

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2023</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description) _____

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>BLAIR SENIOR SERVICES, INC MONEY PURCHASE PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BLAIR SENIOR SERVICES, INC</u></p> <p><u>1320 12TH AVE</u> <u>ALTOONA, PA 16601</u></p>	<p>1c Effective date of plan <u>09/01/1980</u></p> <p>2b Employer Identification Number (EIN) <u>25-1259406</u></p> <p>2c Plan Sponsor's telephone number <u>814-946-1235</u></p> <p>2d Business code (see instructions) <u>812990</u></p>

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.	02/24/2025	STEVE WILLIAMSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	187
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	130
	6a(2)	190
	6b	0
	6c	49
	6d	239
	6e	0
	6f	239
	6g(1)	179
6g(2)	210	
6h	16	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2C 2F 3D

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan BLAIR SENIOR SERVICES, INC MONEY PURCHASE PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BLAIR SENIOR SERVICES, INC	D Employer Identification Number (EIN) 25-1259406	

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

JANUS CAPITAL GROUP	151 DETROIT STREET DENVER, CO 80206
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMG FUNDS LLC	C/O BNY MELLON ASSET SERVICING PO BOX 9769 PROVIDENCE, RI 02940
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

HARBOR CAPITAL ADVISORS INC	111 SOUTH WACKER DR 34TH FLOOR CHICAGO, IL 60606
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FIRST EAGLE FUNDS	1345 AVENUE OF THE AMERICAS 48TH FLOOR NEW YORK, NY 10105
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

WELLS FARGO ADVANTAGE FUNDS

PO BOX 8266
BOSTON, MA 02266

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

PRIMECAP ODYSSEY FUNDS

C/O U.S. BANCORP FUND SERVICES
PO BOX 701
MILWAUKEE, WI 53201

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

DODGE & COX FUNDS

C/O BOSTON FINANCIAL
PO BOX 8422
BOSTON, MA 02266

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

LOOMIS SAYLES FUND

PO BOX 219594
KANSAS CITY, MO 64121

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

PIMCO

1633 BROADWAY
NEW YORK, NY 10019

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

FEDERATED FUNDS

PO BOX 8600
BOSTON, MA 02266

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

NATIXIS GLOBAL ASSET MANAGEMENT

399 BOYLSTON ST
BOSTON, MA 02166

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

GOLDMAN SACHS & CO

200 WEST ST
29TH FLOOR
NEW YORK, NY 10282

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

VANGUARD INVESTMENTS

PO BOX 2600
VALLEY FORGE, PA 19482

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

FIDELITY INVESTMENTS

PO BOX 770001
CINCINNATI, OH 45277

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

ALLIANCE BERNSTEIN

13445 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

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

ROBECO INVESTMENT MANAGEMENT

ONE BEACON ST
30TH FLOOR
BOSTON, MA 02108

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

T ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

CALVERT INVESTMENTS

4550 MONTGOMERY AVENUE
BETHESDA, MD 20814

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

EDGEWOOD FUNDS

535 MADISON AVE 15TH FL
NEW YORK, NY 10022

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

OAKMARK FUNDS

330 WEST 9TH STREET
KANSAS CITY, MO 64105

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

JOHN HANCOCK FUNDS

PO BOX 17603
BALTIMORE, MD 21297

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

INVESCO

1555 PEACHTREE STREET
N.E. SUITE 1800
ATLANTA, GA 30309

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

BOSTON PARTNERS

ONE BEACON STREET 30TH FL
BOSTON, MA 02108

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

VIRTUS FUNDS

PO BOX 9874
PROVIDENCE, RI 02940

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

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

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

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

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 2023 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>BLAIR SENIOR SERVICES, INC MONEY PURCHASE PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BLAIR SENIOR SERVICES, INC</u>	D Employer Identification Number (EIN) <u>25-1259406</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>PATHROAD CONSERVATIVE FIX INC</u>		
b Name of sponsor of entity listed in (a):	<u>AMERISERV TRUST & FINANCIAL SERVICES</u>		
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)	
<u>54-2080030-001</u>	<u>C</u>		<u>3536</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>PATHROAD INTERMEDIATE TERM FIX INC</u>		
b Name of sponsor of entity listed in (a):	<u>AMERISERV TRUST & FINANCIAL SERVICES</u>		
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)	
<u>54-2080032-001</u>	<u>C</u>		<u>3991</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>PATHROAD CONSERVATIVE GROWTH & INC</u>		
b Name of sponsor of entity listed in (a):	<u>AMERISERV TRUST & FINANCIAL SERVICES</u>		
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)	
<u>54-2080035-001</u>	<u>C</u>		<u>1350793</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>PATHROAD BALANCED GROWTH & INC</u>		
b Name of sponsor of entity listed in (a):	<u>AMERISERV TRUST & FINANCIAL SERVICES</u>		
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)	
<u>54-2080038-001</u>	<u>C</u>		<u>2912429</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>PATHROAD CAPITAL APPRECIATION & INC</u>		
b Name of sponsor of entity listed in (a):	<u>AMERISERV TRUST & FINANCIAL SERVICES</u>		
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)	
<u>54-2080043-001</u>	<u>C</u>		<u>371879</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>PATHROAD LONG TERM EQUITY INC</u>		
b Name of sponsor of entity listed in (a):	<u>AMERISERV TRUST & FINANCIAL SERVICES</u>		
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)	
<u>54-2080047-001</u>	<u>C</u>		<u>133958</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>FEDERATED CAPITAL PRESERVATION FUND</u>		
b Name of sponsor of entity listed in (a):	<u>FEDERATED INVESTORS INC</u>		
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)	
<u>22-2712853-001</u>	<u>C</u>		<u>137183</u>

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

a Name of MTIA, CCT, PSA, or 103-12 IE: **PATHROAD STRATEGIC CONSERV GTH INC**

b Name of sponsor of entity listed in (a): **AMERISERV TRUST & FINANCIAL SERVICES**

c EIN-PN 82-1960703-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37385
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PATHROAD STRATEGIC BAL GROWTH INC**

b Name of sponsor of entity listed in (a): **AMERISERV TRUST & FINANCIAL SERVICES**

c EIN-PN 82-1945731-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 160621
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PATHROAD STRATEGIC CAP APPRECIATION**

b Name of sponsor of entity listed in (a): **AMERISERV TRUST & FINANCIAL SERVICES**

c EIN-PN 82-1933023-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 90575
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PATHROAD STRATEGIC LONG TERM EQUITY**

b Name of sponsor of entity listed in (a): **AMERISERV TRUST & FINANCIAL SERVICES**

c EIN-PN 82-1912135-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23755
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan BLAIR SENIOR SERVICES, INC MONEY PURCHASE PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BLAIR SENIOR SERVICES, INC	D Employer Identification Number (EIN) 25-1259406

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	5000
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	17665
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2166	3239
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	394798	451043
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	4541484	5226104
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	696371	928430
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5634819	6631481
Liabilities			
g Benefit claims payable	1g		0
h Operating payables	1h		17665
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	17665
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	5634819	6613816

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)	376934	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		376934
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	21807	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	4943	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		26750
(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)	9838	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		9838
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		896463
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-70110
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1239875

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	260410	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		260410
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	468	
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		468
j Total expenses. Add all expense amounts in column (b) and enter total	2j		260878

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		978997
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **FIORE FEDELI SNYDER CAROTHERS, LLP**

(2) EIN: **20-2000025**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>BLAIR SENIOR SERVICES, INC MONEY PURCHASE PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BLAIR SENIOR SERVICES, INC</u>	D Employer Identification Number (EIN) <u>25-1259406</u>	

Part I	Distributions
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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): <u>25-1695966</u>		
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	10

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	394599
b Enter the amount contributed by the employer to the plan for this plan year	6b	394599
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	0

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704029A.

**REPORT ON AUDIT OF
FINANCIAL STATEMENTS**

**BLAIR SENIOR SERVICES, INC.
MONEY PURCHASE PENSION PLAN**

**YEARS ENDED
JUNE 30, 2024 AND 2023**

BLAIR SENIOR SERVICES, INC.
MONEY PURCHASE PENSION PLAN

CONTENTS

	PAGE
Independent Auditors' Report	1-5
Statements of Net Assets Available for Benefits, June 30, 2024 and 2023	6
Statement of Changes in Net Assets Available for Benefits, Year Ended June 30, 2024	7
Notes to the Financial Statements	8 - 15
Supplemental Schedules	
Schedule H, Line 4i-Schedule of Assets (Held at End of Year)	16 - 17
Schedule H, Line 4j-Schedule of Reportable Transactions	18
Net Gain/(Loss) Reporting for 5500 Schedule H	19

INDEPENDENT AUDITORS' REPORT

To the Trustees and Plan Administrator
Blair Senior Services, Inc.
Money Purchase Pension Plan
Altoona, PA

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

We have performed audits of the accompanying financial statements of Blair Senior Services, Inc. Money Purchase Pension 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 June 30, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended June 30, 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 Blair Senior Services, Inc. Money Purchase Pension 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 June 30, 2024 and 2023, and for the year ended June 30, 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Blair Senior Services, Inc. Money Purchase Pension Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements related 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 Blair Senior Services, Inc. Money Purchase Pension 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.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Blair Senior Services, Inc. Money Purchase Pension 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 Blair Senior Services, Inc. Money Purchase Pension 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 materials 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 Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i-Schedule of Assets (Held at End of Year), Schedule H, Line 4j-Schedule of Reportable Transactions, and the Net Gain/(Loss) Reporting for 5500 Schedule H 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).



FIORE FEDELI SNYDER CAROTHERS, LLP

FEBRUARY 24, 2025

BLAIR SENIOR SERVICES, INC.
MONEY PURCHASE PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30,

	<u>2024</u>	<u>2023</u>
<u>Assets</u>		
Cash	\$ 5,000	\$ --
Investments at Market Value:		
Cash Equivalents	451,043	394,798
Collective Funds	5,226,104	4,541,484
Mutual Funds	<u>928,430</u>	<u>696,371</u>
Total Investments	6,605,577	5,632,653
Interest and Dividend Income Receivable	3,239	2,166
Employer Contributions Receivable	<u>17,665</u>	<u>--</u>
Total Assets	<u>6,631,481</u>	<u>5,634,819</u>
 <u>Liabilities</u>		
Operating Payable	<u>17,665</u>	<u>--</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$6,613,816</u>	 <u>\$5,634,819</u>

See Accompanying Notes to the Financial Statements

BLAIR SENIOR SERVICES, INC.
MONEY PURCHASE PENSION PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED JUNE 30, 2024

Additions

Investment Income:	
Interest, dividends, and realized gains/(losses) on sale of investments	\$ 130,463
Net appreciation/(depreciation) in fair value of investments	<u>732,478</u>
Total Investment Income	862,941
Contributions by Employer	<u>376,934</u>
Total Additions	<u>1,239,875</u>
<u>Deductions</u>	
Administrative fees	468
Benefits paid to participants	<u>260,410</u>
Total Deductions	<u>260,878</u>
Net Increase in Net Assets Available for Benefits	978,997
Net Assets Available for Benefits, Beginning of year	<u>5,634,819</u>
Net Assets Available for Benefits, End of year	<u>\$ 6,613,816</u>

See Accompanying Notes to the Financial Statements

BLAIR SENIOR SERVICES, INC.
MONEY PURCHASE PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
YEARS ENDED JUNE 30, 2024 AND 2023

NOTE 1: DESCRIPTION OF THE PLAN:

The following description of the Blair Senior Services, Inc. Money Purchase Pension Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

GENERAL:

The Plan is a defined contribution plan covering all classes of employees of Blair Senior Services, Inc. (the “Company”) who have one year of service. The Plan was effective September 1, 1980, was amended and restated as of May 1, 2022, and qualifies under the Internal Revenue Code (the “Code”) as a Money Purchase Pension Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

CONTRIBUTIONS:

Participants may enter the Plan the first day of the month subsequent to or coinciding with the date on which eligibility requirements are satisfied. Contributions are made on 7.5% of each participant’s compensation when enrolled into the plan.

Participants actively employed at the end of the plan year will be eligible to share in the allocation of contributions if employed at any time during the plan year (no service requirement).

Participants can direct the investments of their allocations into various investment options offered by the plan.

PARTICIPANT ACCOUNTS:

Each participant’s account is credited with the participant’s allocations of (1) the Company’s contribution and (2) Plan earnings, and charged with an allocation of administrative expenses. The method of allocating the expenses depends on the nature of the expense itself. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

BLAIR SENIOR SERVICES, INC.
MONEY PURCHASE PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
YEARS ENDED JUNE 30, 2024 AND 2023

NOTE 1: DESCRIPTION OF THE PLAN (Continued):

VESTING:

Participants are 100% invested in the employer contributions, plus actual earnings, after 3 years of service. A participant is vested as follows:

Normal Vesting

<u>Years of Service</u>	<u>Vested Percentage</u>
0-3 years	0%
Greater than 3 years	100%

Top Heavy Vesting:

<u>Years of Service</u>	<u>Vested Percentage</u>
0-3 years	0%
Greater than 3 years	100%

TOP HEAVY STATUS:

The results of the top heavy testing reflect that the plan is not top heavy for the plan years ending June 30, 2024 and 2023. Therefore, neither minimum contributions nor an accelerated vesting schedule are applicable.

FORFEITED ACCOUNTS:

Forfeited accounts are distributed among active participants and are reinvested in their individual accounts as allocated by compensation.

PAYMENT OF BENEFITS:

Distribution of Benefits Upon Retirement, Death or Disability:

Upon termination, or after attaining normal, early or disability retirement age, or upon death, a participant will be 100% vested in their account(s) under the plan. Distribution of the account(s) will be made to the participant (or their beneficiary). Benefits to a participant are paid in the form of a life annuity, unless waived and another option is elected. Benefits to the beneficiary will be paid in the form of a qualified joint or survivor annuity, unless waived and another option is elected by the participant.

BLAIR SENIOR SERVICES, INC.
MONEY PURCHASE PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
YEARS ENDED JUNE 30, 2024 AND 2023

NOTE 1: DESCRIPTION OF THE PLAN (Continued):

PAYMENT OF BENEFITS (Continued):

Distribution of Benefits Upon Termination Prior to Retirement, Death, or Disability:

A distribution may be made as soon as administratively feasible following the date on which a distribution is requested or is otherwise payable. Distributions to the plan may be made in annuities, lump-sums or substantially equal installments.

INVESTMENT OPTIONS:

The plan is entirely participant-directed and, as such, upon enrollment in the Plan, a participant may direct employer contributions in any investment option offered in the Plan. Participants may change their investment options at any time. The plan currently offers various mutual funds and common collective trusts as investment options.

PLAN TERMINATION:

Although it has not expressed any intent to do so, the Company has the right under the Plan agreement 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 become fully vested in their accrued benefits.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

BASIS OF ACCOUNTING:

The financial statements are prepared using the accrual basis of accounting.

USE OF ESTIMATES:

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

BLAIR SENIOR SERVICES, INC.
MONEY PURCHASE PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
YEARS ENDED JUNE 30, 2024 AND 2023

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued):

INVESTMENT VALUATION AND INCOME RECOGNITION:

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 change in the difference between current market value and cost is reported in the statement of changes in net assets available for plan benefits as net appreciation or depreciation in fair value of investments. Fair value is discussed below.

The net appreciation or depreciation in fair value of investments is reported as the change in the difference between the current market value and the prior year's market value adjusted for purchases and sales.

PAYMENT OF BENEFITS:

Benefits are recorded when paid.

ADMINISTRATIVE EXPENSES:

Substantially all of the administrative expenses of the Plan are paid by the sponsor.

SUBSEQUENT EVENTS:

Subsequent events have been evaluated through February 24, 2025, which is the date the financial statements were available to be issued.

NOTE 3: INCOME TAX STATUS:

The Internal Revenue Service has determined and informed the Company by a determination letter dated March 31, 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 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.

BLAIR SENIOR SERVICES, INC.
MONEY PURCHASE PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
YEARS ENDED JUNE 30, 2024 AND 2023

NOTE 3: INCOME TAX STATUS (Continued):

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2024 and 2023, 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. Tax years 2021 through 2024 remain open to IRS examination.

NOTE 4: FAIR VALUE MEASUREMENTS:

Investments are recorded at fair value. Fair value is defined as the price that the Plan would receive upon selling an investment in a timely transaction to an independent buyer in the principal or most advantageous market of the investment. A three-tier hierarchy is utilized to maximize the use of observable market data and minimize the use of unobservable inputs and to establish classification of fair value measurements for disclosure purposes. Inputs refer broadly to the assumptions that market participants would use in pricing the asset or liability, including assumptions about risk, for example, the risk inherent in a particular valuation technique used to measure fair value and/or the risk inherent in the inputs to the valuation technique. Inputs may be observable or unobservable. Observable inputs are inputs that reflect the assumptions market participants would use in pricing the asset or liability developed based on market data obtained from sources independent of the reporting entity. Unobservable inputs are inputs that reflect the reporting entity's own assumptions about the assumptions market participants would use in pricing the asset or liability developed based on the best information available in the circumstances. The three-tier hierarchy of inputs is summarized in the three broad Levels listed below.

- Level 1 – quoted prices in active markets for identical investments
- Level 2 – other significant observable inputs (including quoted prices for similar investments, interest rates, credit risks, etc.)
- Level 3 – significant unobservable inputs (including the organization's own assumptions in determining the fair value of investments)

BLAIR SENIOR SERVICES, INC.
MONEY PURCHASE PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
YEARS ENDED JUNE 30, 2024 AND 2023

NOTE 4: FAIR VALUE MEASUREMENTS (Continued):

Securities listed on a securities exchange or openly traded, for which market quotations are readily available, are valued at their last quoted sales price on the principal exchange on which they are traded on the valuation date. Debt securities are valued at prices that reflect broker/dealer-supplied valuations or are obtained from independent pricing services and are deemed representative of market values at the close of the market.

Following is a description of the valuation methodologies 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-ended mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded, and are classified as Level 1.

Common/Collective Trust: Units held in the common/collective trust (“CCT”) are valued using the NAV practical expedient of the CCT as reported by the CCT manager. The NAV practical expedient is based on the fair value of the underlying assets owned by the CCT, minus its liabilities, and then divided by the number of units outstanding. The NAV practical expedient of a CCT is calculated based on a compilation of primarily observable market information. The CCT investments do not have any unfunded commitments and can be redeemed daily. The CCTs are classified as Level 2.

NOTE 5: INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN:

The following information 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 the custodian, AmeriServ Trust and Financial Services Company.

Information included in the statements of net assets for benefit:

	<u>June 30,</u>	
	<u>2024</u>	<u>2023</u>
Cash	\$ 5,000	\$ --
Investments, at fair market	\$ 6,605,577	\$ 5,632,653
Receivables	\$ 20,904	\$ 2,166
Operating Payable	\$ 17,665	\$ --

BLAIR SENIOR SERVICES, INC.
MONEY PURCHASE PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
YEARS ENDED JUNE 30, 2024 AND 2023

NOTE 5: INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN (Continued):

Information included in the statement of changes in net assets available for benefits:

	<u>2024</u>
Interest and dividends	\$ 36,586
Realized gains	93,877
Unrealized gains	<u>732,478</u>
Total investment income	\$ <u>862,941</u>

NOTE 6: INVESTMENTS:

Investments generally consist of mutual funds, actively traded on U.S. Markets.

The following investments represent five percent or more of the Plan's Net Assets held as of June 30:

	<u>2024</u>	<u>2023</u>
Goldman Sachs Financial Square Government	\$ 444,496	\$ 390,500
Pathroad Tactical Balanced	\$ 2,912,429	\$ 2,502,559
Pathroad Tactical Conservative	\$ 1,350,793	\$ 1,183,765
Pathroad Tactical Capital	\$ 371,879	\$ 281,512

NOTE 7: RELATED PARTY TRANSACTIONS:

Certain Plan investments are managed by AmeriServ Trust and Financial Services Company, the custodian, and therefore, these transactions qualify as party-in-interest transactions.

Certain administrative functions of the Plan are performed by employees of the Company. No such employee receives compensation from the Plan.

Fees paid by the Plan amounted to \$468 and \$651 for the years ended June 30, 2024 and 2023, respectively.

BLAIR SENIOR SERVICES, INC.
MONEY PURCHASE PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
YEARS ENDED JUNE 30, 2024 AND 2023

NOTE 8: 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.

NOTE 9: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500:

The net assets available for benefits per the financial statements for the years ended June 30, 2024 and 2023 agree to Schedule H of Form 5500.

The contributions to the plan per the financial statement for the year ended June 30, 2024 agree to Form 5500.

Per Financials

Investment Income:

Interest, dividend, and realized gain/losses on sale of investments	\$ 130,463
Net appreciation/(depreciation) in fair value of investments	<u>732,478</u>

Total investment income per financials	<u>862,941</u>
--	----------------

Per 5500:

Investment Income:

Interest	26,750
Dividends	9,838
Net investment gain/(loss) from commonly/collective trust	896,463
Net investment gain/(loss) from registered investment companies (e.g. mutual funds)	<u>(70,110)</u>

Total	<u>862,941</u>
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Difference	\$ <u><u> --</u></u>
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SUPPLEMENTAL SCHEDULES

BLAIR SENIOR SERVICES, INC.
MONEY PURCHASE PENSION PLAN
SUPPLEMENTAL SCHEDULE
JUNE 30, 2024

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

<u>Investment Type</u>	<u>Fund Name</u>	<u>Held By</u>	<u>Current Value</u>
Money Market	Goldman Sachs Fin Sq Govt FD #465	AmeriServ	444,496
	Goldman Sachs Treas Oblig FD #468	AmeriServ	<u>6,547</u>
	Money Market Total		451,043
Collective Funds	Federated Hermes Capital	AmeriServ	137,183
	* Pathroad Conservative Fix	AmeriServ	3,536
	* Pathroad Strategic Balanced Growth	AmeriServ	160,621
	* Pathroad Strategic Capital	AmeriServ	90,574
	* Pathroad Strategic Conservative	AmeriServ	37,385
	* Pathroad Strategic Long-Term	AmeriServ	133,958
	* Pathroad Tactical Balanced	AmeriServ	2,912,429
	* Pathroad Tactical Capital	AmeriServ	371,879
	* Pathroad Tactical Conservative	AmeriServ	1,350,793
	* Pathroad Tactical Intermediate-Term	AmeriServ	3,991
	* Pathroad Tactical Long-Term Equity	AmeriServ	<u>23,755</u>
	Collective Funds Total		5,226,104
Mutual Funds	Federated Hermes Instl High Yield Bd	AmeriServ	4,587
	Loomis Sayles Bond Instl	AmeriServ	946
	Natixis Loomis Sayles Ltd Gov	AmeriServ	530
	PIMCO Gnma Government Securities	AmeriServ	7,209
	PIMCO Income Fd – Inst	AmeriServ	20,643
	PIMCO Total Return Fund – Inst	AmeriServ	7,012
	Vanguard Total Bond Market Index Adm	AmeriServ	20,073
	Blackrock Mid Cap Grw Eqty – I	AmeriServ	10,359
	Calvert Equity Fund – I	AmeriServ	51,055
	Dodge & Cox Balanced Fund	AmeriServ	161
	Fidelity Adv Emrg Mrkts – Z	AmeriServ	49,827
	Fidelity Adv Growth Oppor – Z	AmeriServ	176,627
	Fidelity Select Software & IT	AmeriServ	126,598
Fidelity Low-Priced Stock	AmeriServ	38,904	

BLAIR SENIOR SERVICES, INC.
MONEY PURCHASE PENSION PLAN
SUPPLEMENTAL SCHEDULE
JUNE 30, 2024

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

<u>Investment Type</u>	<u>Fund Name</u>	<u>Held By</u>	<u>Current Value</u>
Mutual Funds	John Hancock FDS III Disc VAL MCP I	AmeriServ	4,804
	Primecap Odyssey Aggressive Growth	AmeriServ	3,413
	T-Rowe Price Real Assets	AmeriServ	1,109
	T-Rowe Price Capital Appreciation I	AmeriServ	2,490
	T-Rowe Price Financial Services	AmeriServ	14,188
	T-Rowe Price Health Sciences I	AmeriServ	74,731
	T-Rowe Price Retire I 2050 Fund	AmeriServ	5,837
	T-Rowe Price Retirement I 2025 Fund	AmeriServ	9,751
	T-Rowe Price Retirement I 2030 Fund	AmeriServ	7,529
	T-Rowe Price Retirement I 2040 Fund	AmeriServ	21,928
	T-Rowe Price Retirement I 2045 Fund	AmeriServ	3,809
	T-Rowe Price Retirement I 2055 Fund	AmeriServ	521
	TIAA Cref Real Estate Securities FD	AmeriServ	14,017
	Vanguard Emerging Mkts Bd – Adm	AmeriServ	2,644
	Vanguard Equity Income Fund	AmeriServ	21,572
	Vanguard Institutional Index – Inst	AmeriServ	209,120
	Vanguard Intl Gr FD Adm CL #581	AmeriServ	1,830
	Vanguard Mid Cap Index – Adm	AmeriServ	13,258
	Vanguard Small Cap Index Fund – Adm	AmeriServ	83
	Virtus Kar Sm Cap Grwth – I	AmeriServ	<u>1,265</u>
	Mutual Funds Total		<u>928,430</u>
	Total		<u>\$6,605,577</u>

* Party-in-Interest

BLAIR SENIOR SERVICES, INC.
MONEY PURCHASE PENSION PLAN
SUPPLEMENTAL SCHEDULE
YEAR ENDED JUNE 30, 2024

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS:

Purchases:

<u>Fund Name</u>	<u>Date</u>	<u>Cost</u>
Pathroad Tactical Balanced Growth & Income Fund	Various	\$163,050

Sales:

<u>Fund Name</u>	<u>Date</u>	<u>Proceeds</u>	<u>Cost</u>	<u>Gain/(Loss)</u>
Pathroad Tactical Balanced Growth & Income Fund	Various	\$171,540	\$128,232	\$43,308

BLAIR SENIOR SERVICES, INC.
MONEY PURCHASE PENSION PLAN
SUPPLEMENTAL SCHEDULE
YEAR ENDED JUNE 30, 2024

NET GAIN/(LOSS) REPORTING FOR 5500 SCHEDULE H:

	<u>Realized G/L</u>	<u>Unrealized G/L</u>	<u>Net Gain/Loss</u>	<u>5500 Reporting</u>
Mutual Funds	\$ 21,153	\$(91,262)	\$(70,109)	Part II 2 b 10
Common Collective Trust	<u>72,724</u>	<u>823,740</u>	<u>896,464</u>	Part II 2 b 6
Totals	\$ <u>93,877</u>	\$ <u>732,478</u>	\$ <u>826,355</u>	

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 4085 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

2023

This Form Is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

Part II Basic Plan Information—enter all requested information

1a Name of plan BLAIR SENIOR SERVICES, INC MONEY PURCHASE PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 09/01/1980
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) BLAIR SENIOR SERVICES, INC 1320 12TH AVE ALTOONA PA 16601	2b Employer Identification Number (EIN) 25-1259406
	2c Plan Sponsor's telephone number (814) 946-1235
	2d Business code (see instructions) 812990

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		07/25/23	STEVE WILLIAMSON
	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

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

Form 5500 (2023)
v. 230728

BLAIR SENIOR SERVICES, INC.
MONEY PURCHASE PENSION PLAN
SUPPLEMENTAL SCHEDULE
JUNE 30, 2024

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

<u>Investment Type</u>	<u>Fund Name</u>	<u>Held By</u>	<u>Current Value</u>
Money Market	Goldman Sachs Fin Sq Govt FD #465	AmeriServ	444,496
	Goldman Sachs Treas Oblig FD #468	AmeriServ	<u>6,547</u>
	Money Market Total		451,043
Collective Funds	Federated Hermes Capital	AmeriServ	137,183
	* Pathroad Conservative Fix	AmeriServ	3,536
	* Pathroad Strategic Balanced Growth	AmeriServ	160,621
	* Pathroad Strategic Capital	AmeriServ	90,574
	* Pathroad Strategic Conservative	AmeriServ	37,385
	* Pathroad Strategic Long-Term	AmeriServ	133,958
	* Pathroad Tactical Balanced	AmeriServ	2,912,429
	* Pathroad Tactical Capital	AmeriServ	371,879
	* Pathroad Tactical Conservative	AmeriServ	1,350,793
	* Pathroad Tactical Intermediate-Term	AmeriServ	3,991
	* Pathroad Tactical Long-Term Equity	AmeriServ	<u>23,755</u>
	Collective Funds Total		5,226,104
Mutual Funds	Federated Hermes Instl High Yield Bd	AmeriServ	4,587
	Loomis Sayles Bond Instl	AmeriServ	946
	Natixis Loomis Sayles Ltd Gov	AmeriServ	530
	PIMCO Gnma Government Securities	AmeriServ	7,209
	PIMCO Income Fd – Inst	AmeriServ	20,643
	PIMCO Total Return Fund – Inst	AmeriServ	7,012
	Vanguard Total Bond Market Index Adm	AmeriServ	20,073
	Blackrock Mid Cap Grw Eqty – I	AmeriServ	10,359
	Calvert Equity Fund – I	AmeriServ	51,055
	Dodge & Cox Balanced Fund	AmeriServ	161
	Fidelity Adv Emrg Mrkts – Z	AmeriServ	49,827
	Fidelity Adv Growth Oppor – Z	AmeriServ	176,627
	Fidelity Select Software & IT	AmeriServ	126,598
	Fidelity Low-Priced Stock	AmeriServ	38,904

BLAIR SENIOR SERVICES, INC.
MONEY PURCHASE PENSION PLAN
SUPPLEMENTAL SCHEDULE
JUNE 30, 2024

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

<u>Investment Type</u>	<u>Fund Name</u>	<u>Held By</u>	<u>Current Value</u>
Mutual Funds	John Hancock FDS III Disc VAL MCP I	AmeriServ	4,804
	Primecap Odyssey Aggressive Growth	AmeriServ	3,413
	T-Rowe Price Real Assets	AmeriServ	1,109
	T-Rowe Price Capital Appreciation I	AmeriServ	2,490
	T-Rowe Price Financial Services	AmeriServ	14,188
	T-Rowe Price Health Sciences I	AmeriServ	74,731
	T-Rowe Price Retire I 2050 Fund	AmeriServ	5,837
	T-Rowe Price Retirement I 2025 Fund	AmeriServ	9,751
	T-Rowe Price Retirement I 2030 Fund	AmeriServ	7,529
	T-Rowe Price Retirement I 2040 Fund	AmeriServ	21,928
	T-Rowe Price Retirement I 2045 Fund	AmeriServ	3,809
	T-Rowe Price Retirement I 2055 Fund	AmeriServ	521
	TIAA Cref Real Estate Securities FD	AmeriServ	14,017
	Vanguard Emerging Mkts Bd – Adm	AmeriServ	2,644
	Vanguard Equity Income Fund	AmeriServ	21,572
	Vanguard Institutional Index – Inst	AmeriServ	209,120
	Vanguard Intl Gr FD Adm CL #581	AmeriServ	1,830
	Vanguard Mid Cap Index – Adm	AmeriServ	13,258
	Vanguard Small Cap Index Fund – Adm	AmeriServ	83
	Virtus Kar Sm Cap Grwth – I	AmeriServ	<u>1,265</u>
	Mutual Funds Total		<u>928,430</u>
	Total		<u>\$6,605,577</u>

* Party-in-Interest

BLAIR SENIOR SERVICES, INC.
MONEY PURCHASE PENSION PLAN
SUPPLEMENTAL SCHEDULE
YEAR ENDED JUNE 30, 2024

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS:

Purchases:

<u>Fund Name</u>	<u>Date</u>	<u>Cost</u>
Pathroad Tactical Balanced Growth & Income Fund	Various	\$163,050

Sales:

<u>Fund Name</u>	<u>Date</u>	<u>Proceeds</u>	<u>Cost</u>	<u>Gain/(Loss)</u>
Pathroad Tactical Balanced Growth & Income Fund	Various	\$171,540	\$128,232	\$43,308