Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
AURORA BEHAVIORAL HEALTH SAVINGS & RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/2000

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 SERVICES, LLC

2065 COMPTON AVENUE
CORONA, CA 92881

2b Employer Identification Number (EIN)
38-3544748

2c Plan Sponsor's telephone number
248-905-5091

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.	10/15/2026	NANCY HITCHCOCK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	10112
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	8999
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	9577
b	Retired or separated participants receiving benefits	**6b**	27
c	Other retired or separated participants entitled to future benefits	**6c**	1198
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	10802
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	15
f	Total. Add lines **6d** and **6e**.	**6f**	10817
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	4583
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	4926
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
AURORA BEHAVIORAL HEALTH SAVINGS & RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SIGNATURE HEALTHCARE SERVICES, LLC

D Employer Identification Number (EIN)
38-3544748

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(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
84-0467907	68322	938891-01	269	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	2894699
5	Current value of plan's interest under this contract in separate accounts at year end	5	9

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	3236981
c	Additions: (1) Contributions deposited during the year	7c(1)	282741		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	45302		
	(4) Transferred from separate account	7c(4)	346493		
	(5) Other (specify below)	7c(5)	38086		
	▶ LOAN PAYMENTS				
	(6)Total additions			7c(6)	712622
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	3949603
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	798678		
	(2) Administration charge made by carrier	7e(2)	-3698		
	(3) Transferred to separate account	7e(3)	259924		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	1054904
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2894699

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

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

A Name of plan
AURORA BEHAVIORAL HEALTH SAVINGS & RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SIGNATURE HEALTHCARE SERVICES, LLC

D Employer Identification Number (EIN)
38-3544748

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	588369	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

RAYMOND JAMES

880 CARILLON PARKWAY
ST PETERSBURG, FL 33716

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	125838	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	21957	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

WALTER BOESKY & ASSOCIATES PC

17320 12 MILD RD STE 200
SOUTHFIELD, MI 48076-2105

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	17000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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.

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

A Name of plan
AURORA BEHAVIORAL HEALTH SAVINGS & RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SIGNATURE HEALTHCARE SERVICES, LLC

D Employer Identification Number (EIN)
38-3544748

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: FUTURE FUNDS SERIES ACCT II OF GWL

b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INS. CO.

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)
84-0467907-003	P	9

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT INDEX RETIREMENT R

b Name of sponsor of entity listed in (a): GREAT GRAY

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)
38-4065298-001	C	5196238

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT LARGE CAP VAL FDCLR

b Name of sponsor of entity listed in (a): GREAT GRAY

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)
38-7264527-001	C	1199818

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT INTL VAL FUND CL RJ

b Name of sponsor of entity listed in (a): GREAT GRAY

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)
38-4126285-589	C	137342

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT REAL ESTATE FND CL

b Name of sponsor of entity listed in (a): GREAT GRAY

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)
38-7264530-693	C	136273

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT EMERGING MARKETS FD

b Name of sponsor of entity listed in (a): GREAT GRAY

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)
38-7264529-692	C	466409

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT CORE BOND FUND CL R

b Name of sponsor of entity listed in (a): GREAT GRAY

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)
38-4139867-645	C	1373259

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT SMALL CAP GROWTH FD

b Name of sponsor of entity listed in (a): GREAT GRAY

c EIN-PN 83-3963451-650	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 200272

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT SMALL CAP VALUE FD

b Name of sponsor of entity listed in (a): GREAT GRAY

c EIN-PN 85-3975085-651	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43729

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT BALANCED FUND CL R

b Name of sponsor of entity listed in (a): GREAT GRAY

c EIN-PN 38-4139866-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1716750

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT INDEX 2050 R

b Name of sponsor of entity listed in (a): GREAT GRAY

c EIN-PN 38-4065307-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6153883

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT LARGE CAP GROWTH FD

b Name of sponsor of entity listed in (a): GREAT GRAY

c EIN-PN 38-4139869-647	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2043525

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT GLOBAL BOND FUND CL

b Name of sponsor of entity listed in (a): GREAT GRAY

c EIN-PN 38-7264531-694	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 173290

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT MULTI-SECTOR BOND R

b Name of sponsor of entity listed in (a): GREAT GRAY

c EIN-PN 38-4139871-649	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 448131

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT INDEX 2055 R

b Name of sponsor of entity listed in (a): GREAT GRAY

c EIN-PN 38-4065302-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7530862

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EQUITY INDEX I

b Name of sponsor of entity listed in (a): GREAT GRAY

c EIN-PN 20-3802168-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5147359

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK RUSSELL 2000 INDEX FUND R

b Name of sponsor of entity listed in (a): GREAT GRAY

c EIN-PN 20-3802587-004	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 468672

a Name of MTIA, CCT, PSA, or 103-12 IE:	MYWAYRETIREMENT MID CAP VAL FND CLR		
b Name of sponsor of entity listed in (a):	GREAT GRAY		
c EIN-PN 38-7264528-691	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	221741
a Name of MTIA, CCT, PSA, or 103-12 IE:	BLACKROCK MID CAP EQUITY INDEX CL I		
b Name of sponsor of entity listed in (a):	GREAT GRAY		
c EIN-PN 20-3802327-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	763046
a Name of MTIA, CCT, PSA, or 103-12 IE:	MYWAYRETIREMENT INTERNATIONAL GROWT		
b Name of sponsor of entity listed in (a):	GREAT GRAY		
c EIN-PN 38-4139868-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1000323
a Name of MTIA, CCT, PSA, or 103-12 IE:	BLACKROCK EAFE EQUITY INDEX FEE CLR		
b Name of sponsor of entity listed in (a):	GREAT GRAY		
c EIN-PN 20-3802495-007	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1070836
a Name of MTIA, CCT, PSA, or 103-12 IE:	BLACKROCK U.S. DEBT INDEX I		
b Name of sponsor of entity listed in (a):	GREAT GRAY		
c EIN-PN 20-3802445-010	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	639134
a Name of MTIA, CCT, PSA, or 103-12 IE:	MYWAYRETIREMENT INDEX 2040 R		
b Name of sponsor of entity listed in (a):	GREAT GRAY		
c EIN-PN 38-4065295-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5217975
a Name of MTIA, CCT, PSA, or 103-12 IE:	MYWAYRETIREMENT MID CAP GROWTH CLR		
b Name of sponsor of entity listed in (a):	GREAT GRAY		
c EIN-PN 38-4139870-648	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	736559
a Name of MTIA, CCT, PSA, or 103-12 IE:	MYWAYRETIREMENT COMMODITIES CL R		
b Name of sponsor of entity listed in (a):	GREAT GRAY		
c EIN-PN 38-7264532-695	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	168167
a Name of MTIA, CCT, PSA, or 103-12 IE:	BLACKROCK U.S. TIPS INDEX I		
b Name of sponsor of entity listed in (a):	GREAT GRAY		
c EIN-PN 38-4116832-510	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	479472
a Name of MTIA, CCT, PSA, or 103-12 IE:	MYWAYRETIREMENT INDEX 2060 R		
b Name of sponsor of entity listed in (a):	GREAT GRAY		
c EIN-PN 38-4065297-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4464377

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT INDEX 2035 R

b Name of sponsor of entity listed in (a): GREAT GRAY

c EIN-PN 38-4065300-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6271410

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT INDEX 2045 R

b Name of sponsor of entity listed in (a): GREAT GRAY

c EIN-PN 35-4065301-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6629546

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT INDEX 2030 R

b Name of sponsor of entity listed in (a): GREAT GRAY

c EIN-PN 38-4065294-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4529589

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT INDEX 2065 R

b Name of sponsor of entity listed in (a): GREAT GRAY

c EIN-PN 38-4139859-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2205048

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

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b Name of plan sponsor | **c** EIN-PN

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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
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
AURORA BEHAVIORAL HEALTH SAVINGS & RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SIGNATURE HEALTHCARE SERVICES, LLC

D Employer Identification Number (EIN)
38-3544748

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	1305830	1717216
(9) Value of interest in common/collective trusts	1c(9)	55321816	66830036
(10) Value of interest in pooled separate accounts	1c(10)	9	9
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3236981	2894699
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	59864636	71441960
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h		
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	59864636	71441960

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)	7	
(B) Participants	2a(1)(B)	10920997	
(C) Others (including rollovers)	2a(1)(C)	686466	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		11607470
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	120935	
(F) Other	2b(1)(F)	45305	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		166240
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		9676714
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		157298
d Total income. Add all **income** amounts in column (b) and enter total	2d		21607723
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9129473	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		9129473
f Corrective distributions (see instructions)	2f		36316
g Certain deemed distributions of participant loans (see instructions)	2g		111446
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	588369	
(4) IQPA audit fees	2i(4)	17000	
(5) Investment advisory and investment management fees	2i(5)	147795	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		753164
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		10030399
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		11577324
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: WALTER, BOESKY & ASSOCIATES, P.C. **(2)** EIN: 38-3629743

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
AURORA BEHAVIORAL HEALTH SAVINGS & RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SIGNATURE HEALTHCARE SERVICES, LLC

D Employer Identification Number (EIN)
38-3544748

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): 20-3691708

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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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 11 / 14 / 2022 (MM/DD/YYYY) and the Opinion Letter serial number Q702518A .

AURORA BEHAVIORAL
HEALTH SAVINGS & RETIREMENT PLAN

FINANCIAL STATEMENTS
and
SUPPLEMENTARY INFORMATION
with
REPORT OF INDEPENDENT CERTIFIED
PUBLIC ACCOUNTANT

December 31, 2025 AND 2024

AURORA BEHAVIORAL
HEALTH SAVINGS & RETIREMENT

AUDITED FINANCIAL STATEMENTS
For the Years Ended December 31, 2025 and 2024

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Walter, Boesky & Associates, P.C.
Certified Public Accountants
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INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Aurora Behavioral
Health Savings & Retirement Plan

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

We have performed audits of the accompanying financial statements of ABC Company Employee Benefit 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 years ended December 31, 2025 and 2024, and the related notes to the financial statements.

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

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

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in

all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 ABC Company Employee Benefit Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of ABC Company Employee Benefit 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 ABC Company Employee Benefit Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter—Supplemental Schedules Required by ERISA

The supplemental schedules of reportable transactions, schedule of assets at December 31, 2025 and 2024 and administrative expenses are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Watts, Boesky & Associates, P.C.

Southfield, Michigan
October 15, 2026

AURORA BEHAVIORAL
HEALTH SAVINGS & RETIEMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE
FOR PLAN BENEFITS

December 31,

	2025	2024
ASSETS		
Investments, at fair value	$ 66,830,045	$ 55,321,825
Investments, at contract value	2,894,699	3,236,981
Total Investments	69,724,744	58,558,806
Receivables:		
Loan Receivables	1,717,216	1,305,830
Total Receivables	1,717,216	1,305,830
Total Assets	71,441,960	59,864,636
Net Assets Available for Plan Benefits	$ 71,441,960	$ 59,864,636

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

AURORA BEHAVIORAL
HEALTH SAVINGS & RETIEMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS

Years Ended December 31,

	2025	2024
Additions to net assets attributed to:		
Contributions:		
Rollover	$ 686,466	$ 778,510
Forfeiture fees	158,003	143,920
Employer Contributions	(696)	(75)
Employee Contributions	10,920,997	9,999,122
Total Contributions	11,764,770	10,921,477
Investment Income:		
Net Appreciation/(Depreciation) in Fair Value of Investments	9,676,715	6,917,453
Participant Loan Interest	120,935	98,278
Interest and Dividends	45,302	49,342
Total Investment Income	9,842,952	7,065,073
Total Additions	21,607,722	17,986,550
Deductions from net assets attributed to:		
Benefits	9,129,472	12,855,914
Deemed Distributions	111,446	135,916
Corrective Distributions	36,316	-
Administrative Expenses	753,164	757,695
Total Deductions	10,030,398	13,749,525
Net Increase in Net Assets Available for Benefits	11,577,324	4,237,025
Net Assets at Beginning of Year	59,864,636	55,627,611
Net Assets at End of Year	$ 71,441,960	$ 59,864,636

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

Aurora Behavioral
Health Savings & Retirement Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2025 and 2024

NOTE A - DESCRIPTION OF THE BENEFIT PLAN

The following description of the Aurora Behavioral Health Savings & Retirement Plan provides only general trust information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

1. General

The Plan is a defined contribution plan covering all full-time employees of the Signature Healthcare Services, LLC who have 90 days of service and are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act (ERISA).

2. Contributions

Each year, participants may contribute up to 100 percent of pretax annual compensation, as defined in the Plan as long as it does not exceed the maximum deferral limits for the calendar year established by the Internal Revenue Service. 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 distributions from other qualified defined benefit or defined contribution plans. The Plan also provides for Aurora Behavioral to make discretionary matching contributions on pretax contributions in an amount to be determined by Aurora Behavioral Health Savings & Retirement Plan on an annual basis. Participants direct the investment of their contributions into various investment options offered by the Plan.

3. Participant Accounts

Each participant's account is credited with the participant's contribution and allocation of (a) the Aurora Behavioral Health Savings & Retirement Plan contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled to the benefit that can be provided from the participant's vested account.

4. Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Aurora Behavioral Health Savings & Retirement Plan contributions portion of their accounts is based on years of continuous service. A participant is 100 percent vested on a four year cliff schedule.

5. Notes Receivable From Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at rates that are prime rate plus 1 percent. Principal and interest is paid ratably through payroll deductions.

NOTE A - DESCRIPTION OF THE BENEFIT PLAN - (Continued)

6. Investment Options

Upon enrollment in the Plan, a participant may direct contributions and account in 5 % increments in any of the following investment options. Participants may change their investment options daily.

Empower Lifetime 2045 Svc seeks to achieve its objective by investing in a professionally selected mix of underlying funds that is tailored for investors planning to retire in (or otherwise begin using the invested funds on), or close to, 2045 (which is assumed to be at age 65). It is designed for investors who plan to withdraw the value of their account in the fund gradually after retirement. While the fund is non-diversified, it invests in diversified underlying holdings.

Empower Lifetime 2055 Svc seeks to achieve its objective by investing in a professionally selected mix of underlying funds that is tailored for investors planning to retire in (or otherwise begin using the invested funds on), or close to, 2055 (which is assumed to be at age 65). It is designed for investors who plan to withdraw the value of their account in the fund gradually after retirement. While the fund is non-diversified, it invests in diversified underlying holdings.

Empower Investments Fixed Account - Series Class I seeks to achieve consistent returns to support a competitive credit rate. Bonds invested in the general account segment have an average maturity between three and seven years; are investment grade in quality; and are diversified across a range of fixed-income asset classes such as asset-backed securities mortgage-backed securities, commercial mortgage-backed securities, commercial mortgages, private equity, etc.

BlackRock EAFE Equity Index Fund CL R seeks to achieve investment results that are similar to the price and yield performance, before fees and expenses, of the MSCI EAFE Index. To implement this objective, the Fund will be invested in the EAFE Equity Index Fund F (the "Underlying Fund") managed by BlackRock Institutional Trust Company, N.A.

BlackRock Equity Index 1 seeks to achieve investment results that are similar to the price and yield performance, before fees and expenses, of the S&P 500 Index. To implement this objective, the Fund will be invested in the Equity Index Fund F (the "Underlying Fund") managed by BlackRock Institutional Trust Company, N.A.

BlackRock Mid Cap Equity Index Fund CL I seek to achieve investment results that are similar to the price and yield performance, before fees and expenses, of the S&P MidCap 400 Index. To implement this objective, the Fund will be invested in the Mid Capitalization Equity Index Fund F (the "Underlying Fund") managed by BlackRock Institutional Trust Company, N.A.

BlackRock Russell 2000 Index Fund R seeks to achieve investment results that are similar to the price and yield performance, before fees and expenses, of the Russell 2000® Index.

NOTE A - DESCRIPTION OF THE BENEFIT PLAN - (Continued)

6. Investment Options (Continued)

To implement this objective, the Fund will be invested in the Russell 2000® Index Fund F (the "Underlying Fund") managed by BlackRock Institutional Trust Company, N.A.

BlackRock U.S. Debt Index 1 seeks to achieve investment results that are similar to the price and yield performance, before fees and expenses, of the Bloomberg U.S. Aggregate Bond Index. To implement this objective, the Fund will be invested in the U.S. Debt Index Fund F (the "Underlying Fund") managed by BlackRock Institutional Trust Company, N.A.

BlackRock U.S. Tips Index 1 seeks to achieve investment results that correspond generally to the price and yield performance, before fees and expenses, of the Bloomberg U.S. Treasury Inflation Protected Securities (TIPS) Index. To implement this objective, the Fund will be invested in the U.S. Treasury Inflation Protected Securities Fund F (the "Underlying Fund") managed by BlackRock Institutional Trust Company, N.A.

MyWayRetirement Balanced Fund CL R seeks to provide capital growth, current income, and preservation of capital through a portfolio of stocks and fixed income securities. To implement its objective, the Fund will be invested in the Great Gray Trust - T. Rowe Price Balanced CIT (the "Underlying Fund").

MyWayRetirement Commodities Fund CL R seeks to provide long-term total return by investing in commodity-related instruments. To implement its objective, the Fund will be invested in the Wellington CIT II Commodities Fund (the "Underlying Fund").

MyWayRetirement Core Bond Fund CL R seeks long-term capital appreciation by investing in a full spectrum of investment-grade securities. To implement its objective, the Fund will be invested in Fidelity's FIAM Broad Market Duration Commingled Pool as the underlying fund.

MyWayRetirement Emerging Markets FD CL R seeks total return and to outperform its benchmark and its peers over the full market cycle. To implement its objective, the Fund will be invested in the BlackRock Emerging Markets Fund.

MyWayRetirement Global Bond Fund CL R seek total return. To implement this objective, the Fund invests in the MFS Global Aggregate Opportunistic Fixed Income CIT, (the "Underlying Fund"), a collective investment fund offered by MFS Heritage Trust Company, "MHTC." The Underlying Fund normally invests primarily debt instruments of U.S. and foreign issuers, including emerging markets issuers.

MyWayRetirement Index 2026 R seeks to provide long-term investors with an asset allocation strategy designed to maximize assets for retirement consistent with the projected retirement date associated with each fund.

NOTE A - DESCRIPTION OF THE BENEFIT PLAN - (Continued)

6. Investment Options (Continued)

MyWayRetirement Index 2030 R seeks to provide long-term investors with an asset allocation strategy designed to maximize assets for retirement consistent with the risk that investors may be willing to accept given their investment time horizon. To implement this objective, the Fund will be invested in the BlackRock LifePath® Portfolio Index 2030 Fund F (the "Underlying Fund") managed by BlackRock Institutional Trust Company, N.A.

MyWayRetirement Index 2035 R seeks to provide long-term investors with an asset allocation strategy designed to maximize assets for retirement consistent with the risk that investors may be willing to accept given their investment time horizon. To implement this objective, the Fund will be invested in the BlackRock LifePath® Portfolio Index 2035 Fund F (the "Underlying Fund") managed by BlackRock Institutional Trust Company, N.A.

MyWayRetirement Index 2040 R seeks to provide long-term investors with an asset allocation strategy designed to maximize assets for retirement consistent with the risk that investors may be willing to accept given their investment time horizon. To implement this objective, the Fund will be invested in the BlackRock LifePath® Portfolio Index 2040 Fund F (the "Underlying Fund") managed by BlackRock Institutional Trust Company, N.A.

MyWayRetirement Index 2045 R seeks to provide long-term investors with an asset allocation strategy designed to maximize assets for retirement consistent with the risk that investors may be willing to accept given their investment time horizon. To implement this objective, the Fund will be invested in the BlackRock LifePath® Portfolio Index 2045 Fund F (the "Underlying Fund") managed by BlackRock Institutional Trust Company, N.A.

MyWayRetirement Index 2050 R seeks to provide long-term investors with an asset allocation strategy designed to maximize assets for retirement consistent with the risk that investors may be willing to accept given their investment time horizon. To implement this objective, the Fund will be invested in the BlackRock LifePath® Portfolio Index 2050 Fund F (the "Underlying Fund") managed by BlackRock Institutional Trust Company, N.A.

MyWayRetirement Index 2055 R seeks to provide long-term investors with an asset allocation strategy designed to maximize assets for retirement consistent with investors' risk comfort and their given investment time horizon. The underlying fund is expected to maintain a static equity allocation at retirement.

NOTE A - DESCRIPTION OF THE BENEFIT PLAN - (Continued)

6. Investment Options (Continued)

MyWayRetirement Index 2065 R seeks to provide long-term investors with an asset allocation strategy designed to maximize assets for retirement consistent with the risk that investors may be willing to accept given their investment time horizon. To implement this objective, the Fund will be invested in the BlackRock LifePath® Portfolio Index 2060 Fund F (the "Underlying Fund") managed by BlackRock Institutional Trust Company, N.A.

MyWayRetirement Index Retirement R seeks to provide long-term investors with an asset allocation strategy designed to maximize assets for retirement consistent with the risk that investors may be willing to accept given their investment time horizon. To implement this objective, the Fund will be invested in the BlackRock LifePath® Portfolio Retirement Fund F (the "Underlying Fund") managed by BlackRock Institutional Trust Company, N.A.

MyWayRetirement International Growth R seeks to deliver long-term capital growth by investing primarily in common stocks of foreign companies that appear to offer above average growth potential and trade at a significant discount to what is believed to be their intrinsic value. To implement this objective, the Fund will be invested in the ClearBridge International Growth CIT (the "Underlying Fund").

MyWayRetirement INTL Value Fund CL RJ seeks to generate long-term capital appreciation by investing in equity securities of foreign companies that have market capitalizations of more than $1 billion at the time or purchase. To implement this objective, the entire Fund is expected to be invested in the Columbia Trust Overseas Value Fund, a fund of the Ameriprise Trust Company Collective Investment Trust.

MyWayRetirement Large Cap Growth FD CL R seeks capital appreciation by investing primarily in equity securities of large capitalization companies. To implement this objective, the Fund invests in the MFS Growth Equity CIT (the "Underlying Fund,") a collective investment fund offered by MFS Heritage Trust Company, ("MHTC.").

MyWayRetirement Large Cap Value FD CL R seeks to provide long-term capital appreciation by investing in large cap U.S. stocks. To implement this objective, the Fund will be invested in the Diamond Hill Large Cap Portfolio (the "Underlying Fund").

MyWayRetirement Mid Cap Growth Fund CL R seeks to deliver capital appreciation by investing in mid cap growth equities. To implement its objective, the Fund will be invested in the D.F. Dent Mid Cap Growth CIT (the "Underlying Fund").

MyWayRetirement Mid Cap Value Fund CL R seeks long-term capital growth and income by investing in stocks of midsized companies that are believed to be undervalued. To implement its objective, the Fund will be invested in the American Century Mid Cap Value Fund (the "Underlying Fund").

NOTE A - DESCRIPTION OF THE BENEFIT PLAN - (Continued)

6. Investment Options (Continued)

MyWayRetirement Multi-Sector Bond Fund R seeks to maximize total return through a combination of current income and capital appreciation. To implement its objective, the Fund will be invested in the PGIM Strategic Bond Fund CIT (the "Underlying Fund"), which invests at least 80% of its assets in fixed income securities under normal market conditions.

MyWayRetirement Real Estate Fund CL R seeks capital appreciation by investing in domestic and international real estate securities. To implement its objective, the Fund will be invested in the PGIM Select Real Estate Fund (the "Underlying Fund").

MyWayRetirement Small Cap Growth FD CL R seeks long-term capital appreciation by investing primarily in equity securities of companies that have market capitalizations in the range of companies in the Russell 2000 Growth Index. To implement its objective, the Fund will be invested in the Columbia Trust Small Cap Growth Fund (the "Underlying Fund").

MyWayRetirement Small Cap Value FD CL R seeks long-term total return by investing primarily in small capitalization companies. To implement its objective, the Fund will be invested in the Wilmington Trust Franklin Small Cap Value CIT

7. Payment of Benefits

On termination of service due to death, disability, or retirement, a participant 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 an annuity can be purchased. 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.

8. Forfeited Accounts

At December 31, 2025 and 2024, there were no forfeited non-vested accounts, respectively.

NOTE B – SUMMARY OF ACCOUNTING POLICIES

The financial statements of the Plan have been prepared in conformity with generally accepted accounting principles as applied to Employee Benefit Plans.

A summary of the Plan's significant accounting policies consistently applied in the preparation of the accompanying financial statements follow.

1. Basis of Accounting

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

NOTE B – SUMMARY OF ACCOUNTING POLICIES - (Continued)

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is a relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

2. Investments

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for discussion of fair value measurements.

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

3. Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

4. Payment of Benefits

Benefits are recorded when paid.

5. Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

6. Operating Expenses

All expenses of maintaining the Plan are paid by Aurora Behavioral Health Savings & Retirement Plan

NOTE B – SUMMARY OF ACCOUNTING POLICIES - (Continued)

7. Subsequent Events

The fund has evaluated subsequent events through October 15, 2026, the date the financial statements were available to be issued.

Note C – INVESTMENTS

The following information about the fair value of investments included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by Empower. Investments that represent 5% or more of the Plan's net assets are separately identified.

	2025	2024
Pooled Separate Accounts	$ 9	$ 9
Collective Trust Funds	66,830,036	55,321,816
Total	$ 66,830,045	$ 55,321,825

During 2025 and 2024, the Plan's investments including gains and losses on investments bought and sold, as well as held during the year (depreciated)/appreciated in value by $9,676,7156 and $6,917,453, respectively as follows:

Net Appreciation in Fair Value

	2025	2024
Pooled Separate Accounts	$ 1	$ 1
Collective Trust Funds	9,676,714	6,917,452
Total	$ 9,676,715	$ 6,917,453

Note D – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

Note D – FAIR VALUE MEASUREMENTS - (Continued)

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

Level 2 Inputs to the valuation methodology include:

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

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

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

Pooled Separate/103-12 Assets: Pooled separate accounts are categorized as Level 2. They are valued using third party pricing services. These services use, for example, model-based pricing methods that use observable market data as inputs. Broker dealer bids or quotes of securities with similar characteristics may also be used.

Common Collective Trusts: Valued at the net asset value (NAV) of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

Note D – FAIR VALUE MEASUREMENTS - (Continued)

Participant transactions (purchased and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Mutual Funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

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

The following table sets forth by level, within the fair value hierarchy, the Fund investment assets and investment liabilities at fair value, as of December 31, 2025 and 2024.

Investments Assets at Fair Value
as of December 31, 2025

	Level 1	Level 2	Level 3	Total
Managed Accounts				
Pooled Separate Accounts	$ -	$ 9	$ -	$ 9
Total Investments at Fair Value:	$ -	$ 9	$ -	
Investments Measured at Net Asset Value (a)				66,830,036
Total Investments at Fair Value				$ 66,830,045

Investments Assets at Fair Value
as of December 31, 2024

	Level 1	Level 2	Level 3	Total
Managed Accounts				
Pooled Separate Accounts	$ -	$ 9	$ -	$ 9
	$ -	$ 9	$ -	
Investments Measured at Net Asset Value (a)				55,321,816
Total Investments at Fair Value				$ 55,321,825

Note D – FAIR VALUE MEASUREMENTS - (Continued)

(a) In accordance with FASB codification Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of assets available for benefits

NOTE E – GUARANTEED INVESTMENT CONTRACT WITH EMPOWER

The Plan entered into a benefit-responsive investment contract with Empower Annuity Insurance Company of America (Empower). Empower maintains 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 issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the plan.

Because the guaranteed investment contract is benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. Contract value, as reported to the plan by Empower, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contract at December 31, 2025 and 2024 was $2,894,699 and $3,236,981, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 0 percent. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. 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 depletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events 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 under ERISA. The Plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants of occurring.

NOTE E – GUARANTEED INVESTMENT CONTRACT WITH EMPOWER - (Continued)

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

NOTE F – RELATED PARTY TRANSACTIONS

Certain plan investments are shares of mutual funds managed by Empower Annuity Insurance Company of America. Empower Annuity Insurance Company of America is the trustee as defined by the Plan and, therefore, these transactions qualify as party in interest transactions. Fees paid by the Plan for the investment management amounted to $147,795 and $133,003 for the year ended December 31, 2025 and 2024.The record keeping services amounted to $588,369 and $607,514 for the year ended December 31, 2025 and 2024.

NOTE G – PLAN TERMINATION

Although it is not expressed any intent to do so, Aurora Behavioral Health Savings & Retirement Plan has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100 percent vested in their employer contributions.

NOTE H – TAX STATUS

The Internal Revenue Service has determined and informed Aurora Behavioral Health Savings & Retirement Plan, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Service Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more than likely than not would not be sustained upon examination by the Internal Revenue Service. 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 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. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2022.

NOTE I – RISKS AND UNCERTAINTIES

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

SUPPLEMENTAL INFORMATION

AURORA BEHAVIORAL
HEALTH SAVINGS & RETIEMENT PLAN

TRANSACTIONS IN EXCESS OF FIVE PERCENT
OF FAIR VALUE OF FUND ASSETS

Year Ended December 31, 2025

Cost of Acquisitions	Cost
Investment purchases do not require disclosure	$ -

Cost of Redemptions	Proceeds	Cost	Gain/(Loss)
Investment redemptions do not require disclosure	$ -	$ -	$ -

AURORA BEHAVIORAL
HEALTH SAVINGS & RETIEMENT PLAN
EIN 38-3544748
PLAN NUMBER 001
TAX YEAR: 2025
FORM 5500, SCHEDULE H, PAGE 4, PART IV, LINE 4I
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost *	(e) Current Value
	Pooled Separate Accounts at fair value			
	Empower Lifetime 2045 Portfolio Fund Svc	Variable Annuities		$ 6
	Empower Lifetime 2055 Portfolio Fund Svc	Variable Annuities		3
	Total Pooled Separate Accounts at fair value			9
	Collective Trust Funds at fair value			
	BlackRock EAFE Equity Index Fee CL R	Collective Trust Funds		1,070,836
	BlackRock Equity Index 1	Collective Trust Funds		5,147,359
	BlackRock Mid Cap Equity Index Fund CL I	Collective Trust Funds		763,046
	BlackRock Russell 2000 Index Fund R	Collective Trust Funds		468,672
	BlackRock U.S. Debt Index 1	Collective Trust Funds		639,134
	BlackRock U.S. Tips Index 1	Collective Trust Funds		479,472
	MyWayRetirement Balanced Fund CL R	Collective Trust Funds		1,716,750
	MyWayRetirement Commodities Fund CL R	Collective Trust Funds		168,167
	MyWayRetirement Core Bond Fund CL R	Collective Trust Funds		1,373,259
	MyWayRetirement Emerging Markets FD CL R	Collective Trust Funds		466,409
	MyWayRetirement Global Bond Fund CL R	Collective Trust Funds		173,290
	MyWayRetirement Index 2030 R	Collective Trust Funds		4,529,589
	MyWayRetirement Index 2035 R	Collective Trust Funds		6,271,410
	MyWayRetirement Index 2040 R	Collective Trust Funds		5,214,975
	MyWayRetirement Index 2045 R	Collective Trust Funds		6,629,546
	MyWayRetirement Index 2050 R	Collective Trust Funds		6,153,883
	MyWayRetirement Index 2055 R	Collective Trust Funds		7,530,862
	MyWayRetirement Index 2060 R	Collective Trust Funds		4,464,377
	MyWayRetirement Index 2065 R	Collective Trust Funds		2,205,049
	MyWayRetirement Index Retirement R	Collective Trust Funds		5,196,238
	MyWayRetirement International Growth R	Collective Trust Funds		1,000,323
	MyWayRetirement INTL Value Fund CL R	Collective Trust Funds		137,342
	MyWayRetirement Large Cap Growth FD CL R	Collective Trust Funds		2,043,525
	MyWayRetirement Large Cap Value FD CL R	Collective Trust Funds		1,199,818
	MyWayRetirement Mid Cap Growth Fund CL R	Collective Trust Funds		736,559
	MyWayRetirement Mid Cap Value Fund CL R	Collective Trust Funds		221,741
	MyWayRetirement Multi-Sector Bond Fund R	Collective Trust Funds		448,131
	MyWayRetirement Real Estate Fund CL R	Collective Trust Funds		136,273
	MyWayRetirement Small Cap Growth FD CL R	Collective Trust Funds		200,272
	MyWayRetirement Small Cap Value FD CL R	Collective Trust Funds		43,729
	Total Collective Trust Funds at fair value			66,830,036
	Guaranteed Investment Contract at Contract Value			
	EI Fixed Account - Series Class I	Fixed Annuities		2,894,699
	Total Investments at Contract Value			$ 69,724,744

* The Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 do not require the reporting of cost.

AURORA BEHAVIORAL
HEALTH SAVINGS & RETIEMENT PLAN
EIN 38-3544748
PLAN NUMBER 001
TAX YEAR: 2024
FORM 5500, SCHEDULE H, PAGE 4, PART IV, LINE 4I
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost *	Current Value
	Pooled Separate Accounts at fair value			
	Empower Lifetime 2045 Portfolio Fund Svc	Variable Annuities		$ 5
	Empower Lifetime 2055 Portfolio Fund Svc	Variable Annuities		4
	Total Pooled Separate Accounts at fair value			9
	Collective Trust Funds at fair value			
	BlackRock EAFE Equity Index Fee CL R	Collective Trust Funds		764,110
	BlackRock Equity Index 1	Collective Trust Funds		4,838,192
	BlackRock Mid Cap Equity Index Fund CL I	Collective Trust Funds		532,865
	BlackRock Russell 2000 Index Fund R	Collective Trust Funds		811,919
	BlackRock U.S. Debt Index 1	Collective Trust Funds		873,157
	BlackRock U.S. Tips Index 1	Collective Trust Funds		304,711
	MyWayRetirement Balanced Fund CL R	Collective Trust Funds		1,378,967
	MyWayRetirement Commodities Fund CL R	Collective Trust Funds		5,409
	MyWayRetirement Core Bond Fund CL R	Collective Trust Funds		756,279
	MyWayRetirement Emerging Markets FD CL R	Collective Trust Funds		141,932
	MyWayRetirement Global Bond Fund CL R	Collective Trust Funds		166,460
	MyWayRetirement Index 2030 R	Collective Trust Funds		4,540,101
	MyWayRetirement Index 2035 R	Collective Trust Funds		5,328,871
	MyWayRetirement Index 2040 R	Collective Trust Funds		4,319,350
	MyWayRetirement Index 2045 R	Collective Trust Funds		5,118,246
	MyWayRetirement Index 2050 R	Collective Trust Funds		4,904,206
	MyWayRetirement Index 2055 R	Collective Trust Funds		5,782,928
	MyWayRetirement Index 2060 R	Collective Trust Funds		3,195,888
	MyWayRetirement Index 2065 R	Collective Trust Funds		1,273,205
	MyWayRetirement Index Retirement R	Collective Trust Funds		5,007,668
	MyWayRetirement International Growth R	Collective Trust Funds		774,901
	MyWayRetirement INTL Value Fund CL R	Collective Trust Funds		146,829
	MyWayRetirement Large Cap Growth FD CL R	Collective Trust Funds		1,948,844
	MyWayRetirement Large Cap Value FD CL R	Collective Trust Funds		1,024,471
	MyWayRetirement Mid Cap Growth Fund CL R	Collective Trust Funds		998,628
	MyWayRetirement Mid Cap Value Fund CL R	Collective Trust Funds		75,850
	MyWayRetirement Multi-Sector Bond Fund R	Collective Trust Funds		125,846
	MyWayRetirement Real Estate Fund CL R	Collective Trust Funds		5,222
	MyWayRetirement Small Cap Growth FD CL R	Collective Trust Funds		138,115
	MyWayRetirement Small Cap Value FD CL R	Collective Trust Funds		38,646
	Total Collective Trust Funds at fair value			55,321,816
	Guaranteed Investment Contract at Contract Value			
	EI Fixed Account - Series Class I	Fixed Annuities		3,236,981
	Total Investments at Contract Value			$ 58,558,806

* The Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 do not require the reporting of cost.

AURORA BEHAVIORAL
HEALTH SAVINGS & RETIEMENT PLAN

ADMINISTRATIVE EXPENSES

Years Ended December 31,

	2025	2024
Other Adminstrative Expenses	$ 669,143	$ 671,507
Professional Fees on Benefit Payments	84,021	86,188
Total Administrative Expenses	$ 753,164	$ 757,695

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Aurora Behavioral Health Savings & Retirement Plan

01-JAN-25 to 31-DEC-25

17-JAN-26 08:49:20

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
12045A1			4.15	6.02
12055A1			1.98	2.94
1MRM30R			3,534,301.06	4,529,589.34
1MRM40R			3,813,221.72	5,214,974.74
1MRM50R			4,294,269.78	6,153,882.87
1MRM60R			3,237,202.11	4,464,376.68
1MRIMCR			4,707,596.64	5,196,237.85
1MRM35R			4,766,047.55	6,271,409.91
1MRM45R			4,738,400.18	6,629,546.47
1MRM55R			5,207,666.12	7,530,862.42
1MRM65R			1,760,032.81	2,205,048.50
1WTCORJ			92,851.98	137,342.25
1MWREMR			385,670.03	466,408.58
1MWRIGR			747,063.74	1,000,323.25
1WTINER			880,097.73	1,070,836.14
1MWRCMR			156,405.98	168,166.88
1MWRRER			136,792.23	136,272.95
1WTSCER			368,807.98	468,672.34
1MWRSGR			137,308.18	200,272.12
1MWRSVR			39,296.63	43,728.54
1MWRMGR			580,828.06	736,558.97
1MWRMVR			207,117.04	221,740.82
1BRMCEI			677,310.26	763,045.90
1BREQI1			3,383,005.09	5,147,359.42
1MWRLGR			1,208,529.01	2,043,524.72
1MWRLVR			954,539.58	1,199,817.67
1MWRBAR			1,268,362.12	1,716,750.07
1BRTIC1			452,534.90	479,472.27
1BRUSD1			597,101.95	639,134.11
1MWRCBR			1,270,814.55	1,373,258.75
1MWRGBR			149,901.31	173,290.31
1MWRMSR			421,284.60	448,131.46
1GWAQ35		1.450	2,672,449.61	2,772,243.75
			52,846,816.66	**69,602,289.01**
PARTICIPANT LOANS	VARIOUS	4.250-9.500	1,712,944.63	1,717,216.33
FORFEITURES			118,210.05	122,454.76

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Aurora Behavioral Health Savings & Retirement Plan

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

12045A1	Empower Lifetime 2045 Fund Svc	12055A1	Empower Lifetime 2055 Fund Svc
1MRM30R	MyWayRetirement Index 2030 R	1MRM40R	MyWayRetirement Index 2040 R
1MRM50R	MyWayRetirement Index 2050 R	1MRM60R	MyWayRetirement Index 2060 R
1MRIMCR	MyWayRetirement Index Retirement R	1MRM35R	MyWayRetirement Index 2035 R
1MRM45R	MyWayRetirement Index 2045 R	1MRM55R	MyWayRetirement Index 2055 R
1MRM65R	MyWayRetirement Index 2065 R	1WTCORJ	MyWayRetirement Intl Value Fund CL RJ
1MWREMR	MyWayRetirement Emerging Markets Fd CL R	1MWRIGR	MyWayRetirement International Growth R
1WTINER	BlackRock EAFE Equity Index Fee Cl R	1MWRCMR	MyWayRetirement Commodities Fund CL R
1MWRRER	MyWayRetirement Real Estate Fund CL R	1WTSCER	BlackRock Russell 2000 Index Fund R
1MWRSGR	MyWayRetirement Small Cap Growth Fd CL R	1MWRSVR	MyWayRetirement Small Cap Value Fd CL R
1MWRMGR	MyWayRetirement Mid Cap Growth Fund CL R	1MWRMVR	MyWayRetirement Mid Cap Value Fund CL R
1BRMCEI	BlackRock Mid Cap Equity Index Fund CL I	1BREQI1	BlackRock Equity Index 1
1MWRLGR	MyWayRetirement Large Cap Growth Fd CL R	1MWRLVR	MyWayRetirement Large Cap Value Fd CL R
1MWRBAR	MyWayRetirement Balanced Fund CL R	1BRTIC1	BlackRock U.S. TIPs Index 1
1BRUSD1	BlackRock U.S. Debt Index 1	1MWRCBR	MyWayRetirement Core Bond Fund CL R
1MWRGBR	MyWayRetirement Global Bond Fund CL R	1MWRMSR	MyWayRetirement Multi-Sector Bond Fund R
1GWAQ35	EI Fixed Account - Series Class I		

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year