Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	**2024** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SENIOR SERVICES RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1994

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
MERITAN, INC.

345 ADAMS AVENUE
MEMPHIS, TN 38103

345 ADAMS AVENUE
MEMPHIS, TN 38103

2b Employer Identification Number (EIN) 62-0674655

2c Plan Sponsor's telephone number 901-766-0600

2d Business code (see instructions) 624100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/14/2026	PATTI KESLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/14/2026	PATTI KESLER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	283
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	8
a(2) Total number of active participants at the end of the plan year	**6a(2)**	8
b Retired or separated participants receiving benefits	**6b**	134
c Other retired or separated participants entitled to future benefits	**6c**	125
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	267
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	7
f Total. Add lines **6d** and **6e**.	**6f**	274
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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_____

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500 or 5500-SF.**	**2024** **This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

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

A Name of plan
SENIOR SERVICES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MERITAN, INC.

D Employer Identification Number (EIN)
62-0674655

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 07 Day 01 Year 2024

2 Assets:

a Market value	**2a**	21877048
b Actuarial value	**2b**	21395547

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	144	18294378	18294378
b For terminated vested participants	131	5627284	5627284
c For active participants	8	1602028	1602028
d Total	283	25523690	25523690

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.30 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	0

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	04/13/2026 Date
KAREN L SKOGLUND, ASA, MAAA Type or print name of actuary	26-06074 Most recent enrollment number
JHBENEFITS, LTD. Firm name	614-888-1005 Telephone number (including area code)

100 W OLD WILSON BRIDGE RD.
SUITE 214
WORTHINGTON, OH 43085

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		968292
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.20 %		50351
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		1018643
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	83.82 %
15	Adjusted funding target attainment percentage	15	83.82 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.18 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2024	100000		01/02/2025	100000	
08/01/2024	100000		02/03/2025	100000	
09/03/2024	100000		03/03/2025	100000	
10/01/2024	100000		04/01/2025	100000	
11/01/2024	100000		05/01/2025	100000	
12/02/2024	100000		05/21/2025	500000	
			Totals ► 18(b)	2200000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2124711

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part II Beginning of Year Carryover and Prefunding Balances

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

Part III Funding Percentages

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

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/02/2025	100000				
06/27/2025	500000				
			Totals ► 18(b)		18(c)

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.84 %	5.24 %	5.59 %	

b Applicable month (enter code)	21b	2
22 Weighted average retirement age	22	62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	31a	0
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	4128143	500114
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	500114

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	36	500114
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	2124711

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

a Total (excess, if any, of line 37 over line 36)	38a	1624597
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

DIVERSIFIED TRUST COMPANY

6075 POPLAR AVENUE, SUITE 850
MEMPHIS, TN 38119

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	N/A	76861	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PENCHECKS TRUST

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	N/A	10296	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EARNEST PARTNERS

1180 PEACHTREE ST NE #2300
ATLANTA, GA 30309

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22	N/A	8677	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan
SENIOR SERVICES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MERITAN, INC.

D Employer Identification Number (EIN)
62-0674655

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: DTC PRIVATE EQUITY III FUND

b Name of sponsor of entity listed in (a): DIVERSIFIED TRUST COMPANY

c EIN-PN 26-1139682-000 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 757

a Name of MTIA, CCT, PSA, or 103-12 IE: DTC PRIVATE EQUITY IV LP

b Name of sponsor of entity listed in (a): DIVERSIFIED TRUST COMPANY

c EIN-PN 35-2425281-000 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1194

a Name of MTIA, CCT, PSA, or 103-12 IE: DTC PRIVATE EQUITY V LP

b Name of sponsor of entity listed in (a): DIVERSIFIED TRUST COMPANY

c EIN-PN 36-4798841-000 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4800

a Name of MTIA, CCT, PSA, or 103-12 IE: DTC PRIVATE EQUITY VI LP

b Name of sponsor of entity listed in (a): DIVERSIFIED TRUST COMPANY

c EIN-PN 82-1794389-000 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5600

a Name of MTIA, CCT, PSA, or 103-12 IE: DTC PRIVATE EQUITY VIII, L.P.

b Name of sponsor of entity listed in (a): DIVERSIFIED TRUST COMPANY

c EIN-PN 88-3694053-000 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5000

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2024** **This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan
SENIOR SERVICES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MERITAN, INC.

D Employer Identification Number (EIN)
62-0674655

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	67188	68110
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2723908	2295942
(2) U.S. Government securities	1c(2)	1400921	2468425
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1355249	1464233
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	1161588	1354029
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	2178969	2073256
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7522796	9230164
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	5466421	5374132

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	21877040	24328291
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	21877040	24328291

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	2200000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2200000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	291234	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		291234
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	286723	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		286723
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1530902
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4308859
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1758495	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1758495
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	10879	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	88234	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		99113
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1857608
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2451251
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: WATKINS UIBERALL, PLLC **(2)** EIN: 62-1804252

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

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

Part IV Compliance Questions

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

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

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

If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 570797.

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan
SENIOR SERVICES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MERITAN, INC.

D Employer Identification Number (EIN)
62-0674655

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 62-1571650 _____

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

SENIOR SERVICES RETIREMENT PLAN

FINANCIAL STATEMENTS

June 30, 2025 and 2024

WATKINS UIBERALL
Certified Public Accountants
Independent Member of BKR International

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Senior Services Retirement Plan

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

We have performed audits of the accompanying financial statements of Senior Services Retirement Plan, (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of June 30, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended June 30, 2025, 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 Senior Services Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our 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 qualified institutions as of June 30, 2025 and 2024, and for the year ended June 30, 2025, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

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

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

- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Senior Services Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Senior Services Retirement Plan's ability to continue as a going concern for a reasonable period of time.

Our 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 audits.

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of June 30, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

- the form and content of the supplemental 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).

Watkins Uiberall, PLLC

Memphis, Tennessee
April 13, 2026

SENIOR SERVICES RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
June 30, 2025 and 2024

Assets	2025	2024
Investments at Fair Value		
Mutual funds	$ 9,230,164	$ 7,522,796
Exchange-traded funds	5,374,132	5,466,421
Money market funds	2,295,942	2,723,908
Common/collective trust	2,073,256	2,178,969
U.S. government securities	2,468,425	1,400,921
Corporate debt instruments	1,464,233	1,355,249
Mortgage-backed securities	1,354,029	1,161,588
Total investments at fair value	24,260,181	21,809,852
Receivables		
Accrued interest and dividends	68,110	67,188
Net assets available for benefits	$ 24,328,291	$ 21,877,040

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

SENIOR SERVICES RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended June 30, 2025 and 2024

	2025	2024
Additions to Net Assets Attributed to:		
Investment Income		
Net appreciation in fair value of investments	$ 1,530,902	$ 1,326,340
Dividends	286,723	342,171
Interest	291,234	103,066
	2,108,859	1,771,577
Less investment expenses	(88,234)	(49,731)
	2,020,625	1,721,846
Contributions		
Employer	2,200,000	1,856,775
Total additions	4,220,625	3,578,621
Deductions from Net Assets Attributed to:		
Benefits paid to participants	1,758,495	1,906,869
Administrative expenses	10,879	55,201
Total deductions	1,769,374	1,962,070
Net decrease	2,451,251	1,616,551
Net Assets Available for Benefits		
Beginning of the year	21,877,040	20,260,489
End of the year	$ 24,328,291	$ 21,877,040

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

NOTE 1 – DESCRIPTION OF PLAN

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

General

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

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

Pension Benefits

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

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

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

NOTE 1 – DESCRIPTION OF PLAN (CONTINUED)

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

Contributions

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

Vested Benefits

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

Administrative Expenses

Several of the investment fund options are subject to investment fees based on a percentage of invested assets, as disclosed in the fund's prospectus. All such fees are charged directly against the fund's investment performance and thus are not separately disclosed in the accompanying financial statements. Certain investment management fees and administrative expenses related to the Plan are paid out of the plan's assets and are therefore separately disclosed in the accompanying financial statements. Other administrative expenses were paid for by the Plan sponsor during the years ended June 30, 2025.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

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

Benefits are recorded when paid.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Date of Management's Review

The plan evaluated its June 30, 2025 financial statements for subsequent events through April 13, 2026, the date the financial statements were available to be issued. Other than the events mentioned in Note 11, the plan sponsor is not aware of any subsequent events which would require recognition or disclosure in the financial statements.

NOTE 3 – FAIR VALUE MEASUREMENT

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

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

There have been no changes in the methodologies used at June 30, 2025 and 2024. The following is a description of the valuation methodologies used for assets measured at fair value.

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

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

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

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

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

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

NOTE 3 – FAIR VALUE MEASUREMENT (CONTINUED)

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

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2025 and 2024, respectively.

	Assets at Fair Value as of June 30, 2025			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 9,230,164	$ -	$ -	$ 9,230,164
Exchange-traded funds	5,374,132	-	-	5,374,132
Money market funds	-	2,295,942	-	2,295,942
Common/collective trust	-	2,073,256	-	2,073,256
U.S. government securities	-	2,468,425	-	2,468,425
Corporate debt instruments	-	1,464,233	-	1,464,233
Mortgage-backed securities	-	1,354,029	-	1,354,029
Total assets at fair value	$ 14,604,296	$ 9,655,885	$ -	$ 24,260,181

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

NOTE 4 – FUNDING

The Plan's funding policy is for the Plan sponsor to make contributions in amounts that are estimated to fully provide all accrued benefits by the time each participant retires and to meet the minimum funding requirements of ERISA. Annual funding requirements are actuarially determined using the unit credit funding method. The Plan sponsor made $2,200,000 in contributions to the Plan for fiscal year 2025. The minimum funding requirements of ERISA are met for the plan year ended June 30, 2025.

NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

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

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

The maximum annual benefit payable from a qualified defined benefit pension plan was the lesser of $280,000 (as determined by Internal Revenue Code Section 415) or 100% of the participant's average compensation not exceeding $350,000 (as determined by IRC Section 401(a) (17)).

The actuarial present value of accumulated plan benefits is determined by an independent enrolled actuary and is computed by applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of July 1, 2023 were (a) life expectancy of participants (the PR2012 Mortality with Scale MP-2021 Tables were used), (b) retirement age assumptions (the assumed retirement age was 62), and (c) discount rate (the discount rate was estimated using the actuary's proprietary bond model which determines a set of high quality bonds that produce cash flows similar to the Plan's expected benefit payments, and then solves for the average yield of those bonds). The July 1, 2024 and 2023 valuations assumed an interest rate of 5.30% and 5.55%, respectively. The discount rate as of July 1, 2024 and 2023 was 5.25% and 5.25%, respectively.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. Changes made to the actuarial assumptions for the Plan year ended June 30, 2025 included updates to the discount rate and mortality tables in accordance with the Pension Protection Act (PPA). Withdrawal rates, retirement rates, form of payment elections, and beneficiary age difference assumptions were updated based on an experience study conducted in 2018.

NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

Actuarial present value of accumulated plan benefits:

	2024	2023
Vested Benefits:		
Participants currently receiving payments	$ 16,310,564	$ 15,491,308
Active participants	1,347,455	1,415,373
Inactive participants with deferred benefits	4,576,133	5,735,098
	22,234,152	22,641,779
Nonvested benefits	-	-
Total actuarial present value of accumulated benefits	$ 22,234,152	$ 22,641,779

Changes in the present value of accumulated plan benefits:

Actuarial present value of accumulated plan benefits at July 1, 2023	$ 22,641,779
Increase (Decrease) During the Year Attributable To:	
Benefits accumulated and (gains)/losses	(142,928)
Increase for interest due to the decrease in the discount period	1,517,355
Benefits paid	(1,782,054)
Change in actuarial assumptions	-
	(407,627)
Actuarial present value of accumulated plan benefits at July 1, 2024	$ 22,234,152

NOTE 6 – SUMMARY OF INFORMATION CERTIFIED BY ASSET CUSTODIAN

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

- Investments at fair value as shown in the statements of net assets available for benefits as of June 30, 2025 and 2024.
- Investment activity, as shown in the statements of changes in net assets available for benefits for the years ended June 30, 2025 and 2024.
- The schedule of assets (held at end of year) as of June 30, 2025.

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

NOTE 7 – PLAN TERMINATION

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

a) Benefits attributable to employee contributions, taking into account those paid out before terminations.

b) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years.

c) The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

d) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations discussed below.

e) All other vested benefits (that is, vested benefits not insured by the PBGC).

f) All non-vested benefits.

NOTE 8 – RELATED PARTY TRANSACTIONS AND PARTIES-IN-INTEREST TRANSACTIONS

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

NOTE 9– RISKS AND UNCERTAINTIES

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

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

NOTE 10 – TAX STATUS

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

NOTE 11 – SUBSEQUENT EVENT

The Plan was amended for termination effective January 31, 2026. Plan participants were notified of the intent to terminate the Plan on December 1, 2025, and a Standard Termination Notice was subsequently filed with the Pension Benefit Guaranty Corporation (PBGC) on February 9, 2026. Plan management is actively seeking a qualified purchaser for the Plan's annuity obligations. The final settlement of all Plan obligations, including the purchase of annuities and distribution of lump-sum payments, is expected to be completed prior to July 1, 2026.

SUPPLEMENTAL INFORMATION

SENIOR SERVICES RETIREMENT PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2025

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

Employer: Meritan, Inc.
Plan #: 001
EIN: 62-0674655

(a)	(b) Identity of Issuer		(c) Description	(d) Cost	(e) Current Value
	Fidelity Advisors	Money Market Government Class I	Money Market Funds	$ 2,147,607	$ 2,147,607
	Blackrock	Liquid Fed FDS #81	Money Market Funds	172,444	148,335
				Total Money Market	**$ 2,295,942**
*	Diversified Trust Company	Private Equity VI Limited Partnership	Common/Collective Trust	$ 521,349	$ 867,775
*	Diversified Trust Company	Private Equity V Limited Partnership	Common/Collective Trust	217,927	530,495
*	Diversified Trust Company	Private Equity IV Limited Partnership	Common/Collective Trust	197,357	416,346
*	Diversified Trust Company	Private Equity III Limited Partnership	Common/Collective Trust	15,352	99,016
*	Diversified Trust Company	Private Equity VIII Limited Partnership	Common/Collective Trust	125,000	116,836
	The Mount Sinai Hospital	Callable Bond	Municipal Bond	44,041	42,788
				Total Common/Collective Trust	**$ 2,073,256**
	American Tower	TR Series 2018 1 Class A	Asset-Backed Security	$ 47,319	$ 48,846
	DTE Elec Securitization Fdg II LLC	DTE Elec Securitization Fdg II Extended	Asset-Backed Security	45,414	45,610
	JGWPT XXX LLC	Ser 2013 3 Class A	Asset-Backed Security	41,942	42,954
	JGWPT XXXVII LLC	Ser 2016 1 Class A	Asset-Backed Security	21,084	21,385
	Verizon Wireless	Master TR Ser 2023 1 Class A 1A	Asset-Backed Security	29,784	30,000
	World Omni Financial Corp.	Series 2022 C Class A 3.66%	Asset-Backed Security	13,182	13,400
	Agco Corp	Senior Global	Corporate Bond	19,448	20,298
	Allstate Corp	Senior Global NT	Corporate Bond	30,778	30,757
	Bank of America	Corp Sr Global NT	Corporate Bond	46,948	48,874
	Citi Group	Inc Sr Global NT	Corporate Bond	42,819	45,346
	Crown Castle International Corp.	Intl Corp Sr Global	Corporate Bond	19,139	19,739

SENIOR SERVICES RETIREMENT PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR) – (CONTINUED)
June 30, 2025

(a)	(b) Identity of Issuer		(c) Description	(d) Cost	(e) Current Value
	CVS	Health Corp Sr Global NT	Corporate Bond	38,111	39,367
	Dominion Energy	INC SR GLBL B NT	Corporate Bond	29,908	30,255
	Duke Energy Florida LLC	1M Global BD	Corporate Bond	38,719	35,930
	Entergy LA LLC	1st MTG BD	Corporate Bond	45,500	44,225
	Fifth Third Bancorp, Inc.	Callable Sr Global NT Variable Rate	Corporate Bond	39,393	40,025
	GATX Corp.	Callable Senior NT (3.5%)	Corporate Bond	37,522	39,056
	Hyundai Auto	Rec TR Ser 2023 C CL A	Corporate Bond	33,570	33,360
	John Sevier Combined Cycle LLC	Callable Sr SEC AMZ A (4.626%)	Corporate Bond	36,954	37,387
	JP Morgan Chase & Co.	Callable Sr Global NT Variable Rate	Corporate Bond	48,108	49,560
	Kentucky Utilities Co.	Callable 1M Global Bond (5.125%)	Corporate Bond	48,530	48,176
	KeyCorp	Non-Callable Bond (2.55%)	Corporate Bond	41,947	46,168
	The Kroger Co.	Callable Sr NT (5.40%)	Corporate Bond	39,674	39,066
	NATIONWIDE MUT	INS CO SUB 144A NT	Corporate Bond	26,464	26,372
	Nevada Power Co.	Callable 1M Glbl R NT (6.75%)	Corporate Bond	45,096	44,606
	Pacific Life Insurance Co.	Non-Callable Global FDG II Med FR (1.375%)	Corporate Bond	37,002	39,102
	The PNC Financial Services Group, Inc	Callable Sr NT (Variable Rate)	Corporate Bond	51,886	53,173
	Protective Life Corp.	Callable Sr NT (8.45%)	Corporate Bond	37,748	36,704
	Reliance Standard Life Insurance Co.	Callable FDG II FR (1.512%)	Corporate Bond	31,287	33,734
	The Southern Co., Inc.	Southern Co Gas Cap Sr Global	Corporate Bond	42,717	41,953
	T-Mobile USA, Inc.	T-Mobile USA Inc Sr Global NT	Corporate Bond	37,136	38,486
	Texas Eastern Transmission, LP	Texas Eastn Transmission LP Sr NT	Corporate Bond	44,370	44,178
	Toyota Auto	Recv Own TR Ser 2022 D	Corporate Bond	18,448	18,466
	United Airlines, Inc.	PT Cert Series 2016 2 2 CL AA	Corporate Bond	36,178	38,270
	United Rentals, Inc.	SR SEC Global 6% Bond	Corporate Bond	40,446	40,967
	The Unum Group	Senior NT 7.25%	Corporate Bond	41,938	42,436
	U.S. Bancorp, Inc.	FR Variable Rate DTD	Corporate Bond	48,923	50,325

SENIOR SERVICES RETIREMENT PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR) – (CONTINUED)
June 30, 2025

(a)	(b) Identity of Issuer		(c) Description	(d) Cost	(e) Current Value
	Wells Fargo, Inc.	Variable Rate Callable Bond	Corporate Bond	40,063	40,442
	Western Southern	Global FDG 144A NT	Corporate Bond	24,987	25,235
				Total Corporate Bonds	**$ 1,464,233**
	The Vanguard Group	FDS S&P 500 ETF	Exchange-traded funds	$ 4,097,086	$ 5,374,132
				Total Exchange-traded Funds	**$ 5,374,132**
	Bank SER	2024 5YR7 CL A 3	Mortgage-Backed Security	$ 25,754	$ 25,983
	BBCMS Mortgage	Trust Ser 2023 5C23	Mortgage-Backed Security	20,719	20,850
	Benchmark mortgage	Trust Ser 2024 V7 CL	Mortgage-Backed Security	25,563	25,897
	BSTN COML MTG	Trust Ser 2025 1C CL A	Mortgage-Backed Security	29,709	30,673
	Citi Group	Coml MTG TG Series 2016 GC37 CL	Mortgage-Backed Security	26,246	27,212
	CSAIL	Coml MTG TR Ser 2016 C7 CL A	Mortgage-Backed Security	193	197
	Freddie Mac	Multiclass bonds	Mortgage-Backed Security	68,121	69,454
	Fannie Mae	Partn CTF #SD3304	Mortgage-Backed Security	83,774	86,136
	Freddie Mac	Partn CTF #SD8257	Mortgage-Backed Security	100,204	99,191
	Freddie Mac	Partn CTF #SD4254	Mortgage-Backed Security	38,582	38,994
	Freddie Mac	Partn CTF #WN2615	Mortgage-Backed Security	39,184	39,208
	Freddie Mac	Freddie Mac Small Balance Series 2019	Mortgage-Backed Security		72,889
	Freddie Mac	Freddie Mac Small Balance Series 2020	Mortgage-Backed Security		77,961
	Fannie Mae	Passthru #AM2127	Mortgage-Backed Security		55,856
	Fannie Mae	Passthru #AN6046	Mortgage-Backed Security	76,937	78,657
	Fannie Mae	Passthru #BL6436	Mortgage-Backed Security	57,691	59,736
	Fannie Mae	Passthru #BS9409	Mortgage-Backed Security	36,221	36,327
	Fannie Mae	Passthru #BZ0033	Mortgage-Backed Security	52,699	52,110

SENIOR SERVICES RETIREMENT PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR) – (CONTINUED)
June 30, 2025

(a)	(b) Identity of Issuer		(c) Description	(d) Cost	(e) Current Value
	Fannie Mae	Passthru #BZ1816	Mortgage-Backed Security	50,141	50,330
	Fannie Mae	Passthru #MA4178	Mortgage-Backed Security	65,962	67,568
	Fannie Mae	Passthru #MA4357	Mortgage-Backed Security	75,427	74,069
	Fannie Mae	Passthru #MA4868	Mortgage-Backed Security	82,678	82,340
	Fannie Mae	Passthru #MA5107	Mortgage-Backed Security	52,985	54,536
	Government MTG ASSN GTD	Remic Passthru SECS SER 2025 013 CL AC	Mortgage-Backed Security	48,503	48,897
	Government NATL MTG ASSN GTD	Remic Passthru SECS SER 2025 092 CL AK	Mortgage-Backed Security		78,958
				Total Mortgage-Backed Securities	**$ 1,354,029**
c	ALPS Distributors, Inc.	Brown Advisory Beutel Goodman Lg Cap	Mutual Fund	$ 830,000	$ 844,490
	Causeway Funds, PLC	Causeway International Opportunities Fund	Mutual Fund	1,462,000	1,629,509
	Champlain Investment Partners, LLC	Champlain Mid Cap Fund	Mutual Fund	704,000	722,863
	Columbia Mgmt Investment Advisers, LL	Columbia Strategic Income Fund	Mutual Fund	1,408,000	1,430,364
	GMO LLC	Quality Fund Class 1	Mutual Fund	826,372	1,018,062
	The Vanguard Group	International Equity Index	Mutual Fund	1,433,110	1,625,380
	The Vanguard Group	Ultra-Short Term Bond Fund	Mutual Fund	709,091	711,577
	NATIXIS Loomis	Sayles Growth Fund	Mutual Fund	431,000	432,497
	Advisers Vontobel	International Equity Fund	Mutual Fund	744,000	815,422
				Total Mutual Funds	**$ 9,230,164**
	The Tennessee Valley Authority	Federal SR Global Callable Bond	U.S. Agency Bond	$ 46,611	$ 47,178
	The U.S. Small Business Administration	Small Business Admin GTD Dev Partn	U.S. Gov. Backed-Security	31,310	32,099
	The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 7/1/2044	U.S. Gov. Backed-Security	139,260	142,511
	The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 5/1/2045	U.S. Gov. Backed-Security	54,280	55,187
	The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 4/1/2047	U.S. Gov. Backed-Security	44,593	44,717
	The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 11/1/2047	U.S. Gov. Backed-Security	70,053	70,320

SENIOR SERVICES RETIREMENT PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED
June 30, 2025

(a)	(b) Identity of Issuer		(c) Description	(d) Cost	(e) Current Value
	The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 12/1/2047	U.S. Gov. Backed-Security	68,126	70,717
	The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 08/01/2031	U.S. Gov. Backed-Security	54,230	54,215
	The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 11/01/2033	U.S. Gov. Backed-Security	15,724	15,797
	The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 11/1/2048	U.S. Gov. Backed-Security	95,698	95,751
	The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 1/1/2049	U.S. Gov. Backed-Security	56,940	57,616
	The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 02/01/2025	U.S. Gov. Backed-Security	56,213	56,520
	The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 12/1/2035	U.S. Gov. Backed-Security	72,326	74,302
	The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 9/1/2036	U.S. Gov. Backed-Security	72,093	73,810
	The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 5/1/2037	U.S. Gov. Backed-Security	78,805	81,763
	The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 10/01/2037	U.S. Gov. Backed-Security	54,413	54,556
	The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 3/1/2038	U.S. Gov. Backed-Security	58,467	59,080
	The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 05/01/2035	U.S. Gov. Backed-Security	85,000	86,254
	The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 9/10/2027	U.S. Gov. Backed-Security	36,178	37,295
	The United States Government	Treasury Bond due 5/15/2052	U.S. Gov. Bond	194,558	179,538
	The United States Government	US Treasury Bond due 05/15/2040	U.S. Gov. Bond	160,202	167,326
	The United States Government	US Treasury Note due 08/15/2031	U.S. Gov. Bond	217,786	218,193
	The United States Government	US Treasury Note due 10/31/2029	U.S. Gov. Bond	216,856	217,101
	The United States Government	US Treasury Note due 11/15/2033	U.S. Gov. Bond	164,987	165,428
	The United States Government	US Treasury Note due 11/15/2034	U.S. Gov. Bond	128,519	129,464
	The United States Government	US Treasury Bond Stripped Prin PMT Prin	U.S. Gov. Bond	80,876	75,518
	The United States Government	United States Treasury BD Stripped	U.S. Gov. Bond	58,787	51,314
	The United States Government	US Treasury Bond	U.S. Gov. Bond	54,489	54,855
				Total U.S. Gov. Securities	**$ 2,468,425**
	Total assets held at year end			**Total Investments**	$ 24,260,181

* Indicates party-in-interest

Senior Services Retirement Plan

Discounted Employer Contributions

Plan Year: 7/1/2024 to 6/30/2025
Valuation Date: 7/1/2024

Quarterly Installment Payment: $112,525.65

Date	Amount	Year	Rate	Period	Adj Ctb
07-01-2024	100,000.00	2024	5.30%	07-01-2024 to 07-01-2024	100,000.00
08-01-2024	100,000.00	2024	5.30%	08-01-2024 to 07-01-2024	99,570.56
09-03-2024	100,000.00	2024	5.30%	09-03-2024 to 07-01-2024	99,115.45
10-01-2024	100,000.00	2024	5.30%	10-01-2024 to 07-01-2024	98,717.22
11-01-2024	100,000.00	2024	5.30%	11-01-2024 to 07-01-2024	98,293.29
12-02-2024	100,000.00	2024	5.30%	12-02-2024 to 07-01-2024	97,857.60
01-02-2025	100,000.00	2024	5.30%	01-02-2025 to 07-01-2024	97,437.37
02-03-2025	100,000.00	2024	5.30%	02-03-2025 to 07-01-2024	97,005.47
03-03-2025	100,000.00	2024	5.30%	03-03-2025 to 07-01-2024	96,588.89
04-01-2025	100,000.00	2024	5.30%	04-01-2025 to 07-01-2024	96,200.81
05-01-2025	100,000.00	2024	5.30%	05-01-2025 to 07-01-2024	95,787.69
05-21-2025	500,000.00	2024	5.30%	05-21-2025 to 07-01-2024	477,610.53
06-02-2025	100,000.00	2024	5.30%	06-02-2025 to 07-01-2024	95,363.11
06-27-2025	500,000.00	2024	5.30%	06-27-2025 to 07-01-2024	475,163.52
Totals:	**2,200,000.00**				**2,124,711.51**

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

a	Contributions allocated toward unpaid minimum required contribution from prior years	**19a**	0.00
b	Contributions made to avoid benefit restrictions adjusted to valuation date	**19b**	0.00
c	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	**19c**	2,124,711.51

Senior Services Retirement Plan

Shortfall Amortization
Plan Year: 7/1/2024 to 6/30/2025
Valuation Date: 7/1/2024

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

Valuation Date	Amortization Method	Number of Future Installments	Installment	Value of Future Installments
07/01/2019	15-year	10	$464,141	$3,743,467
07/01/2020	15-year	11	$12,878	$111,590
07/01/2021	15-year	12	$(127,865)	$(1,180,906)
07/01/2022	15-year	13	$123,096	$1,203,554
07/01/2023	15-year	14	$102,159	$1,051,444
07/01/2024	15-year	15	$(74,295)	$(801,006)
Total			$500,114	$4,128,143

Shortfall Amortization Charge (sum of installments, no less than zero): $500,114

Senior Services Retirement Plan

Schedule of Active Participant Data
Plan Year: 7/1/2024 to 6/30/2025
Valuation Date: 7/1/2024

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	0	0	0	0	0	0
50-54	0	0	0	0	0	0	1	0	0	0	1
55-59	0	0	0	0	1	2	0	0	0	0	3
60-64	0	0	0	0	1	2	1	0	0	0	4
65-69	0	0	0	0	0	0	0	0	0	0	0
70+	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	2	4	2	0	0	0	8

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

Average Age: 58.9 Average Service: 22

Senior Services Retirement Plan

Summary of Plan Provisions
Plan Year: 7/1/2024 to 6/30/2025
Valuation Date: 7/1/2024

Plan Effective Date

July 1, 1994

Plan Year

From July 1, 2024 to June 30, 2025

Eligibility

All employees not excluded by class are eligible to enter on the July 1 or January 1 coincident with or preceding the completion of the following requirements:

1 year of service
Minimum age 21

No Employee shall become a Participant after June 30, 2013.

Normal Retirement Age

All participants are eligible to retire with their full retirement benefit on the later of the following:

Attainment of age 62
Completion of 5 plan years of service

Normal Retirement Benefit

Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:

A participant's Accrued Benefit as of any date of determination is a monthly benefit commencing on or subsequent to his Normal Retirement Date payable in the Normal Benefit Form, a life annuity, in an amount equal to 2% of av
The maximum monthly benefit is the lesser of $17,916.66 and 100% of the highest 3-year average salary, subject to service requirements.

The benefit is based on average salary during the highest 3 consecutive years of service from date of hire.

Normal Form of Benefit

A benefit payable for the life of the participant

Optional Forms of Benefit

The following forms of benefit payment are also available:

Life Only - Payable for the life of the participant.

Life With 5 Years Certain - Payable for the life of the participant. If the participant dies before receiving payments for 5 full years, payments will continue to his/her surviving beneficiary for the remainder of the 5-year period and then stop.

Life With 10 Years Certain - Payable for the life of the participant. If the participant dies before receiving payments for 10 full years, payments will continue to his/her surviving beneficiary for the remainder of the 10-year period and then stop.

Life With 15 Years Certain - Payable for the life of the participant. If the participant dies before receiving payments for 15 full years, payments will continue to his/her surviving beneficiary for the remainder of the 15-year period and then

Senior Services Retirement Plan

Summary of Plan Provisions
Plan Year: 7/1/2024 to 6/30/2025
Valuation Date: 7/1/2024

stop.

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

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

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

Accrued Benefit

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

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

Years with less than 1,000 hours

Termination Benefit

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

Credited Years	Vested Percent
1	0
2	0
3	0
4	0
5	100

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

Years with less than 1,000 hours

Top-Heavy Status

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

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death

Senior Services Retirement Plan

Summary of Actuarial Assumptions and Method
Plan Year: 7/1/2024 to 6/30/2025
Valuation Date: 7/1/2024

	For Funding Min	For Funding Max	For 417(e)	For Actuarial Equiv.
Interest Rates	Seg 1: 4.84%	4.84%	Seg 1: 5.18%	Pre-Retirement: 7.00%
	Seg 2: 5.24%	5.24%	Seg 2: 5.41%	Post-Retirement: 7.00%
	Seg 3: 5.59%	5.22%	Seg 3: 5.62%	
Applicable Date	05/2024	05/2024	05/2024	
Pre-Retirement				
Turnover	T-7 with term rates no less than 5%		None	None
Mortality	Male-2024 Small Plan Static Table – Combined Male Female-2024 Small Plan Static Table – Combined Female		2024 Applicable Mortality Table from Notice 2023-73	UP-84 UNADJUSTED
Assumed Ret Age	Normal retirement age 62 and 5 years of service		Normal retirement age 62 and 5 years of service	Normal retirement age 62 and 5 years of service
Post-Retirement				
Mortality	Male-2024 Small Plan Static Table – Combined Male Female-2024 Small Plan Static Table – Combined Female		2024 Applicable Mortality Table from Notice 2023-73	UP-84 UNADJUSTED
Assumed Benefit Form For Funding			Normal Form	
Assumed Spouse's Age	Wives assumed to be 2 years younger than husbands Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known			Wives assumed to be 2 years younger than husbands Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known
Calculated Effective Interest Rate			5.30%	
Actuarial Cost Method			The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.	

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 97.8% of the market value of assets.

Senior Services Retirement Plan

Weighted Average Retirement Age
Plan Year: 7/1/2024 to 6/30/2025
Valuation Date: 7/1/2024

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

The later of:

Attainment of age 62
Completion of 5 plan years of service

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

Weighted average retirement age 62

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500 or 5500-SF.**	**2024** **This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

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

A Name of plan
Senior Services Retirement Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Meritan, Inc.

D Employer Identification Number (EIN)
62-0674655

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 7 Day 1 Year 2024

2 Assets:

a Market value	2a	21,877,048
b Actuarial value	2b	21,395,547

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	144	18,294,378	18,294,378
b For terminated vested participants	131	5,627,284	5,627,284
c For active participants	8	1,602,028	1,602,028
d Total	283	25,523,690	25,523,690

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	5.30 %
6 Target normal cost		
a Present value of current plan year accruals	6a	0
b Expected plan-related expenses	6b	0
c Target normal cost	6c	0

Statement by Enrolled Actuary

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

SIGN HERE KLS

Signature of actuary — Date 04/13/2026

Karen L Skoglund, ASA, MAAA
Type or print name of actuary

26-06074
Most recent enrollment number

JHBenefits, Ltd.
Firm name

(614)888-1005
Telephone number (including area code)

100 W Old Wilson Bridge Rd.
Suite 214
Worthington OH 43085
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		968,292
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.20 %		50,351
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		1,018,643
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	83.82%
15	Adjusted funding target attainment percentage	15	83.82%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.18%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2024	100,000		01/02/2025	100,000	
08/01/2024	100,000		02/03/2025	100,000	
09/03/2024	100,000		03/03/2025	100,000	
10/01/2024	100,000		04/01/2025	100,000	
11/01/2024	100,000		05/01/2025	100,000	
12/02/2024	100,000		05/21/2025	500,000	
			Totals ► 18(b)	2,200,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2,124,711

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.84 %	5.24 %	5.59 %	

b Applicable month (enter code)	**21b**	2
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	0
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	4,128,143	500,114
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	500,114

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	500,114
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2,124,711

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

a Total (excess, if any, of line 37 over line 36)	**38a**	1,624,597
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Continuation of 2024 Form 5500
Schedule SB, line 18 - Contributions Made to the Plan for the Plan Year

Plan Name Senior Services Retirement Plan **EIN:** 62-0674655
Plan Sponsor's Name Meritan, Inc. **PN:** 001

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees
06/02/2025	100,000				
06/27/2025	500,000				

SENIOR SERVICES RETIREMENT PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2025

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

Employer: Meritan, Inc.
Plan #: 001
EIN: 62-0674655

(a)	(b) Identity of Issuer		(c) Description	(d) Cost	(e) Current Value
	Fidelity Advisors	Money Market Government Class I	Money Market Funds	$ 2,147,607	$ 2,147,607
	Blackrock	Liquid Fed FDS #81	Money Market Funds	172,444	148,335
				Total Money Market	**$ 2,295,942**
*	Diversified Trust Company	Private Equity VI Limited Partnership	Common/Collective Trust	$ 521,349	$ 867,775
*	Diversified Trust Company	Private Equity V Limited Partnership	Common/Collective Trust	217,927	530,495
*	Diversified Trust Company	Private Equity IV Limited Partnership	Common/Collective Trust	197,357	416,346
*	Diversified Trust Company	Private Equity III Limited Partnership	Common/Collective Trust	15,352	99,016
*	Diversified Trust Company	Private Equity VIII Limited Partnership	Common/Collective Trust	125,000	116,836
	The Mount Sinai Hospital	Callable Bond	Municipal Bond	44,041	42,788
				Total Common/Collective Trust	**$ 2,073,256**
	American Tower	TR Series 2018 1 Class A	Asset-Backed Security	$ 47,319	$ 48,846
	DTE Elec Securitization Fdg II LLC	DTE Elec Securitization Fdg II Extended	Asset-Backed Security	45,414	45,610
	JGWPT XXX LLC	Ser 2013 3 Class A	Asset-Backed Security	41,942	42,954
	JGWPT XXXVII LLC	Ser 2016 1 Class A	Asset-Backed Security	21,084	21,385
	Verizon Wireless	Master TR Ser 2023 1 Class A 1A	Asset-Backed Security	29,784	30,000
	World Omni Financial Corp.	Series 2022 C Class A 3.66%	Asset-Backed Security	13,182	13,400
	Agco Corp	Senior Global	Corporate Bond	19,448	20,298
	Allstate Corp	Senior Global NT	Corporate Bond	30,778	30,757
	Bank of America	Corp Sr Global NT	Corporate Bond	46,948	48,874
	Citi Group	Inc Sr Global NT	Corporate Bond	42,819	45,346
	Crown Castle International Corp.	Intl Corp Sr Global	Corporate Bond	19,139	19,739

SENIOR SERVICES RETIREMENT PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR) – (CONTINUED)
June 30, 2025

(a)	(b) Identity of Issuer		(c) Description	(d) Cost	(e) Current Value
	CVS	Health Corp Sr Global NT	Corporate Bond	38,111	39,367
	Dominion Energy	INC SR GLBL B NT	Corporate Bond	29,908	30,255
	Duke Energy Florida LLC	1M Global BD	Corporate Bond	38,719	35,930
	Entergy LA LLC	1st MTG BD	Corporate Bond	45,500	44,225
	Fifth Third Bancorp, Inc.	Callable Sr Global NT Variable Rate	Corporate Bond	39,393	40,025
	GATX Corp.	Callable Senior NT (3.5%)	Corporate Bond	37,522	39,056
	Hyundai Auto	Rec TR Ser 2023 C CL A	Corporate Bond	33,570	33,360
	John Sevier Combined Cycle LLC	Callable Sr SEC AMZ A (4.626%)	Corporate Bond	36,954	37,387
	JP Morgan Chase & Co.	Callable Sr Global NT Variable Rate	Corporate Bond	48,108	49,560
	Kentucky Utilities Co.	Callable 1M Global Bond (5.125%)	Corporate Bond	48,530	48,176
	KeyCorp	Non-Callable Bond (2.55%)	Corporate Bond	41,947	46,168
	The Kroger Co.	Callable Sr NT (5.40%)	Corporate Bond	39,674	39,066
	NATIONWIDE MUT	INS CO SUB 144A NT	Corporate Bond	26,464	26,372
	Nevada Power Co.	Callable 1M Glbl R NT (6.75%)	Corporate Bond	45,096	44,606
	Pacific Life Insurance Co.	Non-Callable Global FDG II Med FR (1.375%)	Corporate Bond	37,002	39,102
	The PNC Financial Services Group, Inc	Callable Sr NT (Variable Rate)	Corporate Bond	51,886	53,173
	Protective Life Corp.	Callable Sr NT (8.45%)	Corporate Bond	37,748	36,704
	Reliance Standard Life Insurance Co.	Callable FDG II FR (1.512%)	Corporate Bond	31,287	33,734
	The Southern Co., Inc.	Southern Co Gas Cap Sr Global	Corporate Bond	42,717	41,953
	T-Mobile USA, Inc.	T-Mobile USA Inc Sr Global NT	Corporate Bond	37,136	38,486
	Texas Eastern Transmission, LP	Texas Eastn Transmission LP Sr NT	Corporate Bond	44,370	44,178
	Toyota Auto	Recv Own TR Ser 2022 D	Corporate Bond	18,448	18,466
	United Airlines, Inc.	PT Cert Series 2016 2 2 CL AA	Corporate Bond	36,178	38,270
	United Rentals, Inc.	SR SEC Global 6% Bond	Corporate Bond	40,446	40,967
	The Unum Group	Senior NT 7.25%	Corporate Bond	41,938	42,436
	U.S. Bancorp, Inc.	FR Variable Rate DTD	Corporate Bond	48,923	50,325

SENIOR SERVICES RETIREMENT PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR) – (CONTINUED)
June 30, 2025

(a)	(b) Identity of Issuer		(c) Description	(d) Cost	(e) Current Value
	Wells Fargo, Inc.	Variable Rate Callable Bond	Corporate Bond	40,063	40,442
	Western Southern	Global FDG 144A NT	Corporate Bond	24,987	25,235
				Total Corporate Bonds	**$ 1,464,233**
	The Vanguard Group	FDS S&P 500 ETF	Exchange-traded funds	$ 4,097,086	$ 5,374,132
				Total Exchange-traded Funds	**$ 5,374,132**
	Bank SER	2024 5YR7 CL A 3	Mortgage-Backed Security	$ 25,754	$ 25,983
	BBCMS Mortgage	Trust Ser 2023 5C23	Mortgage-Backed Security	20,719	20,850
	Benchmark mortgage	Trust Ser 2024 V7 CL	Mortgage-Backed Security	25,563	25,897
	BSTN COML MTG	Trust Ser 2025 1C CL A	Mortgage-Backed Security	29,709	30,673
	Citi Group	Coml MTG TG Series 2016 GC37 CL	Mortgage-Backed Security	26,246	27,212
	CSAIL	Coml MTG TR Ser 2016 C7 CL A	Mortgage-Backed Security	193	197
	Freddie Mac	Multiclass bonds	Mortgage-Backed Security	68,121	69,454
	Fannie Mae	Partn CTF #SD3304	Mortgage-Backed Security	83,774	86,136
	Freddie Mac	Partn CTF #SD8257	Mortgage-Backed Security	100,204	99,191
	Freddie Mac	Partn CTF #SD4254	Mortgage-Backed Security	38,582	38,994
	Freddie Mac	Partn CTF #WN2615	Mortgage-Backed Security	39,184	39,208
	Freddie Mac	Freddie Mac Small Balance Series 2019	Mortgage-Backed Security		72,889
	Freddie Mac	Freddie Mac Small Balance Series 2020	Mortgage-Backed Security		77,961
	Fannie Mae	Passthru #AM2127	Mortgage-Backed Security		55,856
	Fannie Mae	Passthru #AN6046	Mortgage-Backed Security	76,937	78,657
	Fannie Mae	Passthru #BL6436	Mortgage-Backed Security	57,691	59,736
	Fannie Mae	Passthru #BS9409	Mortgage-Backed Security	36,221	36,327
	Fannie Mae	Passthru #BZ0033	Mortgage-Backed Security	52,699	52,110

SENIOR SERVICES RETIREMENT PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR) – (CONTINUED)
June 30, 2025

(a)	(b) Identity of Issuer		(c) Description	(d) Cost	(e) Current Value
	Fannie Mae	Passthru #BZ1816	Mortgage-Backed Security	50,141	50,330
	Fannie Mae	Passthru #MA4178	Mortgage-Backed Security	65,962	67,568
	Fannie Mae	Passthru #MA4357	Mortgage-Backed Security	75,427	74,069
	Fannie Mae	Passthru #MA4868	Mortgage-Backed Security	82,678	82,340
	Fannie Mae	Passthru #MA5107	Mortgage-Backed Security	52,985	54,536
	Government MTG ASSN GTD	Remic Passthru SECS SER 2025 013 CL AC	Mortgage-Backed Security	48,503	48,897
	Government NATL MTG ASSN GTD	Remic Passthru SECS SER 2025 092 CL AK	Mortgage-Backed Security		78,958
				Total Mortgage-Backed Securities	**$ 1,354,029**
c	ALPS Distributors, Inc.	Brown Advisory Beutel Goodman Lg Cap	Mutual Fund	$ 830,000	$ 844,490
	Causeway Funds, PLC	Causeway International Opportunities Fund	Mutual Fund	1,462,000	1,629,509
	Champlain Investment Partners, LLC	Champlain Mid Cap Fund	Mutual Fund	704,000	722,863
	Columbia Mgmt Investment Advisers, LL	Columbia Strategic Income Fund	Mutual Fund	1,408,000	1,430,364
	GMO LLC	Quality Fund Class 1	Mutual Fund	826,372	1,018,062
	The Vanguard Group	International Equity Index	Mutual Fund	1,433,110	1,625,380
	The Vanguard Group	Ultra-Short Term Bond Fund	Mutual Fund	709,091	711,577
	NATIXIS Loomis	Sayles Growth Fund	Mutual Fund	431,000	432,497
	Advisers Vontobel	International Equity Fund	Mutual Fund	744,000	815,422
				Total Mutual Funds	**$ 9,230,164**
	The Tennessee Valley Authority	Federal SR Global Callable Bond	U.S. Agency Bond	$ 46,611	$ 47,178
	The U.S. Small Business Administration	Small Business Admin GTD Dev Partn	U.S. Gov. Backed-Security	31,310	32,099
	The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 7/1/2044	U.S. Gov. Backed-Security	139,260	142,511
	The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 5/1/2045	U.S. Gov. Backed-Security	54,280	55,187
	The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 4/1/2047	U.S. Gov. Backed-Security	44,593	44,717
	The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 11/1/2047	U.S. Gov. Backed-Security	70,053	70,320

SENIOR SERVICES RETIREMENT PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED
June 30, 2025

(a)	(b) Identity of Issuer		(c) Description	(d) Cost	(e) Current Value
	The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 12/1/2047	U.S. Gov. Backed-Security	68,126	70,717
	The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 08/01/2031	U.S. Gov. Backed-Security	54,230	54,215
	The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 11/01/2033	U.S. Gov. Backed-Security	15,724	15,797
	The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 11/1/2048	U.S. Gov. Backed-Security	95,698	95,751
	The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 1/1/2049	U.S. Gov. Backed-Security	56,940	57,616
	The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 02/01/2025	U.S. Gov. Backed-Security	56,213	56,520
	The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 12/1/2035	U.S. Gov. Backed-Security	72,326	74,302
	The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 9/1/2036	U.S. Gov. Backed-Security	72,093	73,810
	The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 5/1/2037	U.S. Gov. Backed-Security	78,805	81,763
	The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 10/01/2037	U.S. Gov. Backed-Security	54,413	54,556
	The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 3/1/2038	U.S. Gov. Backed-Security	58,467	59,080
	The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 05/01/2035	U.S. Gov. Backed-Security	85,000	86,254
	The U.S. Small Business Administration	Small Business Admin GTD LN Pool due 9/10/2027	U.S. Gov. Backed-Security	36,178	37,295
	The United States Government	Treasury Bond due 5/15/2052	U.S. Gov. Bond	194,558	179,538
	The United States Government	US Treasury Bond due 05/15/2040	U.S. Gov. Bond	160,202	167,326
	The United States Government	US Treasury Note due 08/15/2031	U.S. Gov. Bond	217,786	218,193
	The United States Government	US Treasury Note due 10/31/2029	U.S. Gov. Bond	216,856	217,101
	The United States Government	US Treasury Note due 11/15/2033	U.S. Gov. Bond	164,987	165,428
	The United States Government	US Treasury Note due 11/15/2034	U.S. Gov. Bond	128,519	129,464
	The United States Government	US Treasury Bond Stripped Prin PMT Prin	U.S. Gov. Bond	80,876	75,518
	The United States Government	United States Treasury BD Stripped	U.S. Gov. Bond	58,787	51,314
	The United States Government	US Treasury Bond	U.S. Gov. Bond	54,489	54,855
				Total U.S. Gov. Securities	**$ 2,468,425**
	Total assets held at year end			**Total Investments**	$ 24,260,181

* Indicates party-in-interest