

<p><b>Form 5500</b></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><b>Annual Return/Report of Employee Benefit Plan</b></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>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

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

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

special extension (enter description)

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

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

<p><b>1a</b> Name of plan <u>PENSION PLAN FOR THE EMPLOYEES OF MOUNTAINVIEW NURSING HOME</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>COMMUNITY SERVICES FOR THE AGING, INC</u> <u>MOUNTAINVIEW NURSING HOME</u></p> <p><u>340 CEDAR SPRINGS RD</u> <u>SPARTANBURG, SC 29302-4637</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/1983</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>57-0360090</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>864-582-4175</u></p> <p><b>2d</b> Business code (see instructions) <u>623000</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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/15/2025	RALPH WESSINGER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/15/2025	RALPH WESSINGER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	239
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	73
	<b>6a(2)</b>	58
	<b>6b</b>	102
	<b>6c</b>	58
	<b>6d</b>	218
	<b>6e</b>	8
	<b>6f</b>	226
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		15
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

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

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

**a Pension Schedules**

- (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 \_\_\_\_\_
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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.

<b>A</b> Name of plan <u>PENSION PLAN FOR THE EMPLOYEES OF MOUNTAINVIEW NURSING HOME</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>COMMUNITY SERVICES FOR THE AGING, INC</u>	<b>D</b> Employer Identification Number (EIN) <u>57-0360090</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> 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**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>6715671</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>6828436</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>96</u>	<u>3509107</u>
	<b>b</b> For terminated vested participants .....	<u>67</u>	<u>1653661</u>
	<b>c</b> For active participants .....	<u>57</u>	<u>1314418</u>
	<b>d</b> Total .....	<u>220</u>	<u>6477186</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</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 .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.20 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>125448</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>45000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>170448</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.

<b>SIGN HERE</b>			
	Signature of actuary	<u>10/01/2025</u>	Date
	<u>ERIK JOHNSON</u>	<u>23-08975</u>	Most recent enrollment number
	<u>AON CONSULTING, INC</u>	<u>973-463-6217</u>	Telephone number (including area code)
	<u>MSC #17741 PO BOX 6718 SOMERSET, NJ 08875</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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	245324
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	121942
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	123382
<b>10</b>	Interest on line 9 using prior year's actual return of <u>15.66</u> % .....	0	19322
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> 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>5.32</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	142704

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	102.74 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	104.94 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	100.89 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>				
(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	
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	0

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

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	0

**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: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code) ..... **21b** 4

**22** Weighted average retirement age ..... **22** 65

**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**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

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

<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	170448
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	170448

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</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**

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	0
	Carryover balance	Prefunding balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	0

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

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	0

<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>PENSION PLAN FOR THE EMPLOYEES OF MOUNTAINVIEW NURSING HOME</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>COMMUNITY SERVICES FOR THE AGING, INC</b>	<b>D</b> Employer Identification Number (EIN) <b>57-0360090</b>	

**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

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

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

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

PRINCIPAL CUSTODY SOLUTIONS

510 N VALLEY MILLS DRIVE, SUITE 400  
WACO, TX 76710

(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	BROKER	43618	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>PENSION PLAN FOR THE EMPLOYEES OF MOUNTAINVIEW NURSING HOME</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>COMMUNITY SERVICES FOR THE AGING, INC</u>	<b>D</b> Employer Identification Number (EIN) <u>57-0360090</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE LARGE CAP GROWTH FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL CUSTODY SOLUTIONS</u>		
<b>c</b> EIN-PN <u>45-6648614-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>374455</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MUTIL-MANAGED SMALL CAP FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL CUSTODY SOLUTIONS</u>		
<b>c</b> EIN-PN <u>45-6648658-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>480765</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MFS VALUE FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL CUSTODY SOLUTIONS</u>		
<b>c</b> EIN-PN <u>45-6648640-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>537358</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FEDERATED TOTAL RETURN BOND FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL CUSTODY SOLUTIONS</u>		
<b>c</b> EIN-PN <u>46-6584317-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>663860</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>DODGE &amp; COX INCOME FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL CUSTODY SOLUTIONS</u>		
<b>c</b> EIN-PN <u>47-6566265-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>630642</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK S&amp;P 500 INDEX FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL CUSTODY SOLUTIONS</u>		
<b>c</b> EIN-PN <u>94-3222421-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>712065</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK S&amp;P MID CAP INDEX FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL CUSTODY SOLUTIONS</u>		
<b>c</b> EIN-PN <u>52-2265235-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>553452</u>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: ALLIANCE BERNSTEIN LARGE CAP GROWTH

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

<b>c</b> EIN-PN 38-4116831-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 361204
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: ALLSPRING CORE BOND FUND

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

<b>c</b> EIN-PN 94-3222878-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 661109
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: CAUSEWAY INTERNATIONAL VALUE FUND

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

<b>c</b> EIN-PN 47-3936180-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 343412
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>PENSION PLAN FOR THE EMPLOYEES OF MOUNTAINVIEW NURSING HOME</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>COMMUNITY SERVICES FOR THE AGING, INC</b>	<b>D</b> Employer Identification Number (EIN) <b>57-0360090</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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.

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	585 672
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	97067 138055
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	5153865 5318322
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	1464154 1516347
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	6715671	6973396
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	29391	30564
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	29391	30564
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	6686280	6942832

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	8818	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	50530	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	421274	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	421274	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		585449
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		19918
<b>c</b> Other income .....	<b>2c</b>		200
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		664915

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	364745	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		364745
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	43618	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		43618
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		408363

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		256552
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **SCHMOYER AND COMPANY, LLC**

(2) EIN: **57-1163206**

**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
<b>a</b> 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>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		250000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 588612.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>PENSION PLAN FOR THE EMPLOYEES OF MOUNTAINVIEW NURSING HOME</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>COMMUNITY SERVICES FOR THE AGING, INC</u>	<b>D</b> Employer Identification Number (EIN) <u>57-0360090</u>	

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

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

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

1	
---	--

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

**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	0
---	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**19** If the total number of participants is 1,000 or more, complete lines (a) 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 \_\_\_\_\_.



## INDEPENDENT AUDITORS' REPORT

To the Plan Administrator  
Pension Plan for the Employees  
of Mountainview Nursing Home

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

We have performed audits of the accompanying financial statements of the Pension Plan for the Employees of Mountainview Nursing Home (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the year ended December 31, 2024 and 2023, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note F to the financial statements, is complete and accurate.

### Opinion

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

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

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of Management for the Financial Statements**

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

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

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

## **Auditors' Responsibilities for the Audit of the Financial Statements**

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

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

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

## **Auditors' Responsibilities for the Audit of the Financial Statements--Continued**

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

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

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

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

### **Supplemental Schedules Required by ERISA**

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

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

**Supplemental Schedules Required by ERISA--Continued**

In our opinion--

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

*Schmoyer and Company, LLC*

Columbia, South Carolina  
October 15, 2025

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Pension Plan for the Employees of Mountainview Nursing Home  
EIN: 57-0360090 PN: 001

Schedule SB, line 26a – Schedule of Active Participant Data  
as of January 1, 2024

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		1								
25-29			1							
30-34		2		1	1					
35-39		1		1		1				
40-44		5	2	1	1					
45-49		2	5		3	1				
50-54	1	2	4	1		1				
55-59			4	1	1					
60-64	1			3	3			1		
65-69		1	2	1	1					
70+										

N-57

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Pension Plan for the Employees of Mountainview Nursing Home  
EIN: 57-0360090 PN: 001

## Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

### For ERISA Requirements

<b>Interest Rates for Minimum Funding Purposes</b>	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
<b>Interest Rates for Maximum Tax Purposes</b>	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
<b>Salary Increases</b>	
Minimum Funding Target Normal Cost	2.50%
Maximum Tax Expected Benefit Increase	2.50%
<b>Retirement Age</b>	
Active Participants	Age 65
Terminated Vested Participants	Age 65
<b>Mortality Rates</b>	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
<b>Withdrawal Rates</b>	See Table 1
<b>Disability Rates</b>	None
<b>Decrement Timing</b>	Beginning of year decrements
<b>Surviving Spouse Benefit</b>	It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are zero years older than their spouses.
<b>Valuation Compensation</b>	2023 Pensionable earnings rolled forward one year with the salary increase assumption

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Pension Plan for the Employees of Mountainview Nursing Home  
EIN: 57-0360090 PN: 001

**Benefit and Compensation Limits**

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.

**Valuation of Plan Assets**

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

**Expected Return on Assets**

2022 Plan Year	4.50%
2023 Plan Year	5.62%
2024 Plan Year	5.62%, limited to 5.59%

**Trust Expenses Included in Target Normal Cost**

\$45,000, the Plan pays PBGC, actuarial, and trust fees from the trust. The target normal cost includes an expense load equal to an average of the prior two year's expenses paid from the trust, rounded to the nearest \$5,000.

**Actuarial Method**

Standard unit credit cost method

**Valuation Date**

January 1, 2024

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Pension Plan for the Employees of Mountainview Nursing Home  
EIN: 57-0360090 PN: 001

## Actuarial Assumptions and Methods

Table 1

**Withdrawal Rates**

Age	Years of Service					
	0	1	2	3	4	5+
20	27.200%	22.400%	18.400%	16.000%	13.600%	12.000%
21	27.200%	22.400%	18.400%	16.000%	13.600%	12.000%
22	27.200%	22.400%	18.400%	16.000%	13.600%	12.000%
23	27.200%	22.400%	18.400%	16.000%	13.600%	12.000%
24	27.200%	22.400%	18.400%	16.000%	13.600%	12.000%
25	27.200%	22.400%	18.400%	16.000%	13.600%	12.000%
26	26.400%	21.600%	17.600%	15.200%	12.800%	11.120%
27	25.600%	20.800%	16.800%	14.400%	12.000%	10.240%
28	24.800%	20.000%	16.000%	13.600%	11.200%	9.360%
29	24.000%	19.200%	15.200%	12.800%	10.400%	8.480%
30	23.200%	18.400%	14.400%	12.000%	9.600%	7.600%
31	22.400%	17.760%	13.920%	11.600%	9.200%	7.328%
32	21.600%	17.120%	13.440%	11.200%	8.800%	7.056%
33	20.800%	16.480%	12.960%	10.800%	8.400%	6.784%
34	20.000%	15.840%	12.480%	10.400%	8.000%	6.512%
35	19.200%	15.200%	12.000%	10.000%	7.600%	6.240%
36	18.560%	14.720%	11.600%	9.600%	7.280%	6.000%
37	17.920%	14.240%	11.200%	9.200%	6.960%	5.760%
38	17.280%	13.760%	10.800%	8.800%	6.640%	5.520%
39	16.640%	13.280%	10.400%	8.400%	6.320%	5.280%
40	16.000%	12.800%	10.000%	8.000%	6.000%	5.040%
41	15.520%	12.320%	9.600%	7.680%	5.760%	4.800%
42	15.040%	11.840%	9.200%	7.360%	5.520%	4.560%
43	14.560%	11.360%	8.800%	7.040%	5.280%	4.320%
44	14.080%	10.880%	8.400%	6.720%	5.040%	4.080%

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Pension Plan for the Employees of Mountainview Nursing Home  
EIN: 57-0360090 PN: 001

Table 1 (continued)

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
45	13.600%	10.400%	8.000%	6.400%	4.800%	3.840%
46	13.120%	10.080%	7.680%	6.080%	4.560%	3.632%
47	12.640%	9.760%	7.360%	5.760%	4.320%	3.424%
48	12.160%	9.440%	7.040%	5.440%	4.080%	3.216%
49	11.680%	9.120%	6.720%	5.120%	3.840%	3.008%
50	11.200%	8.800%	6.400%	4.800%	3.600%	2.800%
51	10.880%	8.480%	6.160%	4.560%	3.360%	2.592%
52	10.560%	8.160%	5.920%	4.320%	3.120%	2.384%
53	10.240%	7.840%	5.680%	4.080%	2.880%	2.176%
54	9.920%	7.520%	5.440%	3.840%	2.640%	1.968%
55	9.600%	7.200%	5.200%	3.600%	2.400%	1.760%
56	9.280%	6.880%	4.960%	3.440%	2.240%	1.568%
57	8.960%	6.560%	4.720%	3.280%	2.080%	1.376%
58	8.640%	6.240%	4.480%	3.120%	1.920%	1.184%
59	8.320%	5.920%	4.240%	2.960%	1.760%	0.992%
60	8.000%	5.600%	4.000%	2.800%	1.600%	0.800%
61	6.400%	4.000%	2.400%	1.800%	1.200%	0.640%
62	4.800%	2.400%	1.400%	1.000%	0.600%	0.400%
63	3.200%	1.600%	0.800%	0.560%	0.400%	0.240%
64	1.600%	0.800%	0.400%	0.280%	0.160%	0.080%
65+	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%

# Introduction

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This report documents the results of the January 1, 2024 actuarial valuation of the Pension Plan for the Employees of Mountainview Nursing Home for the plan sponsor and for Mountainview Nursing Home. The information provided in this report is intended strictly for documenting:

- Minimum required contribution for the 2024 plan year.
- Maximum deductible contribution for the 2024 tax year.
- Pension cost for the 2024 fiscal year.
- Information relating to company and plan disclosure and reporting requirements.

Determinations for purposes other than the funding valuation, financial accounting and plan reporting requirements may be significantly different from the results in this report. Thus, the use of this report for purposes other than those expressed here may not be appropriate.

This valuation has been conducted in accordance with generally accepted actuarial principles and practices, including the applicable Actuarial Standards of Practice as issued by the Actuarial Standards Board. In addition, the valuation results are based on our understanding of the applicable laws and regulations under Internal Revenue Code (IRC) sections 404 and 412 (including section 430), and our understanding of the financial accounting and reporting requirements under U.S. Generally Accepted Accounting Principles as set forth in Accounting Standards Codification (ASC) Topics 715 and 960, including any guidance or interpretations provided by the Company and reviewed by its auditors prior to the issuance of this report. The financial accounting information in this report is not intended to supersede or supplant the advice and interpretations of the Company's auditors.

A valuation model was used to develop the liabilities for the January 1, 2024 valuation. The valuation model relies on ProVal software, which was developed by Winklevoss Technologies, LLC. Experts within Aon selected this software and determined it is appropriate for performing valuations. We coded and reviewed the software for the provisions, assumptions, methods, and data of the Pension Plan for the Employees of Mountainview Nursing Home. The undersigned relied on experts at Aon for the development of the capital market assumptions models underlying the discount rate and the expected rate of return.

Future actuarial measurements may differ significantly from the current measurements presented in this report due to (but not limited to) such factors as the following:

- Plan experience differing from that anticipated by the economic or demographic assumptions.
- Changes in actuarial methods or in economic or demographic assumptions.
- Increases or decreases expected as part of the natural operation of the methodology used for these measurements (such as the end of an amortization period or additional cost or contribution requirements based on the plan's funded status).
- Changes in plan provisions or applicable law.
- Issuance of additional regulatory guidance.

Due to the limited scope of this valuation report, we have not included an analysis of the potential range of such future measurements. However, an assessment and disclosure of risks pertaining to the funding valuation as required by the actuarial standards of practice is being provided in a separate report.

Funded status measurements shown in this report are determined based on various measures of plan assets and liabilities. For funding purposes, plan assets are measured based on the asset valuation method described in the Actuarial Assumptions and Methods section of this report and may be further reduced by certain funding balances depending on the purpose of the funded status measurement. For company and plan disclosure and reporting purposes, funded status is determined using plan assets measured at market value. Plan liabilities are measured based on the interest rates and other assumptions summarized in the Actuarial Assumptions and Methods section of this report.

These funded status measurements may not be appropriate for assessing the sufficiency of plan assets to cover the estimated cost of settling the plan's benefit obligations, and funded status measurements for company and plan disclosure and reporting purposes may not be appropriate for assessing the need for or the amount of future contributions.

In determining the minimum required contribution for the Pension Plan for the Employees of Mountainview Nursing Home and information relating to plan disclosure and reporting requirements, Aon may be assisting the appropriate plan fiduciary as it performs tasks that are required for the administration of an employee benefit plan. Aon also may be consulting with the employer/plan sponsor (Mountainview Nursing Home) as it considers alternative strategies for funding the plan, or as it evaluates information relating to employer reporting requirements. Thus, Aon potentially will be providing assistance to Mountainview Nursing Home (and/or certain of its employees) acting in a fiduciary capacity (for the benefit of plan participants and beneficiaries) and to Mountainview Nursing Home (and/or its executives) acting in a settlor capacity (for the benefit of the employer sponsoring the Pension Plan for the Employees of Mountainview Nursing Home).

In conducting the valuation, we have relied on personnel, plan design, and asset information supplied by Mountainview Nursing Home as of the funding valuation date. While we cannot verify the accuracy of all of the information, the supplied information was reviewed for consistency and reasonableness. As a result of this review, we do not doubt the substantial accuracy or completeness of the information and we believe that it has produced appropriate results. We have relied on actual and expected contributions as summarized within this report. Additionally, we have relied on elections to waive funding balances by Mountainview Nursing Home as of the date this report is issued.

Each significant assumption used in this actuarial valuation and not prescribed by law represents, in our opinion, a reasonable expectation of anticipated experience under the plan. Actuarial assumptions and methods for funding purposes for a plan year are formally established when the Form 5500 Schedule SB for such plan year is filed. For this report, it is assumed the plan sponsor will make any elections necessary to execute the assumptions and methods outlined in the Actuarial Assumptions and Methods section of this report.

The American Rescue Plan Act of 2021 (ARPA) provides a range of options for the effective date of alternative interest rate stabilization rules and a 15-year amortization period for any shortfall amortization bases. For Pension Plan for the Employees of Mountainview Nursing Home, Mountainview Nursing Home elected to:

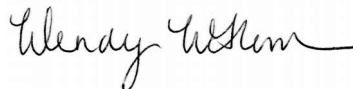
- First apply the alternative interest rates for minimum funding for the January 1, 2021 plan year.
- First apply the 15-year amortization period for the January 1, 2022 plan year.

The undersigned are familiar with the near-term and long-term aspects of pension valuations and collectively meet the Qualification Standards of the American Academy of Actuaries necessary to render the actuarial opinions contained herein. The information provided in this report is dependent upon various factors as documented throughout this report, which may be subject to change. Each section of this report is considered to be an integral part of the actuarial opinions.

To our knowledge, no colleague of Aon providing services to Mountainview Nursing Home has any material direct or indirect financial interest in Mountainview Nursing Home. Thus, we believe there is no relationship existing that might affect our capacity to prepare and certify this actuarial report for Mountainview Nursing Home.



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April 8, 2025

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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.

<b>A</b> Name of plan PENSION PLAN FOR THE EMPLOYEES OF MOUNTAINVIEW NURSING HOME	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF  COMMUNITY SERVICE FOR THE AGING, INC	<b>D</b> Employer Identification Number (EIN)  57-0360090	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
<b>F</b> 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**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	6,715,671
	<b>b</b> Actuarial value .....	<b>2b</b>	6,828,436
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	96	3,509,107
	<b>b</b> For terminated vested participants .....	67	1,653,661
	<b>c</b> For active participants .....	57	1,314,418
	<b>d</b> Total .....	220	6,477,186
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</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 .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	5.20%
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	125,448
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	45,000
	<b>c</b> Target normal cost .....	<b>6c</b>	170,448

**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.

<b>SIGN HERE</b>	ERIK JOHNSON <span style="float: right; font-family: cursive; font-size: 1.5em;">E.J.</span> Signature of actuary	<u>10/01/2025</u> Date
	ERIK JOHNSON Type or print name of actuary	<u>2308975</u> Most recent enrollment number
	AON CONSULTING, INC Firm name	<u>973-463-6217</u> Telephone number (including area code)
	MSC #17741 Po Box 6718 SOMERSET NJ 08875 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

<b>Part II</b>		<b>Beginning of Year Carryover and Prefunding Balances</b>	
		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	245,324
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	121,942
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	123,382
<b>10</b>	Interest on line 9 using prior year's actual return of <u>15.66%</u> .....	0	19,322
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> 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>5.32%</u> .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	142,704

<b>Part III</b>		<b>Funding Percentages</b>	
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	102.74 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	104.94 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	100.89 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

**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	
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	0

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

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	0

**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**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

<b>24</b> 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
<b>25</b> 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
<b>26</b> Demographic and benefit information		
<b>a</b> 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>b</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
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>	

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	170,448	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	170,448	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	0	0	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> 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 .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	0	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	0	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	0	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	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

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Pension Plan for the Employees of Mountainview Nursing Home  
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## Schedule SB, line 22 — Description of Weighted Average Retirement Age

All active participants are assumed to retire at age 65.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Pension Plan for the Employees of Mountainview Nursing Home  
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## Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

### For ERISA Requirements

<b>Interest Rates for Minimum Funding Purposes</b>	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
<b>Interest Rates for Maximum Tax Purposes</b>	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
<b>Salary Increases</b>	
Minimum Funding Target Normal Cost	2.50%
Maximum Tax Expected Benefit Increase	2.50%
<b>Retirement Age</b>	
Active Participants	Age 65
Terminated Vested Participants	Age 65
<b>Mortality Rates</b>	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
<b>Withdrawal Rates</b>	See Table 1
<b>Disability Rates</b>	None
<b>Decrement Timing</b>	Beginning of year decrements
<b>Surviving Spouse Benefit</b>	It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are zero years older than their spouses.
<b>Valuation Compensation</b>	2023 Pensionable earnings rolled forward one year with the salary increase assumption

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Pension Plan for the Employees of Mountainview Nursing Home  
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**Benefit and Compensation Limits**

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.

**Valuation of Plan Assets**

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

**Expected Return on Assets**

2022 Plan Year	4.50%
2023 Plan Year	5.62%
2024 Plan Year	5.62%, limited to 5.59%

**Trust Expenses Included in Target Normal Cost**

\$45,000, the Plan pays PBGC, actuarial, and trust fees from the trust. The target normal cost includes an expense load equal to an average of the prior two year's expenses paid from the trust, rounded to the nearest \$5,000.

**Actuarial Method**

Standard unit credit cost method

**Valuation Date**

January 1, 2024

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Pension Plan for the Employees of Mountainview Nursing Home  
EIN: 57-0360090 PN: 001

## Actuarial Assumptions and Methods

Table 1

**Withdrawal Rates**

Age	Years of Service					
	0	1	2	3	4	5+
20	27.200%	22.400%	18.400%	16.000%	13.600%	12.000%
21	27.200%	22.400%	18.400%	16.000%	13.600%	12.000%
22	27.200%	22.400%	18.400%	16.000%	13.600%	12.000%
23	27.200%	22.400%	18.400%	16.000%	13.600%	12.000%
24	27.200%	22.400%	18.400%	16.000%	13.600%	12.000%
25	27.200%	22.400%	18.400%	16.000%	13.600%	12.000%
26	26.400%	21.600%	17.600%	15.200%	12.800%	11.120%
27	25.600%	20.800%	16.800%	14.400%	12.000%	10.240%
28	24.800%	20.000%	16.000%	13.600%	11.200%	9.360%
29	24.000%	19.200%	15.200%	12.800%	10.400%	8.480%
30	23.200%	18.400%	14.400%	12.000%	9.600%	7.600%
31	22.400%	17.760%	13.920%	11.600%	9.200%	7.328%
32	21.600%	17.120%	13.440%	11.200%	8.800%	7.056%
33	20.800%	16.480%	12.960%	10.800%	8.400%	6.784%
34	20.000%	15.840%	12.480%	10.400%	8.000%	6.512%
35	19.200%	15.200%	12.000%	10.000%	7.600%	6.240%
36	18.560%	14.720%	11.600%	9.600%	7.280%	6.000%
37	17.920%	14.240%	11.200%	9.200%	6.960%	5.760%
38	17.280%	13.760%	10.800%	8.800%	6.640%	5.520%
39	16.640%	13.280%	10.400%	8.400%	6.320%	5.280%
40	16.000%	12.800%	10.000%	8.000%	6.000%	5.040%
41	15.520%	12.320%	9.600%	7.680%	5.760%	4.800%
42	15.040%	11.840%	9.200%	7.360%	5.520%	4.560%
43	14.560%	11.360%	8.800%	7.040%	5.280%	4.320%
44	14.080%	10.880%	8.400%	6.720%	5.040%	4.080%

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Pension Plan for the Employees of Mountainview Nursing Home  
EIN: 57-0360090 PN: 001

Table 1 (continued)

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
45	13.600%	10.400%	8.000%	6.400%	4.800%	3.840%
46	13.120%	10.080%	7.680%	6.080%	4.560%	3.632%
47	12.640%	9.760%	7.360%	5.760%	4.320%	3.424%
48	12.160%	9.440%	7.040%	5.440%	4.080%	3.216%
49	11.680%	9.120%	6.720%	5.120%	3.840%	3.008%
50	11.200%	8.800%	6.400%	4.800%	3.600%	2.800%
51	10.880%	8.480%	6.160%	4.560%	3.360%	2.592%
52	10.560%	8.160%	5.920%	4.320%	3.120%	2.384%
53	10.240%	7.840%	5.680%	4.080%	2.880%	2.176%
54	9.920%	7.520%	5.440%	3.840%	2.640%	1.968%
55	9.600%	7.200%	5.200%	3.600%	2.400%	1.760%
56	9.280%	6.880%	4.960%	3.440%	2.240%	1.568%
57	8.960%	6.560%	4.720%	3.280%	2.080%	1.376%
58	8.640%	6.240%	4.480%	3.120%	1.920%	1.184%
59	8.320%	5.920%	4.240%	2.960%	1.760%	0.992%
60	8.000%	5.600%	4.000%	2.800%	1.600%	0.800%
61	6.400%	4.000%	2.400%	1.800%	1.200%	0.640%
62	4.800%	2.400%	1.400%	1.000%	0.600%	0.400%
63	3.200%	1.600%	0.800%	0.560%	0.400%	0.240%
64	1.600%	0.800%	0.400%	0.280%	0.160%	0.080%
65+	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Pension Plan for the Employees of Mountainview Nursing Home  
EIN: 57-0360090 PN: 001

## Schedule SB, Part V – Summary of Plan Provisions

### General Information

Original Effective Date	January 1, 1983
Effective Date of Last Amendment	June 26, 2013
Plan Year	January 1 to December 31
Employer Fiscal Year	October 1 to September 30
Employer ID Number	57-0360090
Plan Number	001

### Eligibility

All common law employees of the employer are eligible to participate in the plan on the January 1 next following the later of date of hire and the attainment of age 20.5.

### Service

Service shall equal total years of service with the employer. A year of service is credited for each plan year in which an employee works 1,000 hours.

A break in service occurs at the start of any plan year in which the employee works 500 hours or less for the employer in such year. Service will not be interrupted by:

- (1) A leave of absence not in excess of one year granted by the employer.
- (2) A period of service in the Armed Forces of the United States under which employment rights are granted.
- (3) A period of disability during which the participant is being paid directly or indirectly by the employer; or
- (4) A period of maternity or paternity leave not in excess of one year.

An employee will be given credit for his pre-break service if either of the following occurs:

- (1) The employee had a vested interest in his accrued benefit at the time of his break in service; or
- (2) The employee's period of absence was less than the greater of five years or his pre-break service.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Pension Plan for the Employees of Mountainview Nursing Home  
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**Normal Retirement Date**

Normal retirement date is the later of first of the month coincident with or next following the attainment of age 65 or the first day of the plan year which includes the fifth anniversary of participation.

**Normal Retirement Benefit**

The amount of annual benefit to be paid in monthly installments for life, based on service to normal retirement date is:

- (1) 1% of average compensation multiplied by
- (2) Years of service for benefit purposes.

With respect to a participant whose employment terminated prior to January 1, 1998, years of service will be limited to 30 years.

Retirees or beneficiaries in pay status on July 1, 1998 had their monthly retirement benefits increased by 1% for each year since their retirement benefits commenced.

**Delayed Retirement**

A participant may continue in the employment of the employer after his normal retirement date. In such event he will receive at actual retirement the greater of the actuarial equivalent of his normal retirement benefit or his benefit based on service and compensation at actual retirement date.

**Average Compensation**

Average compensation is the average of the taxable compensation as reported on the W-2, plus pre-tax deferrals under a tax-sheltered annuity or Section 125 plan during the participant's years of service. The annual compensation for service prior to January 1, 1993 is the compensation paid in 1992. For service subsequent to January 1, 1993, the compensation is the compensation paid during each calendar year.

For participants who terminated prior to January 1, 1998, compensation for years of service earned before January 1, 1983, shall be that compensation paid during 1982. For service subsequent to January 1, 1983, the compensation is the compensation paid during each calendar year.

Effective January 1, 1989, compensation for each year shall not exceed the maximum compensation limit of IRC section 401(a)(17).

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Pension Plan for the Employees of Mountainview Nursing Home  
EIN: 57-0360090 PN: 001

**Accrued Benefit**

The accrued benefit at any time prior to a participant's normal retirement date shall be the product of (1) and (2), where:

- (1) Is a fraction not exceeding one, the numerator of which is the total number of years of service as of the accrual date and the denominator of which is the total number of years of service he would have had if he had continued in service until his normal retirement age; and
- (2) Is the projected annual normal retirement benefit, calculated to reflect the number of years of service he would have had if he had continued in service until his normal retirement age and based upon his average compensation as of his accrual date.

**Early Retirement Benefit**

Upon the completion of 10 years of service and the attainment of age 55, a participant may elect to retire. He may receive a monthly benefit for life beginning at his normal retirement date equal to the benefit being reduced one-fifteenth for each of the first five years and one-thirtieth for each of the next five years by which the payment date precedes the normal retirement date.

**Disability Retirement Benefit**

A participant who becomes totally and permanently disabled before his normal retirement date, has attained age 55 and has 10 years of service, may retire and receive a disability retirement benefit calculated as his accrued benefit on date of disability reduced one-fifteenth for each of the first five years and one-thirtieth for each of the next five years by which the payment date precedes the normal retirement date. The benefit may be deferred to normal retirement age in order not to duplicate benefits provided by a long-term disability benefit program.

**Death Benefit**

In the event of an active participant's death after the completion of five years of service, a participant's beneficiary will receive a death benefit equal to the value of his accrued benefit at the time of death.

In no event shall the death benefit be less than the benefit calculated on the assumption that the participant had separated from service on the date of death, survived to the earliest retirement age, began receiving a joint and one-half survivor benefit based on the participant's vested accrued benefit, and died on the day after the earliest retirement date.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Pension Plan for the Employees of Mountainview Nursing Home  
EIN: 57-0360090 PN: 001

**Severance Benefit**

Upon the termination of employment after five or more years of service following attainment of age 18, a participant shall have a vested interest in his accrued benefit which will be payable at normal retirement date. The percentage vested shall be:

<b>Years of Service</b>	<b>Vested Percent</b>
Less than 5	0%
5 or more	100%

The participant may elect to receive his vested interest at his early retirement date. Such benefit will be reduced as described under Early Retirement Benefits.

**Optional Methods of Settlement**

All optional methods of settlement are actuarially equivalent to the normal form of a life annuity. If a married participant does not elect the normal form of annuity or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option (1) below. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with one half of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2) A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to his spouse for her lifetime after his death.
- (3) A reduced benefit to be paid during the participant's lifetime with three-fourths of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (4) A reduced benefit to be paid for 120 months certain and thereafter for life.
- (5) If the present value of the vested accrued benefit of a participant does not exceed \$5,000 (\$3,500 for periods prior to January 1, 1999), such present value shall be paid to the participant in a lump sum.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Pension Plan for the Employees of Mountainview Nursing Home  
EIN: 57-0360090 PN: 001

Lump sum distributions are calculated using the applicable interest rates and mortality table as prescribed by IRC Code section 417(e)(3) (the November segment interest rates and the applicable mortality table).

All optional methods of settlement are actuarially equivalent to the normal form of annuity on a unisex basis based on the UP-1984 Mortality Table adjusted for a 100% female content in the participant group and the Pension Benefit Guaranty Corporation interest rate used by the valuing immediate annuities for terminating plans under ERISA section 4062 as of the first day of the current plan year.

**Amendment or Termination of Plan**

The employer reserves the right to amend or terminate the plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the plan if the employer fails to meet the minimum funding standards or is unable to pay benefits when due.

If the plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure and the employer shall be liable for any unfunded vested benefits to the extent required by law. If there are any assets remaining after all of the plan's liabilities to participants and beneficiaries have been satisfied, such remaining assets shall be distributed to the employer.

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

## Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

## Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Pension Plan for the Employees of Mountainview Nursing Home  
EIN: 57-0360090 PN: 001

Schedule SB, line 26a – Schedule of Active Participant Data  
as of January 1, 2024

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		1								
25-29			1							
30-34		2		1	1					
35-39		1		1		1				
40-44		5	2	1	1					
45-49		2	5		3	1				
50-54	1	2	4	1		1				
55-59			4	1	1					
60-64	1			3	3			1		
65-69		1	2	1	1					
70+										

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Schedule SB Attachment (Form 5500) —2024 Plan Year  
Pension Plan for the Employees of Mountainview Nursing Home  
EIN: 57-0360090 PN: 001

## Schedule SB, line 22 — Description of Weighted Average Retirement Age

All active participants are assumed to retire at age 65.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Pension Plan for the Employees of Mountainview Nursing Home  
EIN: 57-0360090 PN: 001

## Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

### For ERISA Requirements

<b>Interest Rates for Minimum Funding Purposes</b>	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
<b>Interest Rates for Maximum Tax Purposes</b>	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
<b>Salary Increases</b>	
Minimum Funding Target Normal Cost	2.50%
Maximum Tax Expected Benefit Increase	2.50%
<b>Retirement Age</b>	
Active Participants	Age 65
Terminated Vested Participants	Age 65
<b>Mortality Rates</b>	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
<b>Withdrawal Rates</b>	See Table 1
<b>Disability Rates</b>	None
<b>Decrement Timing</b>	Beginning of year decrements
<b>Surviving Spouse Benefit</b>	It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are zero years older than their spouses.
<b>Valuation Compensation</b>	2023 Pensionable earnings rolled forward one year with the salary increase assumption

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Pension Plan for the Employees of Mountainview Nursing Home  
EIN: 57-0360090 PN: 001

**Benefit and Compensation Limits**

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.

**Valuation of Plan Assets**

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

**Expected Return on Assets**

2022 Plan Year	4.50%
2023 Plan Year	5.62%
2024 Plan Year	5.62%, limited to 5.59%

**Trust Expenses Included in Target Normal Cost**

\$45,000, the Plan pays PBGC, actuarial, and trust fees from the trust. The target normal cost includes an expense load equal to an average of the prior two year's expenses paid from the trust, rounded to the nearest \$5,000.

**Actuarial Method**

Standard unit credit cost method

**Valuation Date**

January 1, 2024

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Pension Plan for the Employees of Mountainview Nursing Home  
EIN: 57-0360090 PN: 001

## Actuarial Assumptions and Methods

Table 1

**Withdrawal Rates**

Age	Years of Service					
	0	1	2	3	4	5+
20	27.200%	22.400%	18.400%	16.000%	13.600%	12.000%
21	27.200%	22.400%	18.400%	16.000%	13.600%	12.000%
22	27.200%	22.400%	18.400%	16.000%	13.600%	12.000%
23	27.200%	22.400%	18.400%	16.000%	13.600%	12.000%
24	27.200%	22.400%	18.400%	16.000%	13.600%	12.000%
25	27.200%	22.400%	18.400%	16.000%	13.600%	12.000%
26	26.400%	21.600%	17.600%	15.200%	12.800%	11.120%
27	25.600%	20.800%	16.800%	14.400%	12.000%	10.240%
28	24.800%	20.000%	16.000%	13.600%	11.200%	9.360%
29	24.000%	19.200%	15.200%	12.800%	10.400%	8.480%
30	23.200%	18.400%	14.400%	12.000%	9.600%	7.600%
31	22.400%	17.760%	13.920%	11.600%	9.200%	7.328%
32	21.600%	17.120%	13.440%	11.200%	8.800%	7.056%
33	20.800%	16.480%	12.960%	10.800%	8.400%	6.784%
34	20.000%	15.840%	12.480%	10.400%	8.000%	6.512%
35	19.200%	15.200%	12.000%	10.000%	7.600%	6.240%
36	18.560%	14.720%	11.600%	9.600%	7.280%	6.000%
37	17.920%	14.240%	11.200%	9.200%	6.960%	5.760%
38	17.280%	13.760%	10.800%	8.800%	6.640%	5.520%
39	16.640%	13.280%	10.400%	8.400%	6.320%	5.280%
40	16.000%	12.800%	10.000%	8.000%	6.000%	5.040%
41	15.520%	12.320%	9.600%	7.680%	5.760%	4.800%
42	15.040%	11.840%	9.200%	7.360%	5.520%	4.560%
43	14.560%	11.360%	8.800%	7.040%	5.280%	4.320%
44	14.080%	10.880%	8.400%	6.720%	5.040%	4.080%

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Pension Plan for the Employees of Mountainview Nursing Home  
EIN: 57-0360090 PN: 001

Table 1 (continued)

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
45	13.600%	10.400%	8.000%	6.400%	4.800%	3.840%
46	13.120%	10.080%	7.680%	6.080%	4.560%	3.632%
47	12.640%	9.760%	7.360%	5.760%	4.320%	3.424%
48	12.160%	9.440%	7.040%	5.440%	4.080%	3.216%
49	11.680%	9.120%	6.720%	5.120%	3.840%	3.008%
50	11.200%	8.800%	6.400%	4.800%	3.600%	2.800%
51	10.880%	8.480%	6.160%	4.560%	3.360%	2.592%
52	10.560%	8.160%	5.920%	4.320%	3.120%	2.384%
53	10.240%	7.840%	5.680%	4.080%	2.880%	2.176%
54	9.920%	7.520%	5.440%	3.840%	2.640%	1.968%
55	9.600%	7.200%	5.200%	3.600%	2.400%	1.760%
56	9.280%	6.880%	4.960%	3.440%	2.240%	1.568%
57	8.960%	6.560%	4.720%	3.280%	2.080%	1.376%
58	8.640%	6.240%	4.480%	3.120%	1.920%	1.184%
59	8.320%	5.920%	4.240%	2.960%	1.760%	0.992%
60	8.000%	5.600%	4.000%	2.800%	1.600%	0.800%
61	6.400%	4.000%	2.400%	1.800%	1.200%	0.640%
62	4.800%	2.400%	1.400%	1.000%	0.600%	0.400%
63	3.200%	1.600%	0.800%	0.560%	0.400%	0.240%
64	1.600%	0.800%	0.400%	0.280%	0.160%	0.080%
65+	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Pension Plan for the Employees of Mountainview Nursing Home  
EIN: 57-0360090 PN: 001

## Schedule SB, Part V – Summary of Plan Provisions

### General Information

Original Effective Date	January 1, 1983
Effective Date of Last Amendment	June 26, 2013
Plan Year	January 1 to December 31
Employer Fiscal Year	October 1 to September 30
Employer ID Number	57-0360090
Plan Number	001

### Eligibility

All common law employees of the employer are eligible to participate in the plan on the January 1 next following the later of date of hire and the attainment of age 20.5.

### Service

Service shall equal total years of service with the employer. A year of service is credited for each plan year in which an employee works 1,000 hours.

A break in service occurs at the start of any plan year in which the employee works 500 hours or less for the employer in such year. Service will not be interrupted by:

- (1) A leave of absence not in excess of one year granted by the employer.
- (2) A period of service in the Armed Forces of the United States under which employment rights are granted.
- (3) A period of disability during which the participant is being paid directly or indirectly by the employer; or
- (4) A period of maternity or paternity leave not in excess of one year.

An employee will be given credit for his pre-break service if either of the following occurs:

- (1) The employee had a vested interest in his accrued benefit at the time of his break in service; or
- (2) The employee's period of absence was less than the greater of five years or his pre-break service.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Pension Plan for the Employees of Mountainview Nursing Home  
EIN: 57-0360090 PN: 001

**Normal Retirement Date**

Normal retirement date is the later of first of the month coincident with or next following the attainment of age 65 or the first day of the plan year which includes the fifth anniversary of participation.

**Normal Retirement Benefit**

The amount of annual benefit to be paid in monthly installments for life, based on service to normal retirement date is:

- (1) 1% of average compensation multiplied by
- (2) Years of service for benefit purposes.

With respect to a participant whose employment terminated prior to January 1, 1998, years of service will be limited to 30 years.

Retirees or beneficiaries in pay status on July 1, 1998 had their monthly retirement benefits increased by 1% for each year since their retirement benefits commenced.

**Delayed Retirement**

A participant may continue in the employment of the employer after his normal retirement date. In such event he will receive at actual retirement the greater of the actuarial equivalent of his normal retirement benefit or his benefit based on service and compensation at actual retirement date.

**Average Compensation**

Average compensation is the average of the taxable compensation as reported on the W-2, plus pre-tax deferrals under a tax-sheltered annuity or Section 125 plan during the participant's years of service. The annual compensation for service prior to January 1, 1993 is the compensation paid in 1992. For service subsequent to January 1, 1993, the compensation is the compensation paid during each calendar year.

For participants who terminated prior to January 1, 1998, compensation for years of service earned before January 1, 1983, shall be that compensation paid during 1982. For service subsequent to January 1, 1983, the compensation is the compensation paid during each calendar year.

Effective January 1, 1989, compensation for each year shall not exceed the maximum compensation limit of IRC section 401(a)(17).

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Pension Plan for the Employees of Mountainview Nursing Home  
EIN: 57-0360090 PN: 001

**Accrued Benefit**

The accrued benefit at any time prior to a participant's normal retirement date shall be the product of (1) and (2), where:

- (1) Is a fraction not exceeding one, the numerator of which is the total number of years of service as of the accrual date and the denominator of which is the total number of years of service he would have had if he had continued in service until his normal retirement age; and
- (2) Is the projected annual normal retirement benefit, calculated to reflect the number of years of service he would have had if he had continued in service until his normal retirement age and based upon his average compensation as of his accrual date.

**Early Retirement Benefit**

Upon the completion of 10 years of service and the attainment of age 55, a participant may elect to retire. He may receive a monthly benefit for life beginning at his normal retirement date equal to the benefit being reduced one-fifteenth for each of the first five years and one-thirtieth for each of the next five years by which the payment date precedes the normal retirement date.

**Disability Retirement Benefit**

A participant who becomes totally and permanently disabled before his normal retirement date, has attained age 55 and has 10 years of service, may retire and receive a disability retirement benefit calculated as his accrued benefit on date of disability reduced one-fifteenth for each of the first five years and one-thirtieth for each of the next five years by which the payment date precedes the normal retirement date. The benefit may be deferred to normal retirement age in order not to duplicate benefits provided by a long-term disability benefit program.

**Death Benefit**

In the event of an active participant's death after the completion of five years of service, a participant's beneficiary will receive a death benefit equal to the value of his accrued benefit at the time of death.

In no event shall the death benefit be less than the benefit calculated on the assumption that the participant had separated from service on the date of death, survived to the earliest retirement age, began receiving a joint and one-half survivor benefit based on the participant's vested accrued benefit, and died on the day after the earliest retirement date.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Pension Plan for the Employees of Mountainview Nursing Home  
EIN: 57-0360090 PN: 001

**Severance Benefit**

Upon the termination of employment after five or more years of service following attainment of age 18, a participant shall have a vested interest in his accrued benefit which will be payable at normal retirement date. The percentage vested shall be:

<b>Years of Service</b>	<b>Vested Percent</b>
Less than 5	0%
5 or more	100%

The participant may elect to receive his vested interest at his early retirement date. Such benefit will be reduced as described under Early Retirement Benefits.

**Optional Methods of Settlement**

All optional methods of settlement are actuarially equivalent to the normal form of a life annuity. If a married participant does not elect the normal form of annuity or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option (1) below. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with one half of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2) A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to his spouse for her lifetime after his death.
- (3) A reduced benefit to be paid during the participant's lifetime with three-fourths of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (4) A reduced benefit to be paid for 120 months certain and thereafter for life.
- (5) If the present value of the vested accrued benefit of a participant does not exceed \$5,000 (\$3,500 for periods prior to January 1, 1999), such present value shall be paid to the participant in a lump sum.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Pension Plan for the Employees of Mountainview Nursing Home  
EIN: 57-0360090 PN: 001

Lump sum distributions are calculated using the applicable interest rates and mortality table as prescribed by IRC Code section 417(e)(3) (the November segment interest rates and the applicable mortality table).

All optional methods of settlement are actuarially equivalent to the normal form of annuity on a unisex basis based on the UP-1984 Mortality Table adjusted for a 100% female content in the participant group and the Pension Benefit Guaranty Corporation interest rate used by the valuing immediate annuities for terminating plans under ERISA section 4062 as of the first day of the current plan year.

**Amendment or Termination of Plan**

The employer reserves the right to amend or terminate the plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the plan if the employer fails to meet the minimum funding standards or is unable to pay benefits when due.

If the plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure and the employer shall be liable for any unfunded vested benefits to the extent required by law. If there are any assets remaining after all of the plan's liabilities to participants and beneficiaries have been satisfied, such remaining assets shall be distributed to the employer.

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

## Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

## Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Pension Plan for the Employees of Mountainview Nursing Home  
EIN: 57-0360090 PN: 001

Schedule SB, line 26a – Schedule of Active Participant Data  
as of January 1, 2024

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		1								
25-29			1							
30-34		2		1	1					
35-39		1		1		1				
40-44		5	2	1	1					
45-49		2	5		3	1				
50-54	1	2	4	1		1				
55-59			4	1	1					
60-64	1			3	3			1		
65-69		1	2	1	1					
70+										

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Schedule SB Attachment (Form 5500) –2024 Plan Year  
Pension Plan for the Employees of Mountainview Nursing Home  
EIN: 57-0360090 PN: 001

## Schedule SB, Part V – Summary of Plan Provisions

### General Information

Original Effective Date	January 1, 1983
Effective Date of Last Amendment	June 26, 2013
Plan Year	January 1 to December 31
Employer Fiscal Year	October 1 to September 30
Employer ID Number	57-0360090
Plan Number	001

### Eligibility

All common law employees of the employer are eligible to participate in the plan on the January 1 next following the later of date of hire and the attainment of age 20.5.

### Service

Service shall equal total years of service with the employer. A year of service is credited for each plan year in which an employee works 1,000 hours.

A break in service occurs at the start of any plan year in which the employee works 500 hours or less for the employer in such year. Service will not be interrupted by:

- (1) A leave of absence not in excess of one year granted by the employer.
- (2) A period of service in the Armed Forces of the United States under which employment rights are granted.
- (3) A period of disability during which the participant is being paid directly or indirectly by the employer; or
- (4) A period of maternity or paternity leave not in excess of one year.

An employee will be given credit for his pre-break service if either of the following occurs:

- (1) The employee had a vested interest in his accrued benefit at the time of his break in service; or
- (2) The employee's period of absence was less than the greater of five years or his pre-break service.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Pension Plan for the Employees of Mountainview Nursing Home  
EIN: 57-0360090 PN: 001

**Normal Retirement Date**

Normal retirement date is the later of first of the month coincident with or next following the attainment of age 65 or the first day of the plan year which includes the fifth anniversary of participation.

**Normal Retirement Benefit**

The amount of annual benefit to be paid in monthly installments for life, based on service to normal retirement date is:

- (1) 1% of average compensation multiplied by
- (2) Years of service for benefit purposes.

With respect to a participant whose employment terminated prior to January 1, 1998, years of service will be limited to 30 years.

Retirees or beneficiaries in pay status on July 1, 1998 had their monthly retirement benefits increased by 1% for each year since their retirement benefits commenced.

**Delayed Retirement**

A participant may continue in the employment of the employer after his normal retirement date. In such event he will receive at actual retirement the greater of the actuarial equivalent of his normal retirement benefit or his benefit based on service and compensation at actual retirement date.

**Average Compensation**

Average compensation is the average of the taxable compensation as reported on the W-2, plus pre-tax deferrals under a tax-sheltered annuity or Section 125 plan during the participant's years of service. The annual compensation for service prior to January 1, 1993 is the compensation paid in 1992. For service subsequent to January 1, 1993, the compensation is the compensation paid during each calendar year.

For participants who terminated prior to January 1, 1998, compensation for years of service earned before January 1, 1983, shall be that compensation paid during 1982. For service subsequent to January 1, 1983, the compensation is the compensation paid during each calendar year.

Effective January 1, 1989, compensation for each year shall not exceed the maximum compensation limit of IRC section 401(a)(17).

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Pension Plan for the Employees of Mountainview Nursing Home  
EIN: 57-0360090 PN: 001

**Accrued Benefit**

The accrued benefit at any time prior to a participant's normal retirement date shall be the product of (1) and (2), where:

- (1) Is a fraction not exceeding one, the numerator of which is the total number of years of service as of the accrual date and the denominator of which is the total number of years of service he would have had if he had continued in service until his normal retirement age; and
- (2) Is the projected annual normal retirement benefit, calculated to reflect the number of years of service he would have had if he had continued in service until his normal retirement age and based upon his average compensation as of his accrual date.

**Early Retirement Benefit**

Upon the completion of 10 years of service and the attainment of age 55, a participant may elect to retire. He may receive a monthly benefit for life beginning at his normal retirement date equal to the benefit being reduced one-fifteenth for each of the first five years and one-thirtieth for each of the next five years by which the payment date precedes the normal retirement date.

**Disability Retirement Benefit**

A participant who becomes totally and permanently disabled before his normal retirement date, has attained age 55 and has 10 years of service, may retire and receive a disability retirement benefit calculated as his accrued benefit on date of disability reduced one-fifteenth for each of the first five years and one-thirtieth for each of the next five years by which the payment date precedes the normal retirement date. The benefit may be deferred to normal retirement age in order not to duplicate benefits provided by a long-term disability benefit program.

**Death Benefit**

In the event of an active participant's death after the completion of five years of service, a participant's beneficiary will receive a death benefit equal to the value of his accrued benefit at the time of death.

In no event shall the death benefit be less than the benefit calculated on the assumption that the participant had separated from service on the date of death, survived to the earliest retirement age, began receiving a joint and one-half survivor benefit based on the participant's vested accrued benefit, and died on the day after the earliest retirement date.

Schedule SB Attachment (Form 5500) – 2024 Plan Year  
Pension Plan for the Employees of Mountainview Nursing Home  
EIN: 57-0360090 PN: 001

**Severance Benefit**

Upon the termination of employment after five or more years of service following attainment of age 18, a participant shall have a vested interest in his accrued benefit which will be payable at normal retirement date. The percentage vested shall be:

<b>Years of Service</b>	<b>Vested Percent</b>
Less than 5	0%
5 or more	100%

The participant may elect to receive his vested interest at his early retirement date. Such benefit will be reduced as described under Early Retirement Benefits.

**Optional Methods of Settlement**

All optional methods of settlement are actuarially equivalent to the normal form of a life annuity. If a married participant does not elect the normal form of annuity or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option (1) below. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with one half of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2) A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to his spouse for her lifetime after his death.
- (3) A reduced benefit to be paid during the participant's lifetime with three-fourths of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (4) A reduced benefit to be paid for 120 months certain and thereafter for life.
- (5) If the present value of the vested accrued benefit of a participant does not exceed \$5,000 (\$3,500 for periods prior to January 1, 1999), such present value shall be paid to the participant in a lump sum.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Pension Plan for the Employees of Mountainview Nursing Home  
EIN: 57-0360090 PN: 001

Lump sum distributions are calculated using the applicable interest rates and mortality table as prescribed by IRC Code section 417(e)(3) (the November segment interest rates and the applicable mortality table).

All optional methods of settlement are actuarially equivalent to the normal form of annuity on a unisex basis based on the UP-1984 Mortality Table adjusted for a 100% female content in the participant group and the Pension Benefit Guaranty Corporation interest rate used by the valuing immediate annuities for terminating plans under ERISA section 4062 as of the first day of the current plan year.

**Amendment or Termination of Plan**

The employer reserves the right to amend or terminate the plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the plan if the employer fails to meet the minimum funding standards or is unable to pay benefits when due.

If the plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure and the employer shall be liable for any unfunded vested benefits to the extent required by law. If there are any assets remaining after all of the plan's liabilities to participants and beneficiaries have been satisfied, such remaining assets shall be distributed to the employer.

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

## Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

## Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Pension Plan for the Employees of Mountainview Nursing Home  
EIN: 57-0360090 PN: 001

## Schedule SB, line 22 — Description of Weighted Average Retirement Age

All active participants are assumed to retire at age 65.

SUPPLEMENTAL INFORMATION

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

**PENSION PLAN FOR THE EMPLOYEES  
OF MOUNTAINVIEW NURSING HOME**

December 31, 2024

EIN: 57-0360090  
Plan Number 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value	
	American	EuroPacific Growth Fund	\$ 336,476	\$ 334,845
*	Blackrock	S&P Mid Cap Index Fund	239,420	553,452
*	Blackrock	S&P 500 Index Fund	289,698	712,065
*	Causeway	International Value Fund	292,864	343,412
	Cohen & Steers	Realty Shares Fund	181,027	180,587
*	Dodge & Cox	Intermediate Bond Fund	540,155	630,642
*	Federated	Total Return Bond Fund	672,797	663,860
	Invesco Oppenheimer	Developing Markets Fund	351,062	325,971
*	MFS	Value Fund	285,096	537,358
*	Multi-Managed	Small Cap Fund	297,888	480,765
	Natixis Loomis Sayles	Strategic Income Fund	771,553	674,945
*	T. Rowe Price	Institutional Large Cap Growth Fund	121,519	374,454
*	Allspring	Advantage Core Bond Fund	613,723	661,109
*	Alliance Bernstein	Large Cap Growth Fund	<u>227,061</u>	<u>361,204</u>
			<u>\$ 5,220,339</u>	<u>\$ 6,834,669</u>

\* Denotes party-in-interest to the Plan (Common/Collective Trust)

The amounts and information included above and in the accompanying financial statements were obtained from data that has been prepared and certified as to be complete and accurate by the trustee.

*See Independent Auditors' Report.*

FINANCIAL STATEMENTS  
AND  
SUPPLEMENTAL INFORMATION

**PENSION PLAN FOR THE EMPLOYEES  
OF MOUNTAINVIEW NURSING HOME**  
Spartanburg, South Carolina

December 31, 2024 and 2023

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## INDEPENDENT AUDITORS' REPORT

To the Plan Administrator  
Pension Plan for the Employees  
of Mountainview Nursing Home

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

We have performed audits of the accompanying financial statements of the Pension Plan for the Employees of Mountainview Nursing Home (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the year ended December 31, 2024 and 2023, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note F to the financial statements, is complete and accurate.

### **Opinion**

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

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

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of Management for the Financial Statements**

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

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

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

## **Auditors' Responsibilities for the Audit of the Financial Statements**

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

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

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

## **Auditors' Responsibilities for the Audit of the Financial Statements--Continued**

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

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

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

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

## **Supplemental Schedules Required by ERISA**

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

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

**Supplemental Schedules Required by ERISA--Continued**

In our opinion--

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

*Schmoyer and Company, LLC*

Columbia, South Carolina  
October 15, 2025

## FINANCIAL STATEMENTS

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

**PENSION PLAN FOR THE EMPLOYEES  
OF MOUNTAINVIEW NURSING HOME**

	December 31,	
	2024	2023
ASSETS		
Investments at fair value		
Interest in mutual funds	\$ 1,516,347	\$ 1,464,154
Interest in common/collective trusts	5,318,322	5,153,865
Money market	<u>138,055</u>	<u>97,067</u>
	6,972,724	6,715,086
Receivables		
Other	<u>672</u>	<u>585</u>
	<u>672</u>	<u>585</u>
TOTAL ASSETS	6,973,396	6,715,671
LESS LIABILITIES		
Due to participants	<u>30,564</u>	<u>29,391</u>
TOTAL LIABILITIES	<u>30,564</u>	<u>29,391</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 6,942,832</u></u>	<u><u>\$ 6,686,280</u></u>

*See Independent Auditors' Report and Notes to Financial Statements.*



## NOTES TO FINANCIAL STATEMENTS

### **PENSION PLAN FOR THE EMPLOYEES OF MOUNTAINVIEW NURSING HOME**

December 31, 2024 and 2023

#### NOTE A - DESCRIPTION OF PLAN

The following description of the Pension Plan for the Employees of Mountainview Nursing Home (Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

##### General

The Pension Plan for the Employees of Mountainview Nursing Home is a defined benefit plan. The plan's purpose is to provide a systematic retirement program for employees by making regular contributions to a trust fund that provides "definitely determinable benefits." It is a single-employer plan and is administered by the Company's administrator and chief financial officer, who are responsible for its operation, investment offerings, and performance monitoring.

**Eligibility:** Employees become eligible to participate after completing one year of service with the company and attaining age 20 and a half. An employee must satisfy these conditions and be employed on an Entry Date to become a participant.

**Participation:** Participation begins on the first day of the plan year coincident with or next following the date the eligibility requirements are met. The plan includes all full-time employees of the Company.

**Vesting:** A participant's accrued benefit becomes fully vested upon the earliest of: attainment of normal retirement age, eligibility for early or disability retirement, or completion of five or more years of service. If the plan is deemed a "Top-Heavy Plan," a participant is 100% vested after three years of service. If an employee leaves before becoming vested, they forfeit all employer contributions.

##### Pension Benefits

**Benefit Determination:** Benefits are determined based on the participant's accrued benefit, which is calculated as a percentage of their average compensation multiplied by their years of service. Plan participants are eligible to receive their plan benefit after terminating employment with vested rights.

**Normal Retirement:** Normal Retirement Age is the later of a participant's 65th birthday or the fifth anniversary of their plan participation. The annual normal retirement benefit is one percent of the participant's average compensation, multiplied by their years of service, with a cap of 30 years for those who left before January 1, 1998.

**Early Retirement:** A participant can elect early retirement after attaining age 55 and completing 10 years of service. The early retirement benefit is the accrued benefit, reduced by 1/15th for each of the first five years and 1/30th for each of the next five years that the early retirement date precedes the normal retirement date.

NOTES TO FINANCIAL STATEMENTS

**PENSION PLAN FOR THE EMPLOYEES  
OF MOUNTAINVIEW NURSING HOME**

December 31, 2024 and 2023

NOTE A - DESCRIPTION OF PLAN--Continued

Disability Retirement: A participant is eligible for disability retirement if they are permanently and totally unable to perform their work due to a physical or mental infirmity. To qualify, they must be at least 55 years old and have 10 or more years of service. The benefit is the accrued benefit, reduced in the same manner as the early retirement benefit.

Death Benefits: If a vested participant or inactive participant dies before their annuity starting date, their surviving spouse or named beneficiary is entitled to a life annuity that is the actuarial equivalent of the participant's vested accrued benefit. If the lump sum value of this benefit is \$5,000 or less, it is paid as a lump sum.

Lump Sum Payments: A participant's or inactive participant's vested accrued benefit can be paid as a lump sum without their consent if the actuarial equivalent present value does not exceed \$1,000. For values between \$1,000 and \$5,000, consent is required.

Funding Policy

The Employer makes all contributions to the plan, as contributions by participants are "neither required nor permitted." The Employer funds the plan based on the actuary's recommendations and in a manner consistent with the Code and the Act. The plan's funding policy is to meet or exceed the annual ERISA minimum funding requirement. The plan has met the minimum funding for 2024 and 2023.

Forfeitures arising from the termination of non-vested participants' benefits are not used to increase the benefits of the remaining participants. The Plan document does not specify the use of forfeitures.

The plan's assets are held in a trust fund and are for the exclusive benefit of participants and their beneficiaries. The company has the right to discontinue its contributions at any time and to terminate the plan.

NOTES TO FINANCIAL STATEMENTS

**PENSION PLAN FOR THE EMPLOYEES  
OF MOUNTAINVIEW NURSING HOME**

December 31, 2024 and 2023

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The presentation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. The most significant estimate is the assumptions applied when estimating the actuarial present value of accumulated plan benefits. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

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

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation/(depreciation) in fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

NOTES TO FINANCIAL STATEMENTS

**PENSION PLAN FOR THE EMPLOYEES  
OF MOUNTAINVIEW NURSING HOME**

December 31, 2024 and 2023

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES--Continued

Administrative Expenses--Continued

The Plan paid an investment management service fee of \$43,618 and \$41,283 for the years ended December 31, 2024 and 2023, respectively. All other expenses of maintaining the Plan were paid by the Company.

Subsequent Events

Management has evaluated events occurring between the end of the Plan's most recent fiscal year and October 15, 2025, the date the financial statements were available to be issued, and represent that all subsequent events that require disclosure in the financial statements have been adequately disclosed. Subsequent events after that date have not been evaluated.

NOTE C - 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. 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 on employees' compensation during their years of credited service. The accumulated plan benefits for active employees are based on their average compensation ending on the date as of which the benefit information is presented (the valuation date). 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 valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

NOTES TO FINANCIAL STATEMENTS

**PENSION PLAN FOR THE EMPLOYEES  
OF MOUNTAINVIEW NURSING HOME**

December 31, 2024 and 2023

NOTE D - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of Net Assets Available for Benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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 framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This 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 FASB ASC 820 are described as follows:

*Level 1*

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

*Level 2*

Inputs to the valuation methodology include:

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

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

*Level 3*

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

NOTES TO FINANCIAL STATEMENTS

**PENSION PLAN FOR THE EMPLOYEES  
OF MOUNTAINVIEW NURSING HOME**

December 31, 2024 and 2023

NOTE D - FAIR VALUE MEASUREMENTS--Continued

*Level 3--Continued*

The asset'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.

The following is a description of the valuation methods used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2024 and 2023.

- Money Market: The carrying value approximates fair value.
- Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.
- Common/collective trusts: The common/collective trusts are public investment vehicles valued using a Net Asset Value (NAV), as provided by the manager of each fund, used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying net assets owned by the fund, divided by the number of shares outstanding. The NAV's unit price is quoted on a private market that is not active. However, the NAV is based on the fair value of the underlying securities within the fund, which are traded on an active market, and valued at the closing price reported on the active market on which those individual securities are traded. The significant investment strategies of the funds are as described in the financial statements provided by each fund. There are no restrictions on redemptions from these funds.

NOTES TO FINANCIAL STATEMENTS

**PENSION PLAN FOR THE EMPLOYEES  
OF MOUNTAINVIEW NURSING HOME**

December 31, 2024 and 2023

NOTE D - FAIR VALUE MEASUREMENTS--Continued

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

Fair Value Measurements:

	<u>Assets at Fair Value at December 31, 2024</u>			
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual funds	\$ 1,516,347	\$ 1,516,347	\$ --	\$ --
Money market	<u>138,055</u>	<u>--</u>	<u>138,055</u>	<u>--</u>
Total investments measured in fair value	<u>1,654,402</u>	<u>1,516,347</u>	<u>138,055</u>	<u>--</u>
Investment measured at NAV (a)	<u>5,318,322</u>	<u>--</u>	<u>--</u>	<u>--</u>
Total investments	<u>\$ 6,972,724</u>	<u>\$ 1,516,347</u>	<u>\$ 138,055</u>	<u>\$ --</u>

	<u>Assets at Fair Value at December 31, 2023</u>			
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual funds	\$ 1,464,154	\$ 1,464,154	\$ --	\$ --
Money market	<u>97,067</u>	<u>--</u>	<u>97,067</u>	<u>--</u>
Total investments measured in fair value	<u>1,561,221</u>	<u>1,464,154</u>	<u>97,067</u>	<u>--</u>
Investment measured at NAV (a)	<u>5,153,865</u>	<u>--</u>	<u>--</u>	<u>--</u>
Total investments	<u>\$ 6,715,086</u>	<u>\$ 1,464,154</u>	<u>\$ 97,067</u>	<u>\$ --</u>

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

NOTES TO FINANCIAL STATEMENTS

**PENSION PLAN FOR THE EMPLOYEES  
OF MOUNTAINVIEW NURSING HOME**

December 31, 2024 and 2023

NOTE D - FAIR VALUE MEASUREMENTS--Continued

The following tables summarize investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2024 and 2023, respectively.

Fair Value of Investments in Entities that use NAV per Share Practical Expedient:

<u>December 31, 2024</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
CCT - Allspring Core Bond Fund	\$ 661,109	n/a	Daily	1 Day
CCT - Alliance Bernstein Large Cap Growth Fund	361,204	n/a	Daily	1 Day
CCT - Blackrock S&P Mid Cap Index Fund	553,452	n/a	Daily	1 Day
CCT - Blackrock S&P 500 Index Fund	712,065	n/a	Daily	1 Day
CCT - Causeway International Value Fund	343,412	n/a	Daily	1 Day
CCT - Dodge & Cox Income Fund	630,642	n/a	Daily	1 Day
CCT - Federated Total Return Bond Fund	663,860	n/a	Daily	1 Day
CCT - MFS Value Fund	537,358	n/a	Daily	1 Day
CCT - Multi-Managed Small Cap Fund	480,765	n/a	Daily	1 Day
CCT - T. Rowe Price Large Cap Growth Fund	<u>374,455</u>	n/a	Daily	1 Day
Total	<u>\$ 5,318,322</u>			

NOTES TO FINANCIAL STATEMENTS

**PENSION PLAN FOR THE EMPLOYEES  
OF MOUNTAINVIEW NURSING HOME**

December 31, 2024 and 2023

NOTE D - FAIR VALUE MEASUREMENTS--Continued

<u>December 31, 2023</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
CCT - Allspring				
Core Bond Fund	\$ 612,812	n/a	Daily	1 Day
CCT - Alliance Bernstein				
Large Cap Growth Fund	364,042	n/a	Daily	1 Day
CCT - Blackrock S&P Mid Cap				
Index Fund	551,329	n/a	Daily	1 Day
CCT - Blackrock S&P 500 Index Fund	704,156	n/a	Daily	1 Day
CCT - Causeway International				
Value Fund	349,486	n/a	Daily	1 Day
CCT - Dodge & Cox Income Fund	613,847	n/a	Daily	1 Day
CCT - Federated Total Return				
Bond Fund	611,850	n/a	Daily	1 Day
CCT - MFS Value Fund	512,414	n/a	Daily	1 Day
CCT - Multi-Managed Small				
Cap Fund	498,363	n/a	Daily	1 Day
CCT - T. Rowe Price Large				
Cap Growth Fund	<u>335,566</u>	n/a	Daily	1 Day
Total	<u>\$ 5,153,865</u>			

NOTES TO FINANCIAL STATEMENTS

**PENSION PLAN FOR THE EMPLOYEES  
OF MOUNTAINVIEW NURSING HOME**

December 31, 2024 and 2023

NOTE E - ACCUMULATED PLAN BENEFITS

The Plan's actuary, Aon Consulting, Inc., estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits, the accumulated plan benefits earned by the participants 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.

Accumulated plan benefit information as of January 1, 2024, follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits for: Other participants	\$ 2,871,373
Participants currently receiving payments	<u>3,378,075</u>
	6,249,448
Nonvested benefits	<u>29,358</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 6,278,806</u>

Changes in the actuarial present value of accumulated plan benefits from January 1, 2023 to January 1, 2024, follow:

Actuarial present value of accumulated plan benefits as of January 1, 2023	\$ 6,274,005
Increase/(decrease) during the year attributable to:	
Interest accumulation	342,335
Benefits paid	(370,341)
Assumption changes	(2,288)
Other changes*	<u>35,095</u>
Net increase	<u>4,801</u>
Actuarial present value of accumulated plan benefits as of January 1, 2024	<u>\$ 6,278,806</u>

\*The "other changes" component represents the normal operation of the pension plan. It consists primarily of the increase due to ongoing benefit accruals (if any) and those items of plan experience that are not associated with plan asset performance.

NOTES TO FINANCIAL STATEMENTS

**PENSION PLAN FOR THE EMPLOYEES  
OF MOUNTAINVIEW NURSING HOME**

December 31, 2024 and 2023

NOTE E - ACCUMULATED PLAN BENEFITS--Continued

Accumulated plan benefit information as of January 1, 2023, follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits for: Other participants	\$ 2,558,000
Participants currently receiving payments	<u>3,643,851</u>
	6,201,851
Nonvested benefits	<u>72,154</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 6,274,005</u></u>
Changes in the actuarial present value of accumulated plan benefits from January 1, 2022 to January 1, 2023, follow:	
Actuarial present value of accumulated plan benefits as of January 1, 2022	\$ 7,013,534
Increase/(decrease) during the year attributable to:	
Interest accumulation	307,677
Benefits paid	(356,473)
Assumption changes	(929,966)
Other changes*	<u>239,233</u>
Net decrease	<u>(739,529)</u>
Actuarial present value of accumulated plan benefits as of January 1, 2023	<u><u>\$ 6,274,005</u></u>

\*The “other changes” component represents the normal operation of the pension plan. It consists primarily of the increase due to ongoing benefit accruals (if any) and those items of plan experience that are not associated with plan asset performance.

The weighted average assumed rate of return used in determining the actuarial present value of accumulated plan benefits was 4.5% for January 1, 2024 and 2023, respectively.

NOTES TO FINANCIAL STATEMENTS

**PENSION PLAN FOR THE EMPLOYEES  
OF MOUNTAINVIEW NURSING HOME**

December 31, 2024 and 2023

NOTE E - ACCUMULATED PLAN BENEFITS--Continued

Significant assumptions underlying the actuarial computations for the years ended December 31, 2024 and 2023, follow:

<i>Mortality</i>	2024 and 2023 Static Mortality table for annuitants and non-annuitants
<i>Retirement age</i>	Age 65
<i>Salary progression</i>	2.5% (2024 and 2023) compounded annually

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

NOTE F - INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED)

At December 31, 2024, the Plan's investments were held by Principal Bank (Trustee). The following is a summary of the Plan's financial information that is included in the financial statements based on information certified by the Trustee as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

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

- Investments as shown on the statement of net assets available for benefits as of December 31, 2024 and 2023;
- Net investment activity as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2024 and 2023;
- Investment information included in the footnotes for the year ended December 31, 2024 and 2023, and supplemental schedules of assets (held at end of year and acquired and disposed of within year) as of December 31, 2024.

The Plan's independent auditors 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 schedules.

NOTES TO FINANCIAL STATEMENTS

**PENSION PLAN FOR THE EMPLOYEES  
OF MOUNTAINVIEW NURSING HOME**

December 31, 2024 and 2023

NOTE G - PLAN TERMINATION

The Employer has the right to amend or terminate the Plan at any time. Additionally, the Pension Benefit Guaranty Corporation (the PBGC), a U. S. Government agency, reserves the right to terminate the Plan if the Employer fails to meet minimum funding standards or is unable to pay benefits when due. 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 termination;
- 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. The amount is further limited to the lowest benefit that would be payable under the Plan provisions in effect at any time during the five years preceding Plan termination;
- c. Other vested benefits insured by the PBGC up to the applicable limitations (discussed below);
- d. All other vested benefits (that is, vested benefits not insured by the PBGC);
- e. All nonvested 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, 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 on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2024, that ceiling is \$7,108 per month. The 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 (whichever occurs later). For younger annuitants or for those who elect to receive their benefits in some form other than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

## NOTES TO FINANCIAL STATEMENTS

### **PENSION PLAN FOR THE EMPLOYEES OF MOUNTAINVIEW NURSING HOME**

December 31, 2024 and 2023

#### NOTE H - TAX STATUS

The Internal Revenue Service has determined and informed the Company by letter dated July 20, 2011, that the Plan and related trust were designed in accordance with applicable sections of the Internal Revenue Code (IRC). 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 designed and is currently being operated in compliance with the applicable requirements of the IRC. The plan is expected to be amended by the Plan administrator to incorporate the provisions of the SECURE 2.0 Act of 2022.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

#### NOTE I - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement 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 J - RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan and Principal Bank investments are shares of mutual funds managed by Wells Fargo Bank, N.A for 2023 and Principal Bank for 2024. Wells Fargo Bank, N.A. are the trustees as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to \$43,618 and \$41,283 for the years ended December 31, 2024 and 2023, respectively.

These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTES TO FINANCIAL STATEMENTS

**PENSION PLAN FOR THE EMPLOYEES  
OF MOUNTAINVIEW NURSING HOME**

December 31, 2024 and 2023

NOTE K - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The amounts reported in the financial statements are in agreement with the Form 5500 tax return and, accordingly, there are no reconciling items.

SUPPLEMENTAL INFORMATION

SUPPLEMENTAL INFORMATION

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

**PENSION PLAN FOR THE EMPLOYEES  
OF MOUNTAINVIEW NURSING HOME**

December 31, 2024

EIN: 57-0360090  
Plan Number 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value	
	American	EuroPacific Growth Fund	\$ 336,476	\$ 334,845
*	Blackrock	S&P Mid Cap Index Fund	239,420	553,452
*	Blackrock	S&P 500 Index Fund	289,698	712,065
*	Causeway	International Value Fund	292,864	343,412
	Cohen & Steers	Realty Shares Fund	181,027	180,587
*	Dodge & Cox	Intermediate Bond Fund	540,155	630,642
*	Federated	Total Return Bond Fund	672,797	663,860
	Invesco Oppenheimer	Developing Markets Fund	351,062	325,971
*	MFS	Value Fund	285,096	537,358
*	Multi-Managed	Small Cap Fund	297,888	480,765
	Natixis Loomis Sayles	Strategic Income Fund	771,553	674,945
*	T. Rowe Price	Institutional Large Cap Growth Fund	121,519	374,454
*	Allspring	Advantage Core Bond Fund	613,723	661,109
*	Alliance Bernstein	Large Cap Growth Fund	<u>227,061</u>	<u>361,204</u>
			<u>\$ 5,220,339</u>	<u>\$ 6,834,669</u>

\* Denotes party-in-interest to the Plan (Common/Collective Trust)

The amounts and information included above and in the accompanying financial statements were obtained from data that has been prepared and certified as to be complete and accurate by the trustee.

*See Independent Auditors' Report.*

SUPPLEMENTAL INFORMATION  
SCHEDULE OF REPORTABLE TRANSACTIONS  
**PENSION PLAN FOR THE EMPLOYEES  
OF MOUNTAINVIEW NURSING HOME**

December 31, 2024

SINGLE SECURITY TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS

For details, see pages 28 - 29.

SERIES OF NON-PARTICIPANT DIRECTED TRANSACTIONS IN SAME SECURITY IN EXCESS OF  
5% OF PLAN ASSETS

For details, see pages 30 - 32.

*See Independent Auditors' Report.*

SUPPLEMENTAL INFORMATION

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

**PENSION PLAN FOR THE EMPLOYEES  
OF MOUNTAINVIEW NURSING HOME**

December 31, 2024

EIN: 57-0360090

Plan Number 001

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024				MOUNTAINVIEW PENSION PLAN ACCOUNT NUMBER 1040008695		
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
	BEGINNING MARKET VALUE		6,715,671.14			
	COMPARATIVE VALUE (5%)		335,783.56			

\*\*\* NO TRANSACTIONS QUALIFIED \*\*\*

All transactions above denote party-in-interest to the Plan.

SUPPLEMENTAL INFORMATION

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

**PENSION PLAN FOR THE EMPLOYEES  
OF MOUNTAINVIEW NURSING HOME**

December 31, 2024

EIN: 57-0360090

Plan Number 001

**REPORTABLE TRANSACTIONS - SINGLE / BY BROKER  
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024**

**MOUNTAINVIEW PENSION PLAN  
ACCOUNT NUMBER 1040008695**

		SINGLE / BY BROKER				
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
-----	-----	-----	-----	-----	-----	-----
	BEGINNING MARKET VALUE		6,715,671.14			
	COMPARATIVE VALUE (5%)		335,783.56			
	-----		-----			

\*\*\* NO TRANSACTIONS QUALIFIED \*\*\*

All transactions above denote party-in-interest to the Plan.

SUPPLEMENTAL INFORMATION

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

PENSION PLAN FOR THE EMPLOYEES  
OF MOUNTAINVIEW NURSING HOME

December 31, 2024

EIN: 57-0360090

Plan Number 001

**REPORTABLE TRANSACTIONS - SERIES / BY ISSUE** **MOUNTAINVIEW PENSION PLAN**  
**FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024** **ACCOUNT NUMBER 1040008695**

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE				6,715,671.14		
COMPARATIVE VALUE (5%)				335,783.56		
ISSUE: PF9980004 - SHORT-TERM INVESTMENT FUND A S1						
01/03/24 B	623	1.000	0	623-	623	
01/19/24 B	78,254	1.000	0	78,254-	78,254	
02/02/24 B	464	1.000	0	464-	464	
02/20/24 B	33,882	1.000	0	33,882-	33,882	
03/04/24 B	645	1.000	0	645-	645	
04/02/24 B	663	1.000	0	663-	663	
04/03/24 B	37	1.000	0	37-	37	
04/09/24 B	705	1.000	0	705-	705	
04/17/24 B	106,510	1.000	0	106,510-	106,510	
05/02/24 B	714	1.000	0	714-	714	
05/17/24 B	36,174	1.000	0	36,174-	36,174	
06/04/24 B	953	1.000	0	953-	953	
06/06/24 B	431	1.000	0	431-	431	
06/07/24 B	705	1.000	0	705-	705	
06/20/24 B	83,788	1.000	0	83,788-	83,788	
07/01/24 B	431	1.000	0	431-	431	
07/02/24 B	533	1.000	0	533-	533	
07/05/24 B	76	1.000	0	76-	76	
08/02/24 B	1,068	1.000	0	1,068-	1,068	
09/04/24 B	858	1.000	0	858-	858	
09/04/24 B	268	1.000	0	268-	268	
10/02/24 B	724	1.000	0	724-	724	
11/04/24 B	527	1.000	0	527-	527	
11/19/24 B	112,401	1.000	0	112,401-	112,401	
11/21/24 B	265	1.000	0	265-	265	
12/03/24 B	563	1.000	0	563-	563	
SUB-TOTAL OF BUYS # 26			0	462,262	462,262	
01/22/24 S	10,283	1.000	0	10,283	10,283	0
01/31/24 S	29,391	1.000	0	29,391	29,391	0
02/29/24 S	29,095	1.000	0	29,095	29,095	0
03/11/24 S	253	1.000	0	253	253	0
04/01/24 S	29,348	1.000	0	29,348	29,348	0
04/11/24 S	705	1.000	0	705	705	0

All transactions above denote party-in-interest to the Plan.

SUPPLEMENTAL INFORMATION

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

**PENSION PLAN FOR THE EMPLOYEES  
OF MOUNTAINVIEW NURSING HOME**

December 31, 2024

EIN: 57-0360090

Plan Number 001

**REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024**

**MOUNTAINVIEW PENSION PLAN  
ACCOUNT NUMBER 1040008695**

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	SERIES / BY ISSUE		PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		UNIT PRICE	EXPENSE INCURRED			
04/22/24 S	10,913	1.000	0	10,913	10,913	0
04/30/24 S	29,592	1.000	0	29,592	29,592	0
05/31/24 S	29,592	1.000	0	29,592	29,592	0
06/03/24 S	545	1.000	0	545	545	0
06/10/24 S	431	1.000	0	431	431	0
06/11/24 S	705	1.000	0	705	705	0
06/18/24 S	641	1.000	0	641	641	0
06/28/24 S	30,457	1.000	0	30,457	30,457	0
07/18/24 S	11,761	1.000	0	11,761	11,761	0
07/22/24 S	11,054	1.000	0	11,054	11,054	0
07/31/24 S	30,365	1.000	0	30,365	30,365	0
08/30/24 S	31,077	1.000	0	31,077	31,077	0
09/06/24 S	268	1.000	0	268	268	0
09/30/24 S	31,077	1.000	0	31,077	31,077	0
10/21/24 S	11,368	1.000	0	11,368	11,368	0
10/31/24 S	30,907	1.000	0	30,907	30,907	0
11/25/24 S	138	1.000	0	138	138	0
11/29/24 S	30,654	1.000	0	30,654	30,654	0
12/31/24 S	30,654	1.000	0	30,654	30,654	0
SUB-TOTAL OF SALES # 25			0	421,274	421,274	0
SUB-TOTAL			0	883,536	883,536	0
GRAND TOTAL			0	883,536	883,536	0

FOOTNOTES

\* = SINGLE TRANSACTION IS 5% REPORTABLE  
 B = BUY TRANSACTION  
 S = SELL TRANSACTION  
 R = REINVESTMENT TRANSACTION

All transactions above denote party-in-interest to the Plan.

SUPPLEMENTAL INFORMATION

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

**PENSION PLAN FOR THE EMPLOYEES  
OF MOUNTAINVIEW NURSING HOME**

December 31, 2024

EIN: 57-0360090

Plan Number 001

REPORTABLE TRANSACTIONS - SERIES / BY BROKER FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024				MOUNTAINVIEW PENSION PLAN ACCOUNT NUMBER 1040008695		
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
	BEGINNING MARKET VALUE		6,715,671.14			
	COMPARATIVE VALUE (5%)		335,783.56			
*** NO TRANSACTIONS QUALIFIED ***						

All transactions above denote party-in-interest to the Plan.

SUPPLEMENTAL INFORMATION

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

**PENSION PLAN FOR THE EMPLOYEES  
OF MOUNTAINVIEW NURSING HOME**

December 31, 2024

EIN: 57-0360090

Plan Number 001

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024				MOUNTAINVIEW PENSION PLAN ACCOUNT NUMBER 1040008695		
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
	BEGINNING MARKET VALUE		6,715,671.14			
	COMPARATIVE VALUE (5%)		335,783.56			

\*\*\* NO TRANSACTIONS QUALIFIED \*\*\*

All transactions above denote party-in-interest to the Plan.

SUPPLEMENTAL INFORMATION

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

**PENSION PLAN FOR THE EMPLOYEES  
OF MOUNTAINVIEW NURSING HOME**

December 31, 2024

EIN: 57-0360090

Plan Number 001

**REPORTABLE TRANSACTIONS - SINGLE / BY BROKER  
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024**

**MOUNTAINVIEW PENSION PLAN  
ACCOUNT NUMBER 1040008695**

		SINGLE / BY BROKER				
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
-----	-----	-----	-----	-----	-----	-----
	BEGINNING MARKET VALUE		6,715,671.14			
	COMPARATIVE VALUE (5%)		335,783.56			
	-----		-----			

\*\*\* NO TRANSACTIONS QUALIFIED \*\*\*

All transactions above denote party-in-interest to the Plan.

SUPPLEMENTAL INFORMATION

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

PENSION PLAN FOR THE EMPLOYEES  
OF MOUNTAINVIEW NURSING HOME

December 31, 2024

EIN: 57-0360090  
Plan Number 001

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE MOUNTAINVIEW PENSION PLAN  
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024 ACCOUNT NUMBER 1040008695

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE		6,715,671.14				
COMPARATIVE VALUE (5%)		335,783.56				
ISSUE: PF9980004 - SHORT-TERM INVESTMENT FUND A S1						
01/03/24 B	623	1.000	0	623-	623	
01/19/24 B	78,254	1.000	0	78,254-	78,254	
02/02/24 B	464	1.000	0	464-	464	
02/20/24 B	33,882	1.000	0	33,882-	33,882	
03/04/24 B	645	1.000	0	645-	645	
04/02/24 B	663	1.000	0	663-	663	
04/03/24 B	37	1.000	0	37-	37	
04/09/24 B	705	1.000	0	705-	705	
04/17/24 B	106,510	1.000	0	106,510-	106,510	
05/02/24 B	714	1.000	0	714-	714	
05/17/24 B	36,174	1.000	0	36,174-	36,174	
06/04/24 B	953	1.000	0	953-	953	
06/06/24 B	431	1.000	0	431-	431	
06/07/24 B	705	1.000	0	705-	705	
06/20/24 B	83,788	1.000	0	83,788-	83,788	
07/01/24 B	431	1.000	0	431-	431	
07/02/24 B	533	1.000	0	533-	533	
07/05/24 B	76	1.000	0	76-	76	
08/02/24 B	1,068	1.000	0	1,068-	1,068	
09/04/24 B	858	1.000	0	858-	858	
09/04/24 B	268	1.000	0	268-	268	
10/02/24 B	724	1.000	0	724-	724	
11/04/24 B	527	1.000	0	527-	527	
11/19/24 B	112,401	1.000	0	112,401-	112,401	
11/21/24 B	265	1.000	0	265-	265	
12/03/24 B	563	1.000	0	563-	563	
SUB-TOTAL OF BUYS # 26			0	462,262	462,262	
01/22/24 S	10,283	1.000	0	10,283	10,283	0
01/31/24 S	29,391	1.000	0	29,391	29,391	0
02/29/24 S	29,095	1.000	0	29,095	29,095	0
03/11/24 S	253	1.000	0	253	253	0
04/01/24 S	29,348	1.000	0	29,348	29,348	0
04/11/24 S	705	1.000	0	705	705	0

All transactions above denote party-in-interest to the Plan.

SUPPLEMENTAL INFORMATION

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

**PENSION PLAN FOR THE EMPLOYEES  
OF MOUNTAINVIEW NURSING HOME**

December 31, 2024

EIN: 57-0360090

Plan Number 001

**REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024**

**MOUNTAINVIEW PENSION PLAN  
ACCOUNT NUMBER 1040008695**

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	SERIES / BY ISSUE		PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		UNIT PRICE	EXPENSE INCURRED			
04/22/24 S	10,913	1.000	0	10,913	10,913	0
04/30/24 S	29,592	1.000	0	29,592	29,592	0
05/31/24 S	29,592	1.000	0	29,592	29,592	0
06/03/24 S	545	1.000	0	545	545	0
06/10/24 S	431	1.000	0	431	431	0
06/11/24 S	705	1.000	0	705	705	0
06/18/24 S	641	1.000	0	641	641	0
06/28/24 S	30,457	1.000	0	30,457	30,457	0
07/18/24 S	11,761	1.000	0	11,761	11,761	0
07/22/24 S	11,054	1.000	0	11,054	11,054	0
07/31/24 S	30,365	1.000	0	30,365	30,365	0
08/30/24 S	31,077	1.000	0	31,077	31,077	0
09/06/24 S	268	1.000	0	268	268	0
09/30/24 S	31,077	1.000	0	31,077	31,077	0
10/21/24 S	11,368	1.000	0	11,368	11,368	0
10/31/24 S	30,907	1.000	0	30,907	30,907	0
11/25/24 S	138	1.000	0	138	138	0
11/29/24 S	30,654	1.000	0	30,654	30,654	0
12/31/24 S	30,654	1.000	0	30,654	30,654	0
SUB-TOTAL OF SALES # 25			0	421,274	421,274	0
SUB-TOTAL			0	883,536	883,536	0
GRAND TOTAL			0	883,536	883,536	0

**F O O T N O T E S**

\* = SINGLE TRANSACTION IS 5% REPORTABLE  
 B = BUY TRANSACTION  
 S = SELL TRANSACTION  
 R = REINVESTMENT TRANSACTION

All transactions above denote party-in-interest to the Plan.

SUPPLEMENTAL INFORMATION

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

**PENSION PLAN FOR THE EMPLOYEES  
OF MOUNTAINVIEW NURSING HOME**

December 31, 2024

EIN: 57-0360090

Plan Number 001

**REPORTABLE TRANSACTIONS - SERIES / BY BROKER** **MOUNTAINVIEW PENSION PLAN**  
**FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024** **ACCOUNT NUMBER 1040008695**

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		SERIES / BY BROKER					
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS	
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	BEGINNING MARKET VALUE		6,715,671.14				
	COMPARATIVE VALUE (5%)		335,783.56				
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\*\*\* NO TRANSACTIONS QUALIFIED \*\*\*

All transactions above denote party-in-interest to the Plan.