

**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

**2022**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

- A** This return/report is for:
  - a multiemployer plan
  - a single-employer plan
  - a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
  - a DFE (specify) \_\_\_\_\_
- B** This return/report is:
  - the first return/report
  - an amended return/report
  - the final return/report
  - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. . . . . ▶
- D** Check box if filing under:
  - Form 5558
  - automatic extension
  - the DFVC program
  - special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶

**Part II Basic Plan Information**—enter all requested information

<b>1a</b> Name of plan <u>ST JOHNSVILLE REHABILITATION A 401(K) PROFIT SHARING PLAN &amp; TRUST</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>
	<b>1c</b> Effective date of plan <u>11/01/1999</u>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ST JOHNSVILLE REHABILITATION A</u>  <u>7 TIMMERMAN AVE</u> <u>SAINT JOHNSVILLE, NY 13452</u>	<b>2b</b> Employer Identification Number (EIN) <u>20-1388111</u>
	<b>2c</b> Plan Sponsor's telephone number <u>518-568-5037</u>
	<b>2d</b> Business code (see instructions) <u>623000</u>

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

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

<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>10/17/2023</u>	<u>HEATHER M WITTMANN</u>
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2022)  
v. 220413

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 183
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).	
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b> 123
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b> 104
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b> 1
<b>c</b> Other retired or separated participants entitled to future benefits.....	<b>6c</b> 76
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b> 181
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b> 0
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b> 181
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>6g</b> 171
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b> 14
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>
<b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D	
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
<b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>0 A</b> (Insurance Information) (4) <input type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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

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**11c** Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 \_\_\_\_\_

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<p style="text-align: center;"><b>SCHEDULE D</b> <b>(Form 5500)</b></p> <p style="font-size: small; text-align: center;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small; text-align: center;">Department of Labor Employee Benefits Security Administration</p>	<p><b>DFE/Participating Plan Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: large; font-weight: bold;">2022</p> <hr/> <p style="font-size: small; font-weight: bold;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
<b>A</b> Name of plan <u>ST JOHNSVILLE REHABILITATION A 401(K) PROFIT SHARING PLAN &amp; TRUST</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ST JOHNSVILLE REHABILITATION A</u>	<b>D</b> Employer Identification Number (EIN) <u>20-1388111</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>METLIFE GAC SERIES 25053 0</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>RELIANCE TRUST</u>	
<b>c</b> EIN-PN <u>46-6625485-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15316</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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**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)



**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

**2022**

**This Form is Open to Public Inspection**

For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/31/2022**

<b>A</b> Name of plan ST JOHNSVILLE REHABILITATION A 401(K) PROFIT SHARING PLAN & TRUST		<b>B</b> Three-digit plan number (PN) ►	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 ST JOHNSVILLE REHABILITATION A		<b>D</b> Employer Identification Number (EIN) 20-1388111	

**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.

<b>Assets</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash.....	<b>1a</b>	0	
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions.....	<b>1b(1)</b>	300	309
<b>(2)</b> Participant contributions.....	<b>1b(2)</b>	1244	1120
<b>(3)</b> Other.....	<b>1b(3)</b>	0	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....	<b>1c(1)</b>	0	0
<b>(2)</b> U.S. Government securities.....	<b>1c(2)</b>	0	
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred.....	<b>1c(3)(A)</b>	0	
<b>(B)</b> All other.....	<b>1c(3)(B)</b>	0	
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred.....	<b>1c(4)(A)</b>	0	
<b>(B)</b> Common.....	<b>1c(4)(B)</b>	0	
<b>(5)</b> Partnership/joint venture interests.....	<b>1c(5)</b>	0	
<b>(6)</b> Real estate (other than employer real property).....	<b>1c(6)</b>	0	
<b>(7)</b> Loans (other than to participants).....	<b>1c(7)</b>	0	
<b>(8)</b> Participant loans.....	<b>1c(8)</b>	25735	33444
<b>(9)</b> Value of interest in common/collective trusts.....	<b>1c(9)</b>	12692	15316
<b>(10)</b> Value of interest in pooled separate accounts.....	<b>1c(10)</b>	0	0
<b>(11)</b> Value of interest in master trust investment accounts.....	<b>1c(11)</b>	0	0
<b>(12)</b> Value of interest in 103-12 investment entities.....	<b>1c(12)</b>	0	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>	710402	471335
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	
(2) Employer real property.....	1d(2)	0	
e Buildings and other property used in plan operation.....	1e	0	
f Total assets (add all amounts in lines 1a through 1e).....	1f	750373	521524
<b>Liabilities</b>			
g Benefit claims payable.....	1g	0	
h Operating payables.....	1h	0	
i Acquisition indebtedness.....	1i	0	
j Other liabilities.....	1j	0	
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	750373	521524

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	15365	
(B) Participants.....	2a(1)(B)	58332	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		73697
<b>b Earnings on investments:</b>			
(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)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	1226	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		1226
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	10011	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		10011
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
<b>(6)</b> Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		0
<b>(7)</b> Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		0
<b>(8)</b> Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		0
<b>(9)</b> Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		0
<b>(10)</b> Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		-114655
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		-29721
<b>Expenses</b>			
<b>e</b> Benefit payment and payments to provide benefits:			
<b>(1)</b> Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	195718	
<b>(2)</b> To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
<b>(3)</b> Other .....	<b>2e(3)</b>		
<b>(4)</b> Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		195718
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		0
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		0
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses: <b>(1)</b> Professional fees .....	<b>2i(1)</b>	0	
<b>(2)</b> Contract administrator fees.....	<b>2i(2)</b>	3076	
<b>(3)</b> Investment advisory and management fees .....	<b>2i(3)</b>	334	
<b>(4)</b> Other .....	<b>2i(4)</b>	0	
<b>(5)</b> Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....	<b>2i(5)</b>		3410
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		199128
<b>Net Income and Reconciliation</b>			
<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-228849
<b>l</b> Transfers of assets:			
<b>(1)</b> To this plan .....	<b>2l(1)</b>		
<b>(2)</b> From this plan.....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

**(1)** Name: **BONADIO & CO LLP**

**(2)** EIN: **16-1131146**

**d** The opinion of an independent qualified public accountant is **not attached** because:

- (1)**  This form is filed for a CCT, PSA, 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.

During the plan year:

**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.) .....

	Yes	No	Amount
<b>4a</b>		X	

		Yes	No	Amount
<b>b</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.).....	<b>4b</b>		X	
<b>c</b> 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.) .....	<b>4c</b>		X	
<b>d</b> 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.).....	<b>4d</b>		X	
<b>e</b> Was this plan covered by a fidelity bond?.....	<b>4e</b>		X	
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>4f</b>		X	
<b>g</b> 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? .....	<b>4g</b>		X	
<b>h</b> 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?.....	<b>4h</b>		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	<b>4i</b>	X		
<b>j</b> 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.).....	<b>4j</b>		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....	<b>4k</b>		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>4l</b>		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>4m</b>		X	
<b>n</b> 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. ....	<b>4n</b>		X	

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2022</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

<b>A</b> Name of plan <u>ST JOHNSVILLE REHABILITATION A 401(K) PROFIT SHARING PLAN &amp; TRUST</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>ST JOHNSVILLE REHABILITATION A</u>	<b>D</b> Employer Identification Number (EIN) <u>20-1388111</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 

1
---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 16-1470238

**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
---

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_

**c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_

**c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_

**c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_

**c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_

**c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_

**c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

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

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

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year.....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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) through (c)

**a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:  
 0-3 years  3-6 years  6-9 years  9-12 years  12-15 years  15-18 years  18-21 years  21 years or more

**c** What duration measure was used to calculate line 19(b)?  
 Effective duration  Macaulay duration  Modified duration  Other (specify): \_\_\_\_\_

**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 \_\_\_\_\_

**ST. JOHNSVILLE REHABILITATION A 401(K) PROFIT  
SHARING PLAN AND TRUST**

**Financial Statements as of  
December 31, 2022 and 2021  
and Supplemental Schedule  
Together with  
Independent Auditor's Report**

**Bonadio & Co., LLP**  
Certified Public Accountants

## INDEPENDENT AUDITOR'S REPORT

October 9, 2023

To the Plan Administrator of  
St. Johnsville Rehabilitation a 401(k) Profit Sharing Plan and Trust:

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

We have performed audits of the financial statements of St. Johnsville Rehabilitation a 401(k) Profit Sharing Plan and Trust (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 and for the years ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### Opinion

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

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

(Continued)

## **INDEPENDENT AUDITOR'S REPORT**

(Continued)

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. 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 the 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

(Continued)

## **INDEPENDENT AUDITOR'S REPORT**

(Continued)

### **Auditor's Responsibilities for the Audit of the Financial Statements (Continued)**

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

### **Supplemental Schedule Required by ERISA**

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

## **INDEPENDENT AUDITOR'S REPORT**

(Continued)

### **Supplemental Schedule Required by ERISA (Continued)**

In our opinion—

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

*Bonadio & Co., LLP*

# ST. JOHNSVILLE REHABILITATION A 401(k) PROFIT SHARING PLAN AND TRUST

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2022 AND 2021

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	<u>2022</u>	<u>2021</u>
INVESTMENTS, at fair value		
Mutual funds	\$ 471,335	\$ 710,403
Common collective trust	<u>15,316</u>	<u>12,691</u>
Total investments	<u>486,651</u>	<u>723,094</u>
RECEIVABLES:		
Participants contributions	1,120	1,244
Employer's contributions	309	300
Notes receivable from participants	<u>33,444</u>	<u>25,735</u>
Total receivables	<u>34,873</u>	<u>27,279</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 521,524</u>	<u>\$ 750,373</u>

The accompanying notes are an integral part of these statements.

**ST. JOHNSVILLE REHABILITATION A 401(k) PROFIT SHARING PLAN AND TRUST**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021**

	<u>2022</u>	<u>2021</u>
ADDITIONS:		
Contributions -		
Employer	\$ 15,365	\$ 17,708
Participant	<u>58,332</u>	<u>71,750</u>
Total contributions	<u>73,697</u>	<u>89,458</u>
Investment income (loss) -		
Net appreciation (depreciation) in fair value of investments	(114,655)	59,310
Interest and dividend income	<u>10,011</u>	<u>14,244</u>
Total investment income (loss)	<u>(104,644)</u>	<u>73,554</u>
Interest on notes receivable from participants	<u>1,226</u>	<u>411</u>
Total additions (losses)	<u>(29,721)</u>	<u>163,423</u>
DEDUCTIONS:		
Benefits paid to participants	195,718	73,103
Administrative expenses	<u>3,410</u>	<u>3,730</u>
Total deductions	<u>199,128</u>	<u>76,833</u>
CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	(228,849)	86,590
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	<u>750,373</u>	<u>663,783</u>
NET ASSETS AVAILABLE FOR BENEFITS - end of year	<u>\$ 521,524</u>	<u>\$ 750,373</u>

The accompanying notes are an integral part of these statements.

## ST. JOHNSVILLE REHABILITATION A 401(K) PROFIT SHARING PLAN AND TRUST

### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2022 AND 2021

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#### 1. DESCRIPTION OF PLAN

The following brief description of St. Johnsville Rehabilitation a 401(k) Profit Sharing Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

##### **General**

The Plan is a defined contribution plan which covers substantially all employees of St. Johnsville Rehabilitation and Nursing Center, Inc. (the Company) who have completed one year of service and are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

##### **Contributions**

Eligible participants are entitled to defer up to the maximum annual dollar contribution allowed by ERISA and the Internal Revenue Service of \$20,500 and \$19,500 for the years ended December 31, 2022 and 2021, respectively, into the Plan as a qualified pre-tax contribution. If a participant is age 50 or over, the ceiling was \$27,000 and \$26,000 for the years ended December 31, 2022 and 2021, respectively. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company can make a discretionary matching contribution. The Company matched 100% of the first 1% of the participants' compensation for the years ended December 31, 2022 and 2021. Additionally, the Company has the option of making annual discretionary profit-sharing contributions to the Plan.

##### **Participant Accounts**

Each participant's account is credited with the participant's contribution and an allocation of (a) the Company's contribution and (b) plan earnings (losses). Allocations of the Company's contributions are based on participants' compensation for the year. Plan earnings and administrative expenses are allocated based on participant account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

##### **Notes Receivable from Participants**

Participants are permitted to borrow a minimum of \$1,000 and up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan transactions are limited to one at any given time. The loans are payable in their entirety upon the occurrence of a distributable event and bear interest at a rate of prime plus 1%. Principal and interest is paid ratably through monthly payroll deductions. See note 2 for additional information.

##### **Vesting**

Participants are immediately vested in their contributions plus actual earnings/losses thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after 6 years of credited service.

## 1. DESCRIPTION OF PLAN (Continued)

### Payment of Benefits

On termination of service, a participant will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Required minimum distributions may elect to receive a lump-sum amount or annual installments equal to the value of the participant's vested interest in his or her account. Participants may withdraw any part of their vested account which does not result from discretionary contributions after reaching the age of 59½. Rollover contributions may be withdrawn at any time. The Plan allows for participants to receive benefits in cases of hardship.

### Forfeitures

Forfeited balances of terminated participants' non-vested accounts are used to reduce administrative fees. There were \$36 and \$44 of forfeitures for the years ended December 31, 2022 and 2021, respectively, that were used to reduce the fees or employer contributions. Unapplied, forfeited, non-vested accounts totaled \$1,434 and \$547 at December 31, 2022 and 2021, respectively.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

### Investments

Investments are reported 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. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodian, and insurance company. See Note 4 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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

### 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 the participants' account balance and the amounts reported in the statement of net assets available for benefits.

### Payment of Benefits

Benefit payments to participants are recorded when paid.

### Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable are reclassified as distributions in accordance with the terms of the Plan document. As of December 31, 2022 and 2021, no allowance for credit losses has been recorded.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Use of Estimates**

The preparation of financial statements in accordance with generally accepted accounting principles requires Plan management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

**Reclassifications**

Certain items with the prior year financial statements have been reclassified to conform to current year presentation.

**3. CERTIFIED INVESTMENT INFORMATION**

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the custodian has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by Mid Atlantic Trust Company, the custodian.

	<u>2022</u>	<u>2021</u>
Total investments	\$ <u>486,651</u>	\$ <u>723,094</u>
Net appreciation (depreciation) in fair value of investments	\$ <u>(114,655)</u>	\$ <u>59,310</u>
Interest and dividend income	\$ <u>10,011</u>	\$ <u>14,244</u>
Schedule of Assets (Held at End of Year)	Schedule I	

#### 4. FAIR VALUE MEASUREMENTS

ASC 820 establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

**Level 1:** Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

**Level 2:** Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

**Level 3:** Significant unobservable inputs that reflect a reporting entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

The following is a description of the valuation methodology used for assets measured at fair value:

**Mutual Funds** - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded (Level 1).

**Common Collective Trust** - The Plan's investment in a common collective trust (CCT) is stated at fair value, using a net asset value per share practical expedient, based on the value of the underlying investments. The CCT invests in group annuity contracts and its interest in those contracts is calculated as contributions made, plus interest at a fixed periodic rate set by the issuer, less withdrawals, and less certain allocated expenses. The primary investment objective of the CCT is to preserve principal while generating earnings at competitive rates over time with short-term high quality fixed income investments and maintain sufficient liquidity to provide participant-directed withdrawals at their proportionate share of contract value as defined in the Declaration of Trust. There are no unfunded commitments related to the Plan's investment in the CCT. Withdrawals from the CCT are normally paid, subject to the receipt of funds from the issuer of group annuity contracts, no later than two business days (60 business days as to a withdrawal in connection with terminating a participating plan's participation in the CCT).

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation method is 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.

#### 4. FAIR VALUE MEASUREMENTS (Continued)

##### Fair Value Measurements

The following sets forth investments within the fair value hierarchy as of December 31, 2022:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 471,335	\$ _____ -	\$ _____ -	\$ 471,335
Investments measured at NAV (a)				<u>15,316</u>
Total investments				<u>\$ 486,651</u>

The following sets forth investments within the fair value hierarchy as of December 31, 2021:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 710,403	\$ _____ -	\$ _____ -	\$ 710,403
Investments measured at NAV (a)				<u>12,691</u>
Total investments				<u>\$ 723,094</u>

(a) Certain investments measured at fair value using the net asset value per share (or its equivalent) practical expedient 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 amounts presented on the statements of net assets available for benefits.

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2022 and 2021, respectively.

<u>December 31, 2022</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (If Currently Available)</u>
Common collective trust	\$ <u>15,316</u>	N/A	Daily
Total investments measured at NAV	<u>\$ 15,316</u>		
<u>December 31, 2021</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (If Currently Available)</u>
Common collective trust	\$ <u>12,691</u>	N/A	Daily
Total investments measured at NAV	<u>\$ 12,691</u>		

**5. PLAN TERMINATION**

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

**6. INCOME TAX STATUS**

The IRS has determined and informed the Company by a letter dated April 10, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). 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, believes the Plan is qualified, and the related trust is tax-exempt.

**7. PARTIES-IN-INTEREST TRANSACTIONS**

Mid Atlantic Trust Company is the custodian as defined by the Plan and the Company is the Plan sponsor. As such, transactions between Mid Atlantic Trust Company, the Company and the Plan qualify as party-in-interest transactions. Additionally, notes receivable from participants are party-in-interest transactions.

**8. SUBSEQUENT EVENTS**

Subsequent events have been evaluated through October 9, 2023, which is the date the financial statements were available to be issued.

ST. JOHNSVILLE REHABILITATION A 401(k) PROFIT SHARING PLAN AND TRUST

Schedule I

EMPLOYER IDENTIFICATION NUMBER 20-1388111

PLAN 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2022

(a)	(b)	(c)	(d) **	(e)
	<u>Identity of Issue</u>	<u>Description of Investments</u>	<u>Cost</u>	<u>Current Value</u>
<b>MUTUAL FUNDS</b>				
	Fidelity Small Cap Index	Mutual fund (447 shares)	\$	9,694
	Fidelity Mid Cap Index	Mutual fund (257 shares)		6,665
	State Street Equity 500 Index Fund Class K	Mutual fund (17 shares)		4,886
	Vanguard Small Cap Value Index Fund Admiral Shares	Mutual fund (36 shares)		2,479
	Vanguard Small Cap Growth Index Fund Admiral Shares	Mutual fund (2 shares)		115
	Vanguard Growth Index Fund Admiral Shares	Mutual fund (1 share)		9
	Vanguard Value Index Fund Admiral Shares	Mutual fund (1 share)		9
	State Street Global All Cap Equity ex.-U.S. Index Fund Class K	Mutual fund (20 shares)		1,851
	State Street Aggregated Bond Index Fund Class K	Mutual fund (85 shares)		655
	State Street Target Retirement Fund Class K	Mutual fund (2,464 shares)		24,862
	State Street Target Retirement 2060 Fund Class K	Mutual fund (1,687 shares)		21,072
	State Street Target Retirement 2055 Fund Class K	Mutual fund (299 shares)		3,698
	State Street Target Retirement 2050 Fund Class K	Mutual fund (4,307 shares)		52,035
	State Street Target Retirement 2045 Fund Class K	Mutual fund (1,453 shares)		17,672
	State Street Target Retirement 2040 Fund Class K	Mutual fund (817 shares)		9,710
	State Street Target Retirement 2035 Fund Class K	Mutual fund (17,585 shares)		206,627
	State Street Target Retirement 2020 Fund Class K	Mutual fund (6,116 shares)		61,647
	State Street Target Retirement 2030 Fund Class K	Mutual fund (6 shares)		75
	State Street Target Retirement 2025 Fund Class K	Mutual fund (4,149 shares)		44,772
	Vanguard Balanced Index Fund Admiral Shares	Mutual fund (71 shares)		<u>2,802</u>
				471,335
<b>COMMON COLLECTIVE TRUST</b>				
	Reliance Trust Stable Value Fd - MetLife Series 25053 class 0	Common collective trust (80 shares)		15,316
	<b>* NOTES RECEIVABLE FROM PARTICIPANTS</b>	5.75%-7.25%		<u>33,444</u>
	<b>TOTAL ASSETS HELD AT YEAR END</b>		<b>\$</b>	<b><u>520,095</u></b>

\* Denotes party-in-interest

\*\* Cost omitted as these investments are participant directed.

St. Johnsville Rehabilitation & Nursing Center, Inc.  
7 Timmerman Avenue, St. Johnsville, New York 13452- Telephone: 518-568-5037 - Fax: 888-241-4392

# ST. JOHNSVILLE REHABILITATION A 401(k) PROFIT SHARING PLAN AND TRUST

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2022 AND 2021

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	<u>2022</u>	<u>2021</u>
INVESTMENTS, at fair value		
Mutual funds	\$ 471,335	\$ 710,403
Common collective trust	<u>15,316</u>	<u>12,691</u>
Total investments	<u>486,651</u>	<u>723,094</u>
RECEIVABLES:		
Participants contributions	1,120	1,244
Employer's contributions	309	300
Notes receivable from participants	<u>33,444</u>	<u>25,735</u>
Total receivables	<u>34,873</u>	<u>27,279</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 521,524</u>	<u>\$ 750,373</u>

The accompanying notes are an integral part of these statements.

## ST. JOHNSVILLE REHABILITATION A 401(k) PROFIT SHARING PLAN AND TRUST

### STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

---

	<u>2022</u>	<u>2021</u>
ADDITIONS:		
Contributions -		
Employer	\$ 15,365	\$ 17,708
Participant	<u>58,332</u>	<u>71,750</u>
Total contributions	<u>73,697</u>	<u>89,458</u>
Investment income (loss) -		
Net appreciation (depreciation) in fair value of investments	(114,655)	59,310
Interest and dividend income	<u>10,011</u>	<u>14,244</u>
Total investment income (loss)	<u>(104,644)</u>	<u>73,554</u>
Interest on notes receivable from participants	<u>1,226</u>	<u>411</u>
Total additions (losses)	<u>(29,721)</u>	<u>163,423</u>
DEDUCTIONS:		
Benefits paid to participants	195,718	73,103
Administrative expenses	<u>3,410</u>	<u>3,730</u>
Total deductions	<u>199,128</u>	<u>76,833</u>
CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	(228,849)	86,590
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	<u>750,373</u>	<u>663,783</u>
NET ASSETS AVAILABLE FOR BENEFITS - end of year	<u>\$ 521,524</u>	<u>\$ 750,373</u>

The accompanying notes are an integral part of these statements.

## ST. JOHNSVILLE REHABILITATION A 401(K) PROFIT SHARING PLAN AND TRUST

### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2022 AND 2021

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#### 1. DESCRIPTION OF PLAN

The following brief description of St. Johnsville Rehabilitation a 401(k) Profit Sharing Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

##### **General**

The Plan is a defined contribution plan which covers substantially all employees of St. Johnsville Rehabilitation and Nursing Center, Inc. (the Company) who have completed one year of service and are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

##### **Contributions**

Eligible participants are entitled to defer up to the maximum annual dollar contribution allowed by ERISA and the Internal Revenue Service of \$20,500 and \$19,500 for the years ended December 31, 2022 and 2021, respectively, into the Plan as a qualified pre-tax contribution. If a participant is age 50 or over, the ceiling was \$27,000 and \$26,000 for the years ended December 31, 2022 and 2021, respectively. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company can make a discretionary matching contribution. The Company matched 100% of the first 1% of the participants' compensation for the years ended December 31, 2022 and 2021. Additionally, the Company has the option of making annual discretionary profit-sharing contributions to the Plan.

##### **Participant Accounts**

Each participant's account is credited with the participant's contribution and an allocation of (a) the Company's contribution and (b) plan earnings (losses). Allocations of the Company's contributions are based on participants' compensation for the year. Plan earnings and administrative expenses are allocated based on participant account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

##### **Notes Receivable from Participants**

Participants are permitted to borrow a minimum of \$1,000 and up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan transactions are limited to one at any given time. The loans are payable in their entirety upon the occurrence of a distributable event and bear interest at a rate of prime plus 1%. Principal and interest is paid ratably through monthly payroll deductions. See note 2 for additional information.

##### **Vesting**

Participants are immediately vested in their contributions plus actual earnings/losses thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after 6 years of credited service.

## 1. DESCRIPTION OF PLAN (Continued)

### Payment of Benefits

On termination of service, a participant will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Required minimum distributions may elect to receive a lump-sum amount or annual installments equal to the value of the participant's vested interest in his or her account. Participants may withdraw any part of their vested account which does not result from discretionary contributions after reaching the age of 59½. Rollover contributions may be withdrawn at any time. The Plan allows for participants to receive benefits in cases of hardship.

### Forfeitures

Forfeited balances of terminated participants' non-vested accounts are used to reduce administrative fees. There were \$36 and \$44 of forfeitures for the years ended December 31, 2022 and 2021, respectively, that were used to reduce the fees or employer contributions. Unapplied, forfeited, non-vested accounts totaled \$1,434 and \$547 at December 31, 2022 and 2021, respectively.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

### Investments

Investments are reported 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. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodian, and insurance company. See Note 4 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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

### 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 the participants' account balance and the amounts reported in the statement of net assets available for benefits.

### Payment of Benefits

Benefit payments to participants are recorded when paid.

### Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable are reclassified as distributions in accordance with the terms of the Plan document. As of December 31, 2022 and 2021, no allowance for credit losses has been recorded.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

### Use of Estimates

The preparation of financial statements in accordance with generally accepted accounting principles requires Plan management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

### Reclassifications

Certain items with the prior year financial statements have been reclassified to conform to current year presentation.

## 3. CERTIFIED INVESTMENT INFORMATION

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the custodian has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by Mid Atlantic Trust Company, the custodian.

	<u>2022</u>	<u>2021</u>
Total investments	\$ <u>486,651</u>	\$ <u>723,094</u>
Net appreciation (depreciation) in fair value of investments	\$ <u>(114,655)</u>	\$ <u>59,310</u>
Interest and dividend income	\$ <u>10,011</u>	\$ <u>14,244</u>
Schedule of Assets (Held at End of Year)	Schedule I	

#### 4. FAIR VALUE MEASUREMENTS

ASC 820 establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

**Level 1:** Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

**Level 2:** Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

**Level 3:** Significant unobservable inputs that reflect a reporting entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

The following is a description of the valuation methodology used for assets measured at fair value:

**Mutual Funds** - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded (Level 1).

**Common Collective Trust** - The Plan's investment in a common collective trust (CCT) is stated at fair value, using a net asset value per share practical expedient, based on the value of the underlying investments. The CCT invests in group annuity contracts and its interest in those contracts is calculated as contributions made, plus interest at a fixed periodic rate set by the issuer, less withdrawals, and less certain allocated expenses. The primary investment objective of the CCT is to preserve principal while generating earnings at competitive rates over time with short-term high quality fixed income investments and maintain sufficient liquidity to provide participant-directed withdrawals at their proportionate share of contract value as defined in the Declaration of Trust. There are no unfunded commitments related to the Plan's investment in the CCT. Withdrawals from the CCT are normally paid, subject to the receipt of funds from the issuer of group annuity contracts, no later than two business days (60 business days as to a withdrawal in connection with terminating a participating plan's participation in the CCT).

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation method is 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.

#### 4. FAIR VALUE MEASUREMENTS (Continued)

##### Fair Value Measurements

The following sets forth investments within the fair value hierarchy as of December 31, 2022:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 471,335	\$ -	\$ -	\$ 471,335
Investments measured at NAV (a)				<u>15,316</u>
Total investments				<u>\$ 486,651</u>

The following sets forth investments within the fair value hierarchy as of December 31, 2021:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 710,403	\$ -	\$ -	\$ 710,403
Investments measured at NAV (a)				<u>12,691</u>
Total investments				<u>\$ 723,094</u>

(a) Certain investments measured at fair value using the net asset value per share (or its equivalent) practical expedient 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 amounts presented on the statements of net assets available for benefits.

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2022 and 2021, respectively.

<u>December 31, 2022</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (If Currently Available)</u>
Common collective trust	\$ 15,316	N/A	Daily
Total investments measured at NAV	<u>\$ 15,316</u>		
<u>December 31, 2021</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (If Currently Available)</u>
Common collective trust	\$ 12,691	N/A	Daily
Total investments measured at NAV	<u>\$ 12,691</u>		

**5. PLAN TERMINATION**

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

**6. INCOME TAX STATUS**

The IRS has determined and informed the Company by a letter dated April 10, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). 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, believes the Plan is qualified, and the related trust is tax-exempt.

**7. PARTIES-IN-INTEREST TRANSACTIONS**

Mid Atlantic Trust Company is the custodian as defined by the Plan and the Company is the Plan sponsor. As such, transactions between Mid Atlantic Trust Company, the Company and the Plan qualify as party-in-interest transactions. Additionally, notes receivable from participants are party-in-interest transactions.

**8. SUBSEQUENT EVENTS**

Subsequent events have been evaluated through October 9, 2023, which is the date the financial statements were available to be issued.

ST. JOHNSVILLE REHABILITATION A 401(k) PROFIT SHARING PLAN AND TRUST

Schedule I

EMPLOYER IDENTIFICATION NUMBER 20-1388111

PLAN 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2022

(a)	(b) <u>Identity of Issue</u>	(c) <u>Description of Investments</u>	(d) ** <u>Cost</u>	(e) <u>Current Value</u>
<b>MUTUAL FUNDS</b>				
	Fidelity Small Cap Index	Mutual fund (447 shares)	\$	9,694
	Fidelity Mid Cap Index	Mutual fund (257 shares)		6,665
	State Street Equity 500 Index Fund Class K	Mutual fund (17 shares)		4,886
	Vanguard Small Cap Value Index Fund Admiral Shares	Mutual fund (36 shares)		2,479
	Vanguard Small Cap Growth Index Fund Admiral Shares	Mutual fund (2 shares)		115
	Vanguard Growth Index Fund Admiral Shares	Mutual fund (1 share)		9
	Vanguard Value Index Fund Admiral Shares	Mutual fund (1 share)		9
	State Street Global All Cap Equity ex.-U.S. Index Fund Class K	Mutual fund (20 shares)		1,851
	State Street Aggregated Bond Index Fund Class K	Mutual fund (85 shares)		655
	State Street Target Retirement Fund Class K	Mutual fund (2,464 shares)		24,862
	State Street Target Retirement 2060 Fund Class K	Mutual fund (1,687 shares)		21,072
	State Street Target Retirement 2055 Fund Class K	Mutual fund (299 shares)		3,698
	State Street Target Retirement 2050 Fund Class K	Mutual fund (4,307 shares)		52,035
	State Street Target Retirement 2045 Fund Class K	Mutual fund (1,453 shares)		17,672
	State Street Target Retirement 2040 Fund Class K	Mutual fund (817 shares)		9,710
	State Street Target Retirement 2035 Fund Class K	Mutual fund (17,585 shares)		206,627
	State Street Target Retirement 2020 Fund Class K	Mutual fund (6,116 shares)		61,647
	State Street Target Retirement 2030 Fund Class K	Mutual fund (6 shares)		75
	State Street Target Retirement 2025 Fund Class K	Mutual fund (4,149 shares)		44,772
	Vanguard Balanced Index Fund Admiral Shares	Mutual fund (71 shares)		<u>2,802</u>
				471,335
<b>COMMON COLLECTIVE TRUST</b>				
	Reliance Trust Stable Value Fd - Metlife Series 25053 class 0	Common collective trust (80 shares)		15,316
	<b>* NOTES RECEIVABLE FROM PARTICIPANTS</b>	5.75%-7.25%		<u>33,444</u>
	<b>TOTAL ASSETS HELD AT YEAR END</b>		<b>\$</b>	<b><u>520,095</u></b>

\* Denotes party-in-interest

\*\* Cost omitted as these investments are participant directed.