

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>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) IRS TN-2025-02 DISASTER RELIEF

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>SENIOR SERVICES RETIREMENT 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>MERITAN, INC.</u></p> <p><u>345 ADAMS AVENUE</u> <u>MEMPHIS, TN 38103</u></p>	<p>1c Effective date of plan <u>07/01/1994</u></p> <p>2b Employer Identification Number (EIN) <u>62-0674655</u></p> <p>2c Plan Sponsor's telephone number <u>901-766-0600</u></p> <p>2d Business code (see instructions) <u>624100</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.	07/10/2025	PATTI KESLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/10/2025	PATTI KESLER
	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	288
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)	9
	6a(2)	8
	6b	139
	6c	131
	6d	278
	6e	5
	6f	283
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

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

A Name of plan SENIOR SERVICES RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MERITAN, INC.	D Employer Identification Number (EIN) 62-0674655

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	GAP-CP-LU6E	0	07/01/2023	06/30/2024

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0			7

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	4 0
5	Current value of plan's interest under this contract in separate accounts at year end.....	5
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year.....	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 48643
c	Additions: (1) Contributions deposited during the year	7c(1) 44197
	(2) Dividends and credits	7c(2)
	(3) Interest credited during the year	7c(3) 832
	(4) Transferred from separate account.....	7c(4)
	(5) Other (specify below)	7c(5)
	▶	
	(6) Total additions	7c(6) 45029
d	Total of balance and additions (add lines 7b and 7c(6))	7d 93672
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 5028
	(2) Administration charge made by carrier	7e(2) 113
	(3) Transferred to separate account.....	7e(3)
	(4) Other (specify below)	7e(4) 88531
▶	MARKET VALUE ADJUSTMENT TRANSFER TO FUNDING SUCCESSOR	
	(5) Total deductions	7e(5) 93672
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f 0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<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

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>SENIOR SERVICES RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MERITAN, INC.</u>	D Employer Identification Number (EIN) <u>62-0674655</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date:	Month <u>07</u> Day <u>01</u> Year <u>2023</u>		
2 Assets:			
a Market value	2a		<u>20260489</u>
b Actuarial value	2b		<u>21493219</u>
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>135</u>	<u>17929545</u>	<u>17929545</u>
b For terminated vested participants	<u>144</u>	<u>7152429</u>	<u>7152429</u>
c For active participants	<u>9</u>	<u>1722729</u>	<u>1722729</u>
d Total	<u>288</u>	<u>26804703</u>	<u>26804703</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		<u>5.20 %</u>
6 Target normal cost			
a Present value of current plan year accruals	6a		<u>0</u>
b Expected plan-related expenses	6b		<u>243000</u>
c Target normal cost	6c		<u>243000</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE			
	Signature of actuary	<u>04/15/2025</u>	Date
	<u>KAREN L SKOGLUND, ASA, MAAA</u>	<u>23-06074</u>	Most recent enrollment number
	Type or print name of actuary	<u>614-888-1005</u>	Telephone number (including area code)
	<u>JHBENEFITS, LTD.</u>		
	Firm name		
	<u>100 W OLD WILSON BRIDGE RD. SUITE 214 WORTHINGTON, OH 43085</u>		
	Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____ %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		113104
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.37</u> %		6074
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		119178
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	80.18 %
15	Adjusted funding target attainment percentage	15	80.18 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	83.94 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
07/03/2023	50000		01/03/2024	50000			
08/04/2023	50000		02/01/2024	101355			
09/07/2023	50000		03/01/2024	101355			
09/29/2023	50000		04/01/2024	101355			
11/07/2023	50000		05/01/2024	101355			
12/06/2023	50000		06/03/2024	101355			
			Totals ▶	18(b)	1856775	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1785701

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of _____%		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		

Part III Funding Percentages			
14	Funding target attainment percentage	14	%
15	Adjusted funding target attainment percentage	15	%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
06/18/2024	1000000						
			Totals ▶	18(b)		18(c)	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information			
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)			30 0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	243000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	5311484	574409	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	817409	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	817409	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1785701	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	968292	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

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 SENIOR SERVICES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MERITAN, INC.	D Employer Identification Number (EIN) 62-0674655	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 64	N/A	39279	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMERITAS INVESTMENT COMPANY LLC

5900 O STREET
LINCOLN, NE 68510

(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?
22	N/A	20531	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DIVERSIFIED TRUST COMPANY

6075 POPLAR AVENUE, SUITE 850
MEMPHIS, TN 38119

(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?
21	N/A	12472	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

PENCHECKS TRUST

8580 LA MESA BOULEVARD, SUITE 101
LA MESA, CA 91942

(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?
15	N/A	6804	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LEAFHOUSE FINANCIAL ADVISORS

6300 BRIDGE PONT PLWY BLDG 1 ST
AUSTIN, TX 78730

(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?
22	N/A	1641	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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.	<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>SENIOR SERVICES RETIREMENT 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>MERITAN, INC.</u>	D Employer Identification Number (EIN) <u>62-0674655</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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DTC PRIVATE EQUITY III FUND</u>		
b Name of sponsor of entity listed in (a): <u>DIVERSIFIED TRUST COMPANY</u>		
c EIN-PN <u>26-1139682-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>126469</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DTC PRIVATE EQUITY IV LP</u>		
b Name of sponsor of entity listed in (a): <u>DIVERSIFIED TRUST COMPANY</u>		
c EIN-PN <u>35-2425281-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>463788</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DTC PRIVATE EQUITY V LP</u>		
b Name of sponsor of entity listed in (a): <u>DIVERSIFIED TRUST COMPANY</u>		
c EIN-PN <u>36-4798841-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>601187</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DTC PRIVATE EQUITY VI LP</u>		
b Name of sponsor of entity listed in (a): <u>DIVERSIFIED TRUST COMPANY</u>		
c EIN-PN <u>82-1794389-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>894413</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DTC PRIVATE EQUITY VIII, L.P.</u>		
b Name of sponsor of entity listed in (a): <u>DIVERSIFIED TRUST COMPANY</u>		
c EIN-PN <u>88-3694053-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>50000</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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)

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.	OMB No. 1210-0110 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 SENIOR SERVICES RETIREMENT PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 MERITAN, INC.	D Employer Identification Number (EIN) 62-0674655	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		2723908
(2) U.S. Government securities	1c(2)		1400921
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		1355249
(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)		1161588
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		2178969
(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)	2154941	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	18056905	7522796
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	48643	5533609

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	20260489	21877040
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	20260489	21877040

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)	1856775	
(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)		1856775
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	103066	
(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)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		103066
(2) Dividends:			
(A) Preferred stock	2b(2)(A)	342171	
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		342171
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		1326340
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		3628352

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1906869	
(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)		1906869
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)	55201	
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	49731	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(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)		104932
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2011801

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1616551
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: WATKINS UIBERALL, PLLC

(2) EIN: 62-1804252

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.)			
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 535207.

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>SENIOR SERVICES RETIREMENT 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>MERITAN, INC.</u>	D Employer Identification Number (EIN) <u>62-0674655</u>	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
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>62-1571650</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	<u>0</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

SENIOR SERVICES RETIREMENT PLAN

FINANCIAL STATEMENTS

June 30, 2024 and 2023



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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Senior Services Retirement Plan

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

We have performed an audit of the accompanying financial statements of Senior Services Retirement Plan, (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement 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 then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Senior Services Retirement 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 audit 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 qualified institutions as of and for the year ended June 30, 2024 and 2023, and for the year ended June 30, 2024, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Senior Services Retirement 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 Senior Services Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Senior Services Retirement 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 Senior Services Retirement Plan's ability to continue as a going concern for a reasonable period of time.

Our audit 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 of assets (held at end of year) 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. 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, is 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 schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the 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).

Watkins Mikusall, PLLC

Memphis, Tennessee
July 3, 2025

SENIOR SERVICES RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

June 30, 2024 and 2023

	<u>Assets</u>	
	2024	2023
Investments at Fair Value		
Mutual funds	\$ 7,522,796	\$ 17,525,674
Exchange-traded funds	5,466,421	-
Money market funds	2,723,908	529,151
Common/collective trust	2,178,969	2,154,941
U.S. government securities	1,400,921	-
Corporate debt instruments	1,355,249	-
Mortgage-backed securities	1,161,588	-
Total investments at fair value	21,809,852	20,209,766
Fully benefit responsive insurance contract at contract value	-	48,643
Total investments	21,809,852	20,258,409
Receivables		
Accrued interest and dividends	67,188	2,080
Net assets available for benefits	\$ 21,877,040	\$ 20,260,489

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

SENIOR SERVICES RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended June 30, 2024 and 2023

	2024	2023
Additions to Net Assets Attributed to:		
Investment Income		
Net appreciation in fair value of investments	\$ 1,326,340	\$ 1,455,922
Dividends	342,171	5,045
Interest	103,066	14,709
	1,771,577	1,475,676
Less investment expenses	(49,731)	(74,700)
	1,721,846	1,400,976
Contributions		
Employer	1,856,775	600,000
Total additions	3,578,621	2,000,976
Deductions from Net Assets Attributed to:		
Benefits paid to participants	1,906,869	2,753,817
Administrative expenses	55,201	244,216
Total deductions	1,962,070	2,998,033
Net decrease	1,616,551	(997,057)
Net Assets Available for Benefits		
Beginning of the year	20,260,489	21,257,546
End of the year	\$ 21,877,040	\$ 20,260,489

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

SENIOR SERVICES RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS

For the Years Ended June 30, 2024 and 2023

NOTE 1 – DESCRIPTION OF PLAN

The following brief description of the Senior Services Retirement Plan (the “Plan”) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan’s provisions.

General

The Plan is a defined benefit pension plan covering all eligible employees of Meritan, Inc. (the Plan Sponsor) as of the “Freeze Date”. The purpose of the Plan is to provide benefits to participants or their beneficiaries upon retirement or death. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Any person hired on or after June 30, 2006 is not eligible to participate in the Plan. For all eligible participants, benefits were frozen as of June 30, 2013 and all eligible participants are fully vested. Unless terminated by the Plan Sponsor, the Plan will remain in existence as long as necessary to pay already accrued benefits, but participants will no longer accrue any new benefits.

The Plan was amended effective June 1, 1999 to change the normal retirement benefit to 2% of the five-year average of compensation as reported on Form W-2. The Plan was amended again, effective July 1, 2003, to allow employees to take up to \$20,000 from their retirement account for specific hardship reasons. On April 19, 2007, the Board of Directors adopted the Sixth Amendment to the Plan whereby any person employed after June 30, 2006 would not be covered by the Plan. On March 20, 2013, the Board of Directors adopted the Ninth Amendment to the Plan whereby the Plan was frozen as of June 30, 2013, which means no participant will accrue any further benefits for earnings because of time worked. For Plan purposes, this means the projected benefit obligation will equal the current accumulated benefit obligation for the period after June 30, 2013. The result of the freeze should be to decrease the Plan’s future costs due to benefit accruals. Further, after June 30, 2013 the Board of Directors adopted the Tenth Amendment to the Plan restricting benefits for funding based limitations. However, this amendment has no practicable implications due to freezing of the Plan.

All assets were transferred from Nationwide Trust Company to Diversified Trust Company on December 12, 2023.

Pension Benefits

Employees who were eligible participants as of the “Freeze Date” are entitled to annual pension benefits calculated based on average monthly earnings and credited years of service up until the “Freeze Date”. A participant whose employment with Meritan, Inc. is terminated on normal retirement date shall be entitled to receive a monthly retirement benefit paid in accordance with Plan provisions. Normal date of retirement prior to the Third Amendment (see below) is the later of the participant’s 65th birthday or the earlier of the fifth anniversary of the date of Plan participation. Normal monthly retirement benefits for a participant who is an employee on or after June 1, 1996 are one-twelfth (1/12) of two percent (2%) of the participant’s compensation, multiplied by his years of credit service for benefit accrual, but in no event less than the monthly retirement benefit such participant would have received based on his accrued benefit and the formula in effect on May 31, 1999. Normal retirement benefits for a participant who is not an employee on or after June 1, 1999 are the sum of the number of years of credited service for benefit accrual, the whole of which the participant was classified as a full-time employee times \$20.00, and the number of years of credited service for benefit accrual during and part of which the participant was classified as other than a full time employee times \$10.00. A participant who continues employment with the employer beyond normal retirement date shall be eligible to retire on a delayed retirement date.

Effective July 1, 2003, the Third Amendment to the Plan was adopted. Normal Retirement was changed to the later of age 62 or fifth anniversary of participation in the Plan. An employee receives a 2% (years 1-10), 2.5% (years 11-20), 3% (years 21-30) times total years of credited service times average income. Total years credited service will be limited to 30 and a 75% multiplier. On March 20, 2013, the Board of Directors adopted an amendment to change the computation of normal retirement benefits for participants working after May 15, 2013. Under this amendment, an employee received 2% (years 1-10), 2.5% (years 11-20), and 2.67% (years 21-32) times total years of credited service times average income. Under this amendment, total years credited service will be limited to 32 and a 75% multiplier.

The normal form of payment of benefits is in the form described as single life annuity, payable monthly to the participant during lifetime. If married, benefits are payable in the form of a qualified and survivor annuity.

If a participant dies after distribution of interest in the Plan has begun, the remaining portion of such interest will be distributed to the participant's beneficiary. If a participant dies before distribution of interest in the Plan begins, distribution of the participant's entire interest shall be completed by December 31 of the calendar year which includes the fifth anniversary of the participant's death except to the extent an election is made to receive distributions in accordance with other Plan provisions.

Contributions

Plan contributions are computed using the normal cost and the accrued liability of the Plan. The normal cost is the value of benefits expected to accrue during the Plan year. The accrued liability is the value of benefits based on all prior service granted under the Plan. The minimum required contribution amortizes the initial accrued liability over 30 years. The 30-year amortization plus normal cost with interest to the end of the Plan year is the minimum required contribution. The maximum suggested contribution is the normal cost plus a 10-year amortization of the initial accrued liability with interest to the end of the Plan year.

Vested Benefits

The vested benefits shall be computed by multiplying the participant's accrued benefit by the non-forfeitable percentage applicable, as of the date of the participant's termination of employment determined from years of service. Participants are 100% vested upon completion of four years of credited service.

Administrative Expenses

Several of the investment fund options are subject to investment fees based on a percentage of invested assets, as disclosed in the fund's prospectus. All such fees are charged directly against the fund's investment performance and thus are not separately disclosed in the accompanying financial statements. Certain investment management fees and administrative expenses related to the Plan are paid out of the plan's assets and are therefore separately disclosed in the accompanying financial statements. Other administrative expenses were paid for by the Plan sponsor during the years ended June 30, 2024.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Since the Plan has been frozen, the financial statements of the Plan are reported based upon fair market value which is reasonably represents liquidation value.

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 certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

The Plan's investments are stated at fair market value (except for the fully benefit responsive investment contract, which is reported at contract value), as defined by generally accepted accounting principles. See Note 3 for disclosure related to fair value measurement.

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.

The Plan presents in the statement of changes in net assets available for benefits the net appreciation (depreciation) in the fair value of its investments, which consists of investment income, realized gains (losses), and the unrealized appreciation (depreciation) on investments.

Benefits are recorded when paid.

Date of Management's Review

The plan sponsor evaluated the Plan's June 30, 2024 financial statements for subsequent events through July 3, 2025, the date the financial statements were available to be issued. The plan sponsor is not aware of any subsequent events which would require recognition or disclosure in the financial statements.

NOTE 3 – FAIR VALUE MEASUREMENT

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

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

There have been no changes in the methodologies used at June 30, 2024 and 2023. The following is a description of the valuation methodologies used for assets measured at fair value.

Mutual funds: Valued at the net asset value of units or shares held by the Plan at year end.

Exchange-traded funds: Valued at the net asset value of the shares held by the Plan at year end.

Money market funds and cash equivalents: Valued at cost which approximates fair value.

Common/collective trust: Valued based upon the values of the underlying investments.

Mortgage-backed securities: Valued by estimating and discounting the future cash flows generated from the underlying mortgages.

U.S. government securities: Valued using pricing of identical securities that are traded on active markets on a daily basis.

Corporate debt instruments: Valued by determining the present value of expected future cash flows, considering the probability of default and the potential payout in case of default.

Fully benefit responsive insurance contract: Valued using book value less contingent deferred sales charges.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2024 and 2023, respectively.

	Assets at Fair Value as of June 30, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 7,522,796	\$ -	\$ -	\$ 7,522,796
Exchange-traded funds	5,466,421	-	-	5,466,421
Money market funds	-	2,723,908	-	2,723,908
Common/collective trust	-	2,178,969	-	2,178,969
U.S. government securities	-	1,400,921	-	1,400,921
Corporate debt instruments	-	1,355,249	-	1,355,249
Mortgage-backed securities	-	1,161,588	-	1,161,588
Total assets at fair value	<u>\$ 12,989,217</u>	<u>\$ 8,820,635</u>	<u>\$ -</u>	<u>\$ 21,809,852</u>

	Assets at Fair Value as of June 30, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 17,525,674	\$ -	\$ -	\$ 17,525,674
Money market funds	-	529,151	-	529,151
Common / collective trust	-	2,154,941	-	2,154,941
Total assets at fair value	<u>\$ 17,525,674</u>	<u>\$ 2,684,092</u>	<u>\$ -</u>	<u>\$ 20,209,766</u>

NOTE 4 – FULLY BENEFIT RESPONSIVE INSURANCE CONTRACT

Prior to the asset transfer on December 12, 2023 to Diversified Trust Company, the Plan entered into a guaranteed investment contract with Nationwide Life Insurance Company. The group annuity contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by the participants if they were to initiate permitted transactions under the terms of the Plan. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Contract value approximates fair value.

The contract issuer is contractually obligated to repay the principal interest at a specified interest rate that is guaranteed by the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than .5 percent. The crediting rate is reviewed on a daily basis for resetting. The contract cannot be terminated before the scheduled maturity date.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory development.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different under each contract. Examples of such events include the following:

1. The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code
2. Premature termination of the contracts
3. Plan termination or merger
4. Changes to the Plan's prohibition on competing investment options
5. Bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines
2. A breach of material obligation under the contract
3. A material misrepresentation
4. A material amendment to the agreements without the consent of the issuer

NOTE 5 – FUNDING

The Plan's funding policy is for the Plan sponsor to make contributions in amounts that are estimated to fully provide all accrued benefits by the time each participant retires and to meet the minimum funding requirements of ERISA. Annual funding requirements are actuarially determined using the unit credit funding method. The Plan sponsor made \$1,856,775 in contributions to the Plan for fiscal year 2024. The minimum funding requirements of ERISA are met for the plan year ended June 30, 2024.

NOTE 6 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered to the freeze date. Accumulated plan benefits include benefits expected to be paid to a) retired or terminated employees or their beneficiaries, b) beneficiaries of employees who have died, and c) present employees or their beneficiaries. Benefits under the Plan are based upon the participants' estimated monthly benefits which are computed based upon date of retirement or termination, average monthly compensation, years of credited service, and social security benefits, as defined in the plan document.

The accumulated benefits presented herein for active employees are based primarily on their years of service. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the date the Plan was frozen.

The maximum annual benefit payable from a qualified defined benefit pension plan was the lesser of \$275,000 (as determined by Internal Revenue Code Section 415) or 100% of the participant's average compensation not exceeding \$345,000 (as determined by IRC Section 401(a) (17)).

The actuarial present value of accumulated plan benefits is determined by an independent enrolled actuary and is computed by applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of July 1, 2023 were (a) life expectancy of participants (the PR2012 Mortality with Scale MP-2021 Tables were used), (b) retirement age assumptions (the assumed retirement age was 62), and (c) discount rate (the discount rate was estimated using the actuary's proprietary bond model which determines a set of high quality bonds that produce cash flows similar to the Plan's expected benefit payments, and then solves for the average yield of those bonds). The July 1, 2023 and 2022 valuations assumed an interest rate of 5.55% and 5.37%, respectively. The discount rate as of July 1, 2023 and 2022 was 5.25% and 4.88%, respectively.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. Changes made to the actuarial assumptions for the Plan year ended June 30, 2024 included updates to the discount rate and mortality tables in accordance with the Pension Protection Act (PPA). Withdrawal rates, retirement rates, form of payment elections, and beneficiary age difference assumptions were updated based on an experience study conducted in 2018.

Actuarial present value of accumulated plan benefits:

	<u>2023</u>	<u>2022</u>
Vested Benefits:		
Participants currently receiving payments	\$ 15,491,308	\$ 16,596,360
Active participants	1,415,373	1,307,828
Inactive participants with deferred benefits	<u>5,735,098</u>	<u>5,872,313</u>
	22,641,779	23,776,501
Nonvested benefits	<u>-</u>	<u>-</u>
Total actuarial present value of accumulated benefits	<u>\$ 22,641,779</u>	<u>\$ 23,776,501</u>

Changes in the present value of accumulated plan benefits:

Actuarial present value of accumulated plan benefits at July 1, 2022	\$ 23,776,501
Increase (Decrease) During the Year Attributable To:	
Benefits accumulated and (gains)/losses	51,979
Increase for interest due to the decrease in the discount period	1,608,550
Benefits paid	(2,753,817)
Change in actuarial assumptions	<u>(41,434)</u>
	<u>(1,134,722)</u>
Actuarial present value of accumulated plan benefits at July 1, 2023	<u>\$ 22,641,779</u>

NOTE 7 – SUMMARY OF INFORMATION CERTIFIED BY ASSET CUSTODIAN

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Nationwide and Diversified Trust Company, the asset custodians, have certified that the following data included in the accompanying financial statements and supplemental information is complete and accurate:

- Investments at fair value as shown in the statements of net assets available for benefits as of June 30, 2024 and 2023.
- Investment activity, as shown in the statements of changes in net assets available for benefits for the years ended June 30, 2024 and 2023.
- The schedule of assets (held at end of year) as of June 30, 2024.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental information.

NOTE 8 – PLAN TERMINATION

The Plan Sponsor may elect to terminate the Plan at any time. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a) Benefits attributable to employee contributions, taking into account those paid out before terminations.
- b) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years.
- c) The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

- d) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations discussed below.
- e) All other vested benefits (that is, vested benefits not insured by the PBGC).
- f) All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, nor does it guarantee the amount of benefits that were not vested immediately before a Plan termination date, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (which ever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

NOTE 9 – RELATED PARTY TRANSACTIONS AND PARTIES-IN-INTEREST TRANSACTIONS

Certain Plan investments are held and administered by Nationwide and Diversified Trust Company. Therefore, these transactions represent party-in-interest transactions. Certain plan expenses paid by the plan sponsor also qualify as party-in-interest transactions. These transactions are exempt from the prohibited transaction provision of ERISA and the Internal Revenue Code.

NOTE 10– 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. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 11 – TAX STATUS

The Plan obtained its latest determination letter on June 14, 2001, stating that the Plan qualifies under Section 401(a) of the Internal Revenue Code Section and the related trust is, therefore, exempt from taxation. The plan has been amended since receiving the determination letter; however, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements. Federal and state taxing authorities could request an examination of the financial records of the Plan to ascertain if any such taxable income exists but no such examination has occurred or is pending.

SUPPLEMENTAL INFORMATION

SENIOR SERVICES RETIREMENT PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2024

Form 5500 - Schedule H, Part IV, Line 4i

Employer: Meritan, Inc.

Plan #: 001

EIN: 62-0674655

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer	Description	Cost	Current Value
	Fidelity Advisors	Money Market Government Class I	\$ 2,680,214	\$ 2,680,214
	Blackrock	Liquid Fed FDS #81	43,694	43,694
		Total Money Market	\$ 2,723,908	
*	Diversified Trust Company	Private Equity VI Limited Partnership	\$ 560,000	\$ 894,413
*	Diversified Trust Company	Private Equity V Limited Partnership	282,967	601,187
*	Diversified Trust Company	Private Equity IV Limited Partnership	241,649	463,788
*	Diversified Trust Company	Private Equity III Limited Partnership	25,759	126,469
*	Diversified Trust Company	Private Equity VIII Limited Partnership	50,000	50,000
	The Mount Sinai Hospital	Callable Bond	44,041	43,112
		Total Common/Collective Trust	\$ 2,178,969	
	American Tower	TR Series 2018 1 CL A	\$ 47,319	\$ 46,992
	Crown Castle International Corp.	Towers Ser 2015 1 2 CL	48,520	49,090
	DTE Elec Securitization Fdg II LLC	DTE Elec Securitization Fdg II Extended	52,400	51,483
	GM Financial Consolidated	Series 2021 1 CL A 3 (0.35%)	919	932
	JGWPT XXX LLC	Ser 2013 3 CL A	47,168	47,557
	JGWPT XXXVII LLC	Ser 2016 1 CL A	23,638	23,568
	Verizon Wireless	Master TR Ser 2023 1 CL A 1A	29,784	29,628
	World Omni Financial Corp.	Series 2022 C CL A 3.66%	29,423	29,532
	Bank of America	Corp Sr Global NT	46,948	47,016
	Citi Group	Inc Sr Global NT	42,819	42,916
	Crown Castle International Corp.	Intl Corp Sr Global	19,139	19,104

SENIOR SERVICES RETIREMENT PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

June 30, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer	Description	Cost	Current Value
	CVS	Health Corp Sr Global NT	38,111	38,116
	Duke Energy Florida LLC	1M Global BD	38,779	35,608
	Entergy LA LLC	1st MTG BD	45,500	43,820
	Fifth Third Bancorp, Inc.	Callable Sr Global NT Variable Rate	20,504	20,502
	GATX Corp.	Callable Senior NT (3.5%)	37,522	37,531
	Hyundai Auto	Rec TR Ser 2023 C CL A	33,570	33,199
	John Sevier Combined Cycle LLC	Callable Sr SEC AMZ A (4.626%)	37,993	37,336
	JP Morgan Chase & Co.	Callable Sr Global NT Variable Rate	48,108	47,808
	Kentucky Utilities Co.	Callable 1M Global Bond (5.125%)	48,530	47,016
	KeyCorp	Non-Callable Bond (2.55%)	41,947	42,382
	The Kroger Co.	Callable Sr NT (5.40%)	39,674	38,806
	Nevada Power Co.	Callable 1M Gbl R NT (6.75%)	45,376	44,194
	Pacific Life Insurance Co.	Non-Callable Global FDG II Med FR (1.375%)	37,002	37,359
	The PNC Financial Services Group, Inc	Callable Sr NT (Variable Rate)	52,056	51,514
	Protective Life Corp.	Callable Sr NT (8.45%)	38,082	37,041
	Reliance Standard Life Insurance Co.	Callable FDG II FR (1.512%)	31,287	31,699
	The Southern Co., Inc.	Southern Co Gas Cap Sr Global	41,717	41,201
	T-Mobile USA, Inc.	T-Mobile USA Inc Sr Global NT	37,136	36,939
	Texas Eastern Transmission, LP	Texas Eastn Transmission LP Sr NT	44,835	43,631
	Toyota Auto	Recv Own TR Ser 2022 D	30,117	29,955
	United Airlines, Inc.	PT Cert Series 2016 2 2 CL AA	38,662	39,477
	United Rentals, Inc.	SR SEC Global 6% Bond	40,531	40,177
	The Unum Group	Senior NT 7.25%	42,517	41,880
	U.S. Bancorp, Inc.	FR Variable Rate DTD	48,923	48,925
	Wells Fargo, Inc.	Variable Rate Callable Bond	21,588	21,315
		Total Corporate Bonds	\$	1,355,249

SENIOR SERVICES RETIREMENT PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

June 30, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer	Description	Cost	Current Value
The Vanguard Group	FDS S&P 500 ETF	Exchange-traded funds	\$ 4,733,237	\$ 5,466,421
		Total Exchange-traded Funds	\$	5,466,421
Citi Group	Coml MTG TG Series 2015 GC29 CL	Mortgage-Backed Security	\$ 18,463	\$ 18,449
Citi Group	Coml MTG TG Series 2016 GC37 CL	Mortgage-Backed Security	26,246	26,498
COMM 2015-CCRE25 Mortgage Trust	Comm MTG TR Ser 2015	Mortgage-Backed Security	18,337	18,393
CSAIL	Coml MTG TR Ser 2015 C4 CL A 3	Mortgage-Backed Security	18,901	18,903
CSAIL	Coml MTG TR Ser 2016 C7 CL A	Mortgage-Backed Security	18,672	18,730
Freddie Mac	Multiclass bonds	Mortgage-Backed Security	68,121	67,135
Freddie Mac	Partn CTF #SD8257	Mortgage-Backed Security	108,677	105,913
Freddie Mac	Partn CTF #SD4254	Mortgage-Backed Security	42,620	42,230
Freddie Mac	Freddie Mac Small Balance Series 2020	Mortgage-Backed Security	74,399	76,165
Fannie Mae	Passthru #AM2127	Mortgage-Backed Security	78,806	78,949
Fannie Mae	Passthru #AN3840	Mortgage-Backed Security	79,037	78,202
Fannie Mae	Passthru #AN6046	Mortgage-Backed Security	57,180	56,419
Fannie Mae	Passthru #BL6436	Mortgage-Backed Security	57,691	57,554
Fannie Mae	Passthru #BS9409	Mortgage-Backed Security	36,471	35,804
Fannie Mae	Passthru #MA4178	Mortgage-Backed Security	74,904	73,929
Fannie Mae	Passthru #MA4357	Mortgage-Backed Security	82,925	79,927
Fannie Mae	Passthru #MA4783	Mortgage-Backed Security	77,277	74,997
Fannie Mae	Passthru #MA4868	Mortgage-Backed Security	90,667	88,736
Fannie Mae	Passthru #MA5107	Mortgage-Backed Security	58,804	59,623
Fannie Mae	Remic Passthru Series 2015 M7 CL	Mortgage-Backed Security	84,046	85,032
		Total Mortgage-Backed Securities	\$	1,161,588

SENIOR SERVICES RETIREMENT PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

June 30, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer	Description	Cost	Current Value
ALPS Distributors, Inc.	Brown Advisory Beutel Goodman Lg Cap	Mutual Fund	\$ 830,000	\$ 894,337
Causeway Funds, PLC	Causeway International Opportunities Fund	Mutual Fund	960,000	1,024,523
Champlain Investment Partners, LLC	Champlain Mid Cap Fund	Mutual Fund	630,000	646,941
Columbia Mgmt Investment Advisers, LL	Columbia Strategic Income Fund	Mutual Fund	1,150,000	1,140,800
GMO LLC	Quality Fund Class 1	Mutual Fund	1,050,000	1,219,678
The Vanguard Group	International Equity Index	Mutual Fund	958,318	1,004,034
The Vanguard Group	Ultra-Short Term Bond Fund	Mutual Fund	1,150,000	1,146,545
Virtus Asset Trust	Virtus SGA International Growth Class A	Mutual Fund	475,000	445,938
			Total Mutual Funds	\$ 7,522,796
The Tennessee Valley Authority	Federal SR Global Callable Bond	U.S. Agency Bond	\$ 53,202	\$ 51,830
The U.S. Small Business Administration	Small Business Admin GTD Dev Partn	U.S. Gov. Backed-Security	35,403	35,586
The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 1/1/2049	U.S. Gov. Backed-Security	147,539	146,949
The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 11/1/2047	U.S. Gov. Backed-Security	58,139	57,412
The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 11/1/2048	U.S. Gov. Backed-Security	48,111	47,012
The U.S. Small Business Administrator	Small Business Admin GTD LN Pool due 12/1/2035	U.S. Gov. Backed-Security	76,357	75,882
The U.S. Small Business Administrator	Small Business Admin GTD LN Pool due 12/1/2047	U.S. Gov. Backed-Security	71,946	73,277
The U.S. Small Business Administrator	Small Business Admin GTD LN Pool due 3/1/2038	U.S. Gov. Backed-Security	103,049	101,447
The U.S. Small Business Administrator	Small Business Admin GTD LN Pool due 4/1/2047	U.S. Gov. Backed-Security	60,000	59,737
The U.S. Small Business Administrator	Small Business Admin GTD LN Pool due 5/1/2037	U.S. Gov. Backed-Security	83,580	83,306
The U.S. Small Business Administrator	Small Business Admin GTD LN Pool due 5/1/2045	U.S. Gov. Backed-Security	86,690	84,753
The U.S. Small Business Administrator	Small Business Admin GTD LN Pool due 7/1/2044	U.S. Gov. Backed-Security	55,358	55,557
The U.S. Small Business Administrator	Small Business Admin GTD LN Pool due 9/1/2036	U.S. Gov. Backed-Security	642,270	63,164
The U.S. Small Business Administrator	Small Business Admin GTD LN Pool due 9/10/2027	U.S. Gov. Backed-Security	51,615	52,313
The United States Government	Treasury Bond due 5/12/2043	U.S. Gov. Bond	173,907	165,472
The United States Government	Treasury Bond due 5/15/2052	U.S. Gov. Bond	180,696	166,411

SENIOR SERVICES RETIREMENT PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

June 30, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer	Description	Cost	Current Value
	The United States Government	US Treasury Bond Stripped Prin PMT Prin	80,876	75,896
	The United States Government	Treasury Note (4% Due 10/31/2029)	4,832	4,917
		Total U.S. Gov. Securities		\$ 1,400,921
	Total assets held at year end		Total Investments	\$ 21,809,852

* Indicates party-in-interest

See independent auditors report.

SENIOR SERVICES RETIREMENT PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS

June 30, 2024

Form 5500 - Schedule H, Part IV, line 4j

Employer: Meritan, Inc.

Plan #: 001

EIN: 62-0674655

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Identity of Party Involved	Description of Asset	Number of Transactions	Transactions' Aggregate Purchase Price	Transactions' Aggregate Selling Price	Lease Rental	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<i>The following represent individual transactions in excess of 5% of plan assets at year end.</i>									
Diversified Trust Company	Columbia Strategic Income Fund	1	1,150,000	-	-	-	1,150,000	1,150,000	-
Diversified Trust Company	Vanguard Ultra-Short-Term Bond Fund	1	1,150,000	-	-	-	1,150,000	1,150,000	-
Diversified Trust Company	Vanguard S&P 500 ETF	1	4,733,237	-	-	-	4,733,237	4,733,237	-

See independent auditors report.

Senior Services Retirement Plan

Shortfall Amortization
 Plan Year: 7/1/2023 to 6/30/2024
 Valuation Date: 7/1/2023

If the plan has a funded status below 100%, the plan may require additional payments in the form of shortfall amortization payments. A plan's amortization payments are calculated to pay down the plan's underfunding over a fifteen year period.

<u>Valuation Date</u>	<u>Amortization Method</u>	<u>Number of Future Installments</u>	<u>Installment</u>	<u>Value of Future Installments</u>
07/01/2019	15-year	11	\$464,141	\$4,057,718
07/01/2020	15-year	12	\$12,878	\$120,111
07/01/2021	15-year	13	\$(127,865)	\$(1,263,806)
07/01/2022	15-year	14	\$123,096	\$1,281,950
07/01/2023	15-year	15	<u>\$102,159</u>	<u>\$1,115,511</u>
Total			\$574,409	\$5,311,484

Shortfall Amortization Charge (sum of installments, no less than zero): \$574,409

Senior Services Retirement Plan

Schedule of Active Participant Data

Plan Year: 7/1/2023 to 6/30/2024

Valuation Date: 7/1/2023

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	0	0	0	0	0	0
50-54	0	0	0	0	0	0	1	0	0	0	1
55-59	0	0	0	0	1	3	1	0	0	0	5
60-64	0	0	0	0	1	1	0	0	0	0	2
65-69	0	0	0	0	0	0	0	0	0	0	0
70+	0	0	0	0	0	1	0	0	0	0	1
Total	0	0	0	0	2	5	2	0	0	0	9

* Employees who have not met the minimum eligibility requirements are excluded

Average Age: 59.6

Average Service: 21

Senior Services Retirement Plan

Summary of Plan Provisions

Plan Year: 7/1/2023 to 6/30/2024

Valuation Date: 7/1/2023

Plan Effective Date	July 1, 1994
Plan Year	From July 1, 2023 to June 30, 2024
Eligibility	<p>All employees not excluded by class are eligible to enter on the July 1 or January 1 coincident with or preceding the completion of the following requirements:</p> <p style="padding-left: 40px;">1 year of service Minimum age 21</p> <p>No Employee shall become a Participant after June 30, 2013.</p>
Normal Retirement Age	<p>All participants are eligible to retire with their full retirement benefit on the later of the following:</p> <p style="padding-left: 40px;">Attainment of age 62 Completion of 5 plan years of service</p>
Normal Retirement Benefit	<p>Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:</p> <p style="padding-left: 40px;">A participant's Accrued Benefit as of any date of determination is a monthly benefit commencing on or subsequent to his Normal Retirement Date payable in the Normal Benefit Form, a life annuity, in an amount equal to 2% of av</p> <p>The maximum monthly benefit is the lesser of \$17,916.66 and 100% of the highest 3-year average salary, subject to service requirements.</p> <p>The benefit is based on average salary during the highest 3 consecutive years of service from date of hire.</p>
Normal Form of Benefit	A benefit payable for the life of the participant
Optional Forms of Benefit	<p>The following forms of benefit payment are also available:</p> <p style="padding-left: 40px;">Life Only - Payable for the life of the participant.</p> <p style="padding-left: 40px;">Life With 5 Years Certain - Payable for the life of the participant. If the participant dies before receiving payments for 5 full years, payments will continue to his/her surviving beneficiary for the remainder of the 5-year period and then stop.</p> <p style="padding-left: 40px;">Life With 10 Years Certain - Payable for the life of the participant. If the participant dies before receiving payments for 10 full years, payments will continue to his/her surviving beneficiary for the remainder of the 10-year period and then stop.</p> <p style="padding-left: 40px;">Life With 15 Years Certain - Payable for the life of the participant. If the participant dies before receiving payments for 15 full years, payments will continue to his/her surviving beneficiary for the remainder of the 15-year period and then</p>

Senior Services Retirement Plan

Summary of Plan Provisions
Plan Year: 7/1/2023 to 6/30/2024
Valuation Date: 7/1/2023

stop.

Joint and 100% Survivor - Payable for the life of the participant and his/her beneficiary. Payments cease on the death of both.

Joint and 75% Survivor - Payable for the life of the participant. If the participant dies before his/her beneficiary, 75% of the benefit will continue for the life of the beneficiary.

Joint and 50% Survivor - Payable for the life of the participant. If the participant dies before his/her beneficiary, 50% of the benefit will continue for the life of the beneficiary.

Accrued Benefit

The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date.

Credited years are plan years from date of hire excluding the following:

Years with less than 1,000 hours

Termination Benefit

Upon termination for any reason other than death or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

<u>Credited Years</u>	<u>Vested Percent</u>
1	0
2	0
3	0
4	0
5	100

Credited years are 12-month periods from date of hire to the anniversaries of date of hire excluding the following:

Years with less than 1,000 hours

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death

Senior Services Retirement Plan

Summary of Actuarial Assumptions and Method

Plan Year: 7/1/2023 to 6/30/2024

Valuation Date: 7/1/2023

	For Funding		For 417(e)	For Actuarial Equiv.
	Min	Max		
Interest Rates	Seg 1: 4.75%	2.85%	Seg 1: 4.91%	Pre-Retirement: 7.00%
	Seg 2: 5.00%	4.02%	Seg 2: 5.15%	Post-Retirement: 7.00%
	Seg 3: 5.74%	4.19%	Seg 3: 5.34%	
Applicable Date	05/2023	05/2023	05/2023	
Pre-Retirement				
Turnover	T-7 with term rates no less than 5%		None	None
Mortality	Male-2023 Static Table - Combined Male Female-2023 Static Table - Combined Female		2023 Applicable Mortality Table from Notice 2022-22	UP-84 UNADJUSTED
Assumed Ret Age	Normal retirement age 62 and 5 years of service		Normal retirement age 62 and 5 years of service	Normal retirement age 62 and 5 years of service
Pln-reltd expenses	\$243,000.00			
Post-Retirement				
Mortality	Male-2023 Static Table - Combined Male Female-2023 Static Table - Combined Female		2023 Applicable Mortality Table from Notice 2022-22	UP-84 UNADJUSTED
Assumed Benefit Form For Funding			Normal Form	
Assumed Spouse's Age	Wives assumed to be 2 years younger than husbands			Wives assumed to be 2 years younger than husbands
	Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known			Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known
Calculated Effective Interest Rate			5.20%	
Actuarial Cost Method	The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.			

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 106.1% of the market value of assets.

Senior Services Retirement Plan

Weighted Average Retirement Age

Plan Year: 7/1/2023 to 6/30/2024

Valuation Date: 7/1/2023

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

The later of:

Attainment of age 62

Completion of 5 plan years of service

Participants who have passed their Normal Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 63

Senior Services Retirement Plan
Employer ID# 62-0674655: Plan No. 001
Quarterly Installment Payment: \$118,063.00

Schedule SB, line 19 - Discounted Employer Contributions

Plan Year: 7/1/2023 to 6/30/2024
Valuation Date: 7/1/2023

<u>Date</u>	<u>Amount</u>	<u>Year</u>	<u>Rate</u>	<u>Period</u>	<u>Adj Ctb</u>
07-03-2023	50,000.00	2023	5.20%	07-03-2023 to 07-01-2023	49,986.37
08-04-2023	50,000.00	2023	5.20%	08-04-2023 to 07-01-2023	49,768.87
09-07-2023	50,000.00	2023	5.20%	09-07-2023 to 07-01-2023	49,538.81
09-29-2023	50,000.00	2023	5.20%	09-29-2023 to 07-01-2023	49,390.52
11-07-2023	50,000.00	2023	5.20%	11-07-2023 to 07-01-2023	49,122.03
12-06-2023	50,000.00	2023	5.20%	12-06-2023 to 07-01-2023	48,921.63
01-03-2024	50,000.00	2023	5.20%	01-03-2024 to 07-01-2023	48,735.31
02-01-2024	101,355.00	2023	5.20%	02-01-2024 to 07-01-2023	98,401.72
03-01-2024	101,355.00	2023	5.20%	03-01-2024 to 07-01-2023	97,986.91
04-01-2024	101,355.00	2023	5.20%	04-01-2024 to 07-01-2023	97,573.83
05-01-2024	101,355.00	2023	5.20%	05-01-2024 to 07-01-2023	97,162.51
06-03-2024	101,355.00	2023	5.20%	06-03-2024 to 07-01-2023	96,726.55
06-18-2024	1,000,000.00	2023	5.20%	06-18-2024 to 07-01-2023	952,385.54
Totals:	1,856,775.00				1,785,700.60

19	Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year		
a	Contributions allocated toward unpaid minimum required contribution from prior years	19a	0.00
b	Contributions made to avoid benefit restrictions adjusted to valuation date	19b	0.00
c	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	19c	1,785,700.60

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Senior Services Retirement Plan		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Meritan, Inc.		D Employer Identification Number (EIN) 62-0674655	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>7</u> Day <u>1</u> Year <u>2023</u>			
2 Assets:			
a Market value			2a 20,260,489
b Actuarial value			2b 21,493,219
3 Funding target/participant count breakdown			
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	135	17,929,545	17,929,545
b For terminated vested participants.....	144	7,152,429	7,152,429
c For active participants	9	1,722,729	1,722,729
d Total.....	288	26,804,703	26,804,703
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions			4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....			4b
5 Effective interest rate			5 5.20 %
6 Target normal cost.....			
a Present value of current plan year accruals.....			6a 0
b Expected plan-related expenses			6b 243,000
c Target normal cost			6c 243,000

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>KLS</u>	<u>4/15/2025</u>
	Signature of actuary	Date
	Karen L Skoglund, ASA, MAAA	23-06074
	Type or print name of actuary	Most recent enrollment number
	JHBenefits, Ltd.	(614) 888-1005
	Firm name	Telephone number (including area code)
	100 W Old Wilson Bridge Rd. Suite 214 Worthington OH 43085	
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

Schedule SB (Form 5500) 2023
v. 230728

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____ %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		113,104
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.37</u> %		6,074
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		119,178
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	80.18%
15	Adjusted funding target attainment percentage	15	80.18%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	83.94%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls						
18 Contributions made to the plan for the plan year by employer(s) and employees:						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
07/03/2023	50,000		01/03/2024	50,000		
08/04/2023	50,000		02/01/2024	101,355		
09/07/2023	50,000		03/01/2024	101,355		
09/29/2023	50,000		04/01/2024	101,355		
11/07/2023	50,000		05/01/2024	101,355		
12/06/2023	50,000		06/03/2024	101,355		
Totals ▶			18(b)	1,856,775	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b	Contributions made to avoid restrictions adjusted to valuation date	19b	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,785,701
20 Quarterly contributions and liquidity shortfalls:			
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
------------------------	------------------------	------------------------	---

b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 63

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29**

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c) **31a** 243,000

b Excess assets, if applicable, but not greater than line 31a **31b** 0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	5,311,484	574,409
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 817,409

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)			36 817,409
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 1,785,701

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36) **38a** 968,292

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... **38b** 0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

SENIOR SERVICES RETIREMENT PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2024

Form 5500 - Schedule H, Part IV, Line 4i

Employer: Meritan, Inc.

Plan #: 001

EIN: 62-0674655

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer	Description	Cost	Current Value
	Fidelity Advisors	Money Market Government Class I	\$ 2,680,214	\$ 2,680,214
	Blackrock	Liquid Fed FDS #81	43,694	43,694
		Total Money Market	\$ 2,723,908	
*	Diversified Trust Company	Private Equity VI Limited Partnership	\$ 560,000	\$ 894,413
*	Diversified Trust Company	Private Equity V Limited Partnership	282,967	601,187
*	Diversified Trust Company	Private Equity IV Limited Partnership	241,649	463,788
*	Diversified Trust Company	Private Equity III Limited Partnership	25,759	126,469
*	Diversified Trust Company	Private Equity VIII Limited Partnership	50,000	50,000
	The Mount Sinai Hospital	Callable Bond	44,041	43,112
		Total Common/Collective Trust	\$ 2,178,969	
	American Tower	TR Series 2018 1 CL A	\$ 47,319	\$ 46,992
	Crown Castle International Corp.	Towers Ser 2015 1 2 CL	48,520	49,090
	DTE Elec Securitization Fdg II LLC	DTE Elec Securitization Fdg II Extended	52,400	51,483
	GM Financial Consolidated	Series 2021 1 CL A 3 (0.35%)	919	932
	JGWPT XXX LLC	Ser 2013 3 CL A	47,168	47,557
	JGWPT XXXVII LLC	Ser 2016 1 CL A	23,638	23,568
	Verizon Wireless	Master TR Ser 2023 1 CL A 1A	29,784	29,628
	World Omni Financial Corp.	Series 2022 C CL A 3.66%	29,423	29,532
	Bank of America	Corp Sr Global NT	46,948	47,016
	Citi Group	Inc Sr Global NT	42,819	42,916
	Crown Castle International Corp.	Intl Corp Sr Global	19,139	19,104

SENIOR SERVICES RETIREMENT PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

June 30, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer	Description	Cost	Current Value
	CVS	Health Corp Sr Global NT	38,111	38,116
	Duke Energy Florida LLC	1M Global BD	38,779	35,608
	Entergy LA LLC	1st MTG BD	45,500	43,820
	Fifth Third Bancorp, Inc.	Callable Sr Global NT Variable Rate	20,504	20,502
	GATX Corp.	Callable Senior NT (3.5%)	37,522	37,531
	Hyundai Auto	Rec TR Ser 2023 C CL A	33,570	33,199
	John Sevier Combined Cycle LLC	Callable Sr SEC AMZ A (4.626%)	37,993	37,336
	JP Morgan Chase & Co.	Callable Sr Global NT Variable Rate	48,108	47,808
	Kentucky Utilities Co.	Callable 1M Global Bond (5.125%)	48,530	47,016
	KeyCorp	Non-Callable Bond (2.55%)	41,947	42,382
	The Kroger Co.	Callable Sr NT (5.40%)	39,674	38,806
	Nevada Power Co.	Callable 1M Gbl R NT (6.75%)	45,376	44,194
	Pacific Life Insurance Co.	Non-Callable Global FDG II Med FR (1.375%)	37,002	37,359
	The PNC Financial Services Group, Inc	Callable Sr NT (Variable Rate)	52,056	51,514
	Protective Life Corp.	Callable Sr NT (8.45%)	38,082	37,041
	Reliance Standard Life Insurance Co.	Callable FDG II FR (1.512%)	31,287	31,699
	The Southern Co., Inc.	Southern Co Gas Cap Sr Global	41,717	41,201
	T-Mobile USA, Inc.	T-Mobile USA Inc Sr Global NT	37,136	36,939
	Texas Eastern Transmission, LP	Texas Eastn Transmission LP Sr NT	44,835	43,631
	Toyota Auto	Recv Own TR Ser 2022 D	30,117	29,955
	United Airlines, Inc.	PT Cert Series 2016 2 2 CL AA	38,662	39,477
	United Rentals, Inc.	SR SEC Global 6% Bond	40,531	40,177
	The Unum Group	Senior NT 7.25%	42,517	41,880
	U.S. Bancorp, Inc.	FR Variable Rate DTD	48,923	48,925
	Wells Fargo, Inc.	Variable Rate Callable Bond	21,588	21,315
		Total Corporate Bonds	\$	1,355,249

SENIOR SERVICES RETIREMENT PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

June 30, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer	Description	Cost	Current Value
The Vanguard Group	FDS S&P 500 ETF	Exchange-traded funds	\$ 4,733,237	\$ 5,466,421
		Total Exchange-traded Funds	\$	5,466,421
Citi Group	Coml MTG TG Series 2015 GC29 CL	Mortgage-Backed Security	\$ 18,463	\$ 18,449
Citi Group	Coml MTG TG Series 2016 GC37 CL	Mortgage-Backed Security	26,246	26,498
COMM 2015-CCRE25 Mortgage Trust	Comm MTG TR Ser 2015	Mortgage-Backed Security	18,337	18,393
CSAIL	Coml MTG TR Ser 2015 C4 CL A 3	Mortgage-Backed Security	18,901	18,903
CSAIL	Coml MTG TR Ser 2016 C7 CL A	Mortgage-Backed Security	18,672	18,730
Freddie Mac	Multiclass bonds	Mortgage-Backed Security	68,121	67,135
Freddie Mac	Partn CTF #SD8257	Mortgage-Backed Security	108,677	105,913
Freddie Mac	Partn CTF #SD4254	Mortgage-Backed Security	42,620	42,230
Freddie Mac	Freddie Mac Small Balance Series 2020	Mortgage-Backed Security	74,399	76,165
Fannie Mae	Passthru #AM2127	Mortgage-Backed Security	78,806	78,949
Fannie Mae	Passthru #AN3840	Mortgage-Backed Security	79,037	78,202
Fannie Mae	Passthru #AN6046	Mortgage-Backed Security	57,180	56,419
Fannie Mae	Passthru #BL6436	Mortgage-Backed Security	57,691	57,554
Fannie Mae	Passthru #BS9409	Mortgage-Backed Security	36,471	35,804
Fannie Mae	Passthru #MA4178	Mortgage-Backed Security	74,904	73,929
Fannie Mae	Passthru #MA4357	Mortgage-Backed Security	82,925	79,927
Fannie Mae	Passthru #MA4783	Mortgage-Backed Security	77,277	74,997
Fannie Mae	Passthru #MA4868	Mortgage-Backed Security	90,667	88,736
Fannie Mae	Passthru #MA5107	Mortgage-Backed Security	58,804	59,623
Fannie Mae	Remic Passthru Series 2015 M7 CL	Mortgage-Backed Security	84,046	85,032
		Total Mortgage-Backed Securities	\$	1,161,588

SENIOR SERVICES RETIREMENT PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

June 30, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer	Description	Cost	Current Value
ALPS Distributors, Inc.	Brown Advisory Beutel Goodman Lg Cap	Mutual Fund	\$ 830,000	\$ 894,337
Causeway Funds, PLC	Causeway International Opportunities Fund	Mutual Fund	960,000	1,024,523
Champlain Investment Partners, LLC	Champlain Mid Cap Fund	Mutual Fund	630,000	646,941
Columbia Mgmt Investment Advisers, LL	Columbia Strategic Income Fund	Mutual Fund	1,150,000	1,140,800
GMO LLC	Quality Fund Class 1	Mutual Fund	1,050,000	1,219,678
The Vanguard Group	International Equity Index	Mutual Fund	958,318	1,004,034
The Vanguard Group	Ultra-Short Term Bond Fund	Mutual Fund	1,150,000	1,146,545
Virtus Asset Trust	Virtus SGA International Growth Class A	Mutual Fund	475,000	445,938
		Total Mutual Funds	\$	7,522,796
The Tennessee Valley Authority	Federal SR Global Callable Bond	U.S. Agency Bond	\$ 53,202	\$ 51,830
The U.S. Small Business Administration	Small Business Admin GTD Dev Partn	U.S. Gov. Backed-Security	35,403	35,586
The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 1/1/2049	U.S. Gov. Backed-Security	147,539	146,949
The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 11/1/2047	U.S. Gov. Backed-Security	58,139	57,412
The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 11/1/2048	U.S. Gov. Backed-Security	48,111	47,012
The U.S. Small Business Administrator	Small Business Admin GTD LN Pool due 12/1/2035	U.S. Gov. Backed-Security	76,357	75,882
The U.S. Small Business Administrator	Small Business Admin GTD LN Pool due 12/1/2047	U.S. Gov. Backed-Security	71,946	73,277
The U.S. Small Business Administrator	Small Business Admin GTD LN Pool due 3/1/2038	U.S. Gov. Backed-Security	103,049	101,447
The U.S. Small Business Administrator	Small Business Admin GTD LN Pool due 4/1/2047	U.S. Gov. Backed-Security	60,000	59,737
The U.S. Small Business Administrator	Small Business Admin GTD LN Pool due 5/1/2037	U.S. Gov. Backed-Security	83,580	83,306
The U.S. Small Business Administrator	Small Business Admin GTD LN Pool due 5/1/2045	U.S. Gov. Backed-Security	86,690	84,753
The U.S. Small Business Administrator	Small Business Admin GTD LN Pool due 7/1/2044	U.S. Gov. Backed-Security	55,358	55,557
The U.S. Small Business Administrator	Small Business Admin GTD LN Pool due 9/1/2036	U.S. Gov. Backed-Security	642,270	63,164
The U.S. Small Business Administrator	Small Business Admin GTD LN Pool due 9/10/2027	U.S. Gov. Backed-Security	51,615	52,313
The United States Government	Treasury Bond due 5/12/2043	U.S. Gov. Bond	173,907	165,472
The United States Government	Treasury Bond due 5/15/2052	U.S. Gov. Bond	180,696	166,411

SENIOR SERVICES RETIREMENT PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

June 30, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer	Description	Cost	Current Value
	The United States Government	US Treasury Bond Stripped Prin PMT Prin	80,876	75,896
	The United States Government	Treasury Note (4% Due 10/31/2029)	4,832	4,917
		Total U.S. Gov. Securities		\$ 1,400,921
	Total assets held at year end		Total Investments	\$ 21,809,852

* Indicates party-in-interest

See independent auditors report.

SENIOR SERVICES RETIREMENT PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS

June 30, 2024

Form 5500 - Schedule H, Part IV, line 4j

Employer: Meritan, Inc.

Plan #: 001

EIN: 62-0674655

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Identity of Party Involved	Description of Asset	Number of Transactions	Transactions' Aggregate Purchase Price	Transactions' Aggregate Selling Price	Lease Rental	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<i>The following represent individual transactions in excess of 5% of plan assets at year end.</i>									
Diversified Trust Company	Columbia Strategic Income Fund	1	1,150,000	-	-	-	1,150,000	1,150,000	-
Diversified Trust Company	Vanguard Ultra-Short-Term Bond Fund	1	1,150,000	-	-	-	1,150,000	1,150,000	-
Diversified Trust Company	Vanguard S&P 500 ETF	1	4,733,237	-	-	-	4,733,237	4,733,237	-

See independent auditors report.