Fidelity	FID NATURAL RES		63,675	
* Fidelity	FID GLB EX US IDX		59,562	
* Fidelity	FID FLOAT RT HI INC		57,959	
* Fidelity	FID SEL TELECOMM		57,286	
* Fidelity	FID NEW MARKETS INC		56,600	
* Fidelity	FID EMERG MKTS DISC		56,532	
* Fidelity	FID INTL DISCOVERY		55,024	
* Fidelity	FID FIDELITY FUND		54,842	
* Fidelity	FID ENV ALT ENERGY		50,904	
* Fidelity	FID INTL INDEX		48,212	

Signature Healthcare Retirement Savings Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-2472997 Plan Number: 002

December 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Fair value
Mutual Funds (cont.)				
*	Fidelity	FIDELITY FINANCIALS	\$	47,742
*	Fidelity	FID SMALL CAP STOCK		47,666
*	Fidelity	FID STRAT REAL RET		46,088
*	Fidelity	FID INTL CAP APPR		39,780
*	Fidelity	FID FREEDOM 2050 K		36,325
*	Fidelity	FID SEL BIOTECH		34,807
*	Fidelity	FID CHINA REGION		34,022
*	Fidelity	FID CONSV INC BD		31,550
*	Fidelity	FID CANADA		31,209
*	Fidelity	FID SEL UTILITIES		30,141
*	Fidelity	FID REAL ESTATE INVS		29,288
*	Fidelity	FID INFL PR BD IDX		29,198
*	Fidelity	FID SEL MATERIALS		28,181
*	Fidelity	FID TELECOM & UTIL		26,786
*	Fidelity	FID EMERGING MKTS		26,116
*	Fidelity	FID STK SEL SM CAP		25,363
*	Fidelity	FID SEL CONS STAPLES		22,289
*	Fidelity	FID INTL VALUE		21,279
*	Fidelity	FID SEL HTH CARE SVC		21,229
*	Fidelity	FID SEL COMM SERV		20,922
*	Fidelity	FID ASSET MGR 20%		20,486
*	Fidelity	FID SEL PHARMACEUTCL		20,340
*	Fidelity	FID GLB COMDTY STK		19,888
*	Fidelity	FID BLUE CHIP VALUE		19,028
*	Fidelity	FID WORLDWIDE		17,064
*	Fidelity	FID ASSET MGR 50%		12,864
*	Fidelity	FID SM CAP IDX		11,519
*	Fidelity	FIDELITY GOVT INCOME		11,034
*	Fidelity	FID SEL ENT TECH SVC		10,114
*	Fidelity	FID SEL CHEMICALS		6,044
*	Fidelity	FID SEL CONS DISCR		5,858
*	Fidelity	FID INTL REAL ESTATE		4,902
*	Fidelity	FID SM CAP DISCOVERY		3,749
*	Fidelity	FID INTL SMALL CAP		3,060
*	Fidelity	FID SEL FINTECH		2,480
*	Fidelity	FID STRAT DIV & INC		2,403

Signature Healthcare Retirement Savings Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-2472997 Plan Number: 002

December 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Fair value
Mutual Funds (cont.)				
*	Fidelity	FID SMALL CAP VALUE	\$	829
	American	AMERICAN FUNDS 2025 TARGET DATE RETIREMENT CLASS R6		25,520,794
	American	AMERICAN FUNDS 2030 TARGET DATE RETIREMENT CLASS R6		23,416,491
	American	AMERICAN FUNDS 2035 TARGET DATE RETIREMENT CLASS R6		23,216,414
	American	AMERICAN FUNDS 2040 TARGET DATE RETIREMENT CLASS R6		19,608,757
	American	AMERICAN FUNDS 2050 TARGET DATE RETIREMENT CLASS R6		15,646,236
	American	AMERICAN FUNDS 2020 TARGET DATE RETIREMENT CLASS R6		14,393,018
	Vanguard	VANGUARD LARGE CAP INDEX INSTITUTIONAL SHARES		13,328,995
	American	AMERICAN FUNDS 2045 TARGET DATE RETIREMENT CLASS R6		12,734,348
	American	AMERICAN FUNDS 2055 TARGET DATE RETIREMENT CLASS R6		10,055,213
	American	AMERICAN FUNDS 2060 TARGET DATE RETIREMENT CLASS R6		4,327,361
	Vanguard	VANGUARD MID CAP INDEX ADMIRAL SHARES		4,251,105
	Vanguard	VANGUARD TOTAL BOND MARKET INDEX INSTITUTIONAL SHARES		3,688,980
	Baron	BARON DURABLE ADVANTAGE R6 SHARES		3,675,805
	JP Morgan	JPMORGAN US EQUITY CLASS R6		3,336,237
	Hartford Schrodgers	HARTFORD SCHRODERS INTERNATIONAL STOCK CLASS SDR		3,197,295
	Vanguard	VANGUARD DEVELOPED MARKETS INDEX ADMIRAL SHARES		2,551,855
	American	AMERICAN FUNDS AMERICAN MUTUAL CLASS R6		2,528,529
	Baron	BARON FOCUSED GROWTH R6 SHARES		2,314,492
	American	AMERICAN FUNDS 2065 TARGET DATE RETIREMENT CLASS R6		2,141,157
	Victory Sycamore	VICTORY SYCAMORE ESTABLISHED VALUE CLASS R6		1,992,855
	American	AMERICAN FUNDS AMERICAN BALANCED CLASS R6		1,886,708

Signature Healthcare Retirement Savings Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
EIN: 22-2472997 **Plan Number: 002**

December 31, 2025

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Fair value	
Mutual Funds (cont.)				
Guggenheim	GUGGENHEIM TOTAL RETURN BOND CLASS R6	\$	1,841,787	
Virtus	VIRTUS KAR SMALL CAP CORE CLASS R6		1,768,487	
Allspring	ALLSPRING REAL RETURN		1,315,655	
American	AMERICAN FUNDS 2015 TARGET DATE RETIREMENT CLASS R6		1,205,271	
Manning & Napier	MANNING & NAPIER HIGH YIELD BOND SERIES CLASS Z		832,369	
American	AMERICAN CENTURY SMALL CAP VALUE R6 CLASS		735,918	
Vanguard	VANGUARD ULTRA SHORT TERM BOND ADMIRAL SHARES		648,919	
American	AMERICAN FUNDS 2010 TARGET DATE RETIREMENT CLASS R6		346,491	
American	AMERICAN FUNDS 2070 TARGET DATE RETIREMENT CLASS R6		112,296	
Total Mutual Funds				238,534,508
Guaranteed Investment Contracts				
* Lincoln Financial Group	Lincoln Financial Group Stable Value		17,479,083	
* Mutual of America	MUTUAL OF AMERICA INTEREST ACCUMULATION ACCOUNT		464,747	
Total Guaranteed Investment Contracts				17,943,830
Short-Term Investments				
* Fidelity	FIDELITY Government Money Market Premium		829,528	
* Fidelity	FIDELITY Government Cash Reserve		573,037	
* Fidelity	FIDELITY Treasury Money Market		249,000	
* Fidelity	FIDELITY Government Money Market		169,282	
Total Short-Term Investments				1,820,847
Pooled Separate Accounts				
* Mutual of America	MoA Mid Cap Equity Index Fund Employee Pre-Tax		341,322	
* Mutual of America	Vanguard VIF Diversified Value Portfolio Employee Pre-Tax		125,522	
* Mutual of America	MoA Moderate Allocation Fund Employee Pre-Tax		92,033	
* Mutual of America	MoA Equity Index Fund Employee Pre-Tax		73,180	

Signature Healthcare Retirement Savings Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
EIN: 22-2472997 **Plan Number: 002**

December 31, 2025

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	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Fair value
	Pooled Separate Accounts (cont.)			
*	Mutual of America	Fidelity VIP Contrafund Portfolio Employee Pre-Tax	\$	68,819
*	Mutual of America	LVIP American Century Capital Appreciation Fund Employee Pre-Tax		31,962
*	Mutual of America	Fidelity VIP Asset Manager 50% Portfolio Employee Pre-Tax		30,724
*	Mutual of America	Vanguard VIF International Portfolio Employee Pre-Tax		26,285
*	Mutual of America	DWS Capital Growth VIP Employee Pre-Tax		16,657
*	Mutual of America	T. Rowe Price Blue Chip Growth Portfolio Employee Pre-Tax		13,834
*	Mutual of America	MoA Small Cap Growth Fund Employee Pre-Tax		13,672
*	Mutual of America	Fidelity VIP Equity-Income Portfolio Employee Pre-Tax		12,245
*	Mutual of America	MoA All America Fund Employee Pre-Tax		11,866
*	Mutual of America	Fidelity VIP Mid Cap Portfolio Employee Pre-Tax		6,970
*	Mutual of America	Invesco V.I. Main Street Fund Employee Pre-Tax		5,648
*	Mutual of America	MoA Balanced Fund Employee Pre-Tax		4,852
*	Mutual of America	MoA Aggressive Allocation Fund Employee Pre-Tax		4,707
*	Mutual of America	MoA Small Cap Value Fund Employee Pre-Tax		3,667
*	Mutual of America	Calvert VP SRI Balanced Portfolio Employee Pre-Tax		2,612
*	Mutual of America	PIMCO VIT Real Return Portfolio Employee Pre-Tax		893
*	Mutual of America	Vanguard VIF Real Estate Index Portfolio Employee Pre-Tax		532
*	Mutual of America	MoA Core Bond Fund Employee Pre-Tax		346
*	Mutual of America	MoA Mid Cap Value Fund Employee Pre-Tax		125
	Total Pooled Separate Accounts			888,473
	Brokerage Account			
*	Lincoln	Schwab Self Directed Brokerage Account		1,521,458
*	Participant Loans	Interest rates from 4.25% to 9.50%	-	1,525,543
	Total Investments, per Form 5500			\$ 262,234,659

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

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

ERISA Required Supplemental Schedule

Signature Healthcare Retirement Savings Plan

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December 31, 2025

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* Fidelity	FID FOCUSED STOCK		722,566	
* Fidelity	FID ASSET MGR 70%		642,157	
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* Fidelity	FID LOW PRICED STK		587,136	
* Fidelity	FID SEL SEMICONDUCT		576,545	
* Fidelity	FID GROWTH STRAT		558,124	
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* Fidelity	FID INTERMED BOND		195,032	
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* Fidelity	FID ASSET MGR 30%		175,381	
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Signature Healthcare Retirement Savings Plan

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Mutual Funds (cont.)				
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* Fidelity	FID US BOND IDX		163,683	
* Fidelity	FID SEL ENERGY		154,094	
* Fidelity	FID EQ DIV INCOME		149,305	
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* Fidelity	FID CAPITAL APPREC		130,198	
* Fidelity	FID SEL TECHNOLOGY		128,149	
* Fidelity	FID SEL DEFENSE		123,945	
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* Fidelity	FID SEL SOFTWARE		105,012	
* Fidelity	FID DISCIPLND EQTY		104,271	
* Fidelity	FID OVERSEAS		98,073	
* Fidelity	FID LARGE CAP STOCK		84,501	
* Fidelity	FID ASSET MGR 60%		81,530	
* Fidelity	FID PACIFIC BASIN		77,161	
* Fidelity	FID SEL BANKING		75,534	
* Fidelity	FID EMERGING ASIA		73,297	
* Fidelity	FID SMALL CAP GROWTH		72,449	
* Fidelity	FID NATURAL RES		63,675	
* Fidelity	FID GLB EX US IDX		59,562	
* Fidelity	FID FLOAT RT HI INC		57,959	
* Fidelity	FID SEL TELECOMM		57,286	
* Fidelity	FID NEW MARKETS INC		56,600	
* Fidelity	FID EMERG MKTS DISC		56,532	
* Fidelity	FID INTL DISCOVERY		55,024	
* Fidelity	FID FIDELITY FUND		54,842	
* Fidelity	FID ENV ALT ENERGY		50,904	
* Fidelity	FID INTL INDEX		48,212	

Signature Healthcare Retirement Savings Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
EIN: 22-2472997 **Plan Number: 002**

December 31, 2025

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Fair value	
Mutual Funds (cont.)				
* Fidelity	FIDELITY FINANCIALS	\$	47,742	
* Fidelity	FID SMALL CAP STOCK		47,666	
* Fidelity	FID STRAT REAL RET		46,088	
* Fidelity	FID INTL CAP APPR		39,780	
* Fidelity	FID FREEDOM 2050 K		36,325	
* Fidelity	FID SEL BIOTECH		34,807	
* Fidelity	FID CHINA REGION		34,022	
* Fidelity	FID CONSV INC BD		31,550	
* Fidelity	FID CANADA		31,209	
* Fidelity	FID SEL UTILITIES		30,141	
* Fidelity	FID REAL ESTATE INVS		29,288	
* Fidelity	FID INFL PR BD IDX		29,198	
* Fidelity	FID SEL MATERIALS		28,181	
* Fidelity	FID TELECOM & UTIL		26,786	
* Fidelity	FID EMERGING MKTS		26,116	
* Fidelity	FID STK SEL SM CAP		25,363	
* Fidelity	FID SEL CONS STAPLES		22,289	
* Fidelity	FID INTL VALUE		21,279	
* Fidelity	FID SEL HTH CARE SVC		21,229	
* Fidelity	FID SEL COMM SERV		20,922	
* Fidelity	FID ASSET MGR 20%		20,486	
* Fidelity	FID SEL PHARMACEUTCL		20,340	
* Fidelity	FID GLB COMDTY STK		19,888	
* Fidelity	FID BLUE CHIP VALUE		19,028	
* Fidelity	FID WORLDWIDE		17,064	
* Fidelity	FID ASSET MGR 50%		12,864	
* Fidelity	FID SM CAP IDX		11,519	
* Fidelity	FIDELITY GOVT INCOME		11,034	
* Fidelity	FID SEL ENT TECH SVC		10,114	
* Fidelity	FID SEL CHEMICALS		6,044	
* Fidelity	FID SEL CONS DISCR		5,858	
* Fidelity	FID INTL REAL ESTATE		4,902	
* Fidelity	FID SM CAP DISCOVERY		3,749	
* Fidelity	FID INTL SMALL CAP		3,060	
* Fidelity	FID SEL FINTECH		2,480	
* Fidelity	FID STRAT DIV & INC		2,403	

Signature Healthcare Retirement Savings Plan

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December 31, 2025

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Mutual Funds (cont.)				
*	Fidelity	FID SMALL CAP VALUE	\$	829
	American	AMERICAN FUNDS 2025 TARGET DATE RETIREMENT CLASS R6		25,520,794
	American	AMERICAN FUNDS 2030 TARGET DATE RETIREMENT CLASS R6		23,416,491
	American	AMERICAN FUNDS 2035 TARGET DATE RETIREMENT CLASS R6		23,216,414
	American	AMERICAN FUNDS 2040 TARGET DATE RETIREMENT CLASS R6		19,608,757
	American	AMERICAN FUNDS 2050 TARGET DATE RETIREMENT CLASS R6		15,646,236
	American	AMERICAN FUNDS 2020 TARGET DATE RETIREMENT CLASS R6		14,393,018
	Vanguard	VANGUARD LARGE CAP INDEX INSTITUTIONAL SHARES		13,328,995
	American	AMERICAN FUNDS 2045 TARGET DATE RETIREMENT CLASS R6		12,734,348
	American	AMERICAN FUNDS 2055 TARGET DATE RETIREMENT CLASS R6		10,055,213
	American	AMERICAN FUNDS 2060 TARGET DATE RETIREMENT CLASS R6		4,327,361
	Vanguard	VANGUARD MID CAP INDEX ADMIRAL SHARES		4,251,105
	Vanguard	VANGUARD TOTAL BOND MARKET INDEX INSTITUTIONAL SHARES		3,688,980
	Baron	BARON DURABLE ADVANTAGE R6 SHARES		3,675,805
	JP Morgan	JPMORGAN US EQUITY CLASS R6		3,336,237
	Hartford Schrodgers	HARTFORD SCHRODERS INTERNATIONAL STOCK CLASS SDR		3,197,295
	Vanguard	VANGUARD DEVELOPED MARKETS INDEX ADMIRAL SHARES		2,551,855
	American	AMERICAN FUNDS AMERICAN MUTUAL CLASS R6		2,528,529
	Baron	BARON FOCUSED GROWTH R6 SHARES		2,314,492
	American	AMERICAN FUNDS 2065 TARGET DATE RETIREMENT CLASS R6		2,141,157
	Victory Sycamore	VICTORY SYCAMORE ESTABLISHED VALUE CLASS R6		1,992,855
	American	AMERICAN FUNDS AMERICAN BALANCED CLASS R6		1,886,708

Signature Healthcare Retirement Savings Plan

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Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Fair value	
Mutual Funds (cont.)				
Guggenheim	GUGGENHEIM TOTAL RETURN BOND CLASS R6	\$	1,841,787	
Virtus	VIRTUS KAR SMALL CAP CORE CLASS R6		1,768,487	
Allspring	ALLSPRING REAL RETURN		1,315,655	
American	AMERICAN FUNDS 2015 TARGET DATE RETIREMENT CLASS R6		1,205,271	
Manning & Napier	MANNING & NAPIER HIGH YIELD BOND SERIES CLASS Z		832,369	
American	AMERICAN CENTURY SMALL CAP VALUE R6 CLASS		735,918	
Vanguard	VANGUARD ULTRA SHORT TERM BOND ADMIRAL SHARES		648,919	
American	AMERICAN FUNDS 2010 TARGET DATE RETIREMENT CLASS R6		346,491	
American	AMERICAN FUNDS 2070 TARGET DATE RETIREMENT CLASS R6		112,296	
Total Mutual Funds				238,534,508
Guaranteed Investment Contracts				
* Lincoln Financial Group	Lincoln Financial Group Stable Value		17,479,083	
* Mutual of America	MUTUAL OF AMERICA INTEREST ACCUMULATION ACCOUNT		464,747	
Total Guaranteed Investment Contracts				17,943,830
Short-Term Investments				
* Fidelity	FIDELITY Government Money Market Premium		829,528	
* Fidelity	FIDELITY Government Cash Reserve		573,037	
* Fidelity	FIDELITY Treasury Money Market		249,000	
* Fidelity	FIDELITY Government Money Market		169,282	
Total Short-Term Investments				1,820,847
Pooled Separate Accounts				
* Mutual of America	MoA Mid Cap Equity Index Fund Employee Pre-Tax		341,322	
* Mutual of America	Vanguard VIF Diversified Value Portfolio Employee Pre-Tax		125,522	
* Mutual of America	MoA Moderate Allocation Fund Employee Pre-Tax		92,033	
* Mutual of America	MoA Equity Index Fund Employee Pre-Tax		73,180	

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	Pooled Separate Accounts (cont.)			
*	Mutual of America	Fidelity VIP Contrafund Portfolio Employee Pre-Tax	\$	68,819
*	Mutual of America	LVIP American Century Capital Appreciation Fund Employee Pre-Tax		31,962
*	Mutual of America	Fidelity VIP Asset Manager 50% Portfolio Employee Pre-Tax		30,724
*	Mutual of America	Vanguard VIF International Portfolio Employee Pre-Tax		26,285
*	Mutual of America	DWS Capital Growth VIP Employee Pre-Tax		16,657
*	Mutual of America	T. Rowe Price Blue Chip Growth Portfolio Employee Pre-Tax		13,834
*	Mutual of America	MoA Small Cap Growth Fund Employee Pre-Tax		13,672
*	Mutual of America	Fidelity VIP Equity-Income Portfolio Employee Pre-Tax		12,245
*	Mutual of America	MoA All America Fund Employee Pre-Tax		11,866
*	Mutual of America	Fidelity VIP Mid Cap Portfolio Employee Pre-Tax		6,970
*	Mutual of America	Invesco V.I. Main Street Fund Employee Pre-Tax		5,648
*	Mutual of America	MoA Balanced Fund Employee Pre-Tax		4,852
*	Mutual of America	MoA Aggressive Allocation Fund Employee Pre-Tax		4,707
*	Mutual of America	MoA Small Cap Value Fund Employee Pre-Tax		3,667
*	Mutual of America	Calvert VP SRI Balanced Portfolio Employee Pre-Tax		2,612
*	Mutual of America	PIMCO VIT Real Return Portfolio Employee Pre-Tax		893
*	Mutual of America	Vanguard VIF Real Estate Index Portfolio Employee Pre-Tax		532
*	Mutual of America	MoA Core Bond Fund Employee Pre-Tax		346
*	Mutual of America	MoA Mid Cap Value Fund Employee Pre-Tax		125
	Total Pooled Separate Accounts			888,473
	Brokerage Account			
*	Lincoln	Schwab Self Directed Brokerage Account		1,521,458
*	Participant Loans	Interest rates from 4.25% to 9.50%	-	1,525,543
	Total Investments, per Form 5500			\$ 262,234,659

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

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