Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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
RETIREMENT LIVING, INC. DBA MARQUETTE 403(B) PLAN

1b Three-digit plan number (PN) ▶ 010

1c Effective date of plan 10/01/1992

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)
RETIREMENT LIVING, INC. DBA MARQUETTE MANOR

8140 TOWNSHIP LINE ROAD
INDIANAPOLIS, IN 46260

2b Employer Identification Number (EIN) 35-1393773

2c Plan Sponsor's telephone number 317-875-9700

2d Business code (see instructions) 623000

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.	10/09/2026	KIM MEYER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	365
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)**	296
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	324
b	Retired or separated participants receiving benefits	**6b**	15
c	Other retired or separated participants entitled to future benefits	**6c**	55
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	394
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	394
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)**	154
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)**	167
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 Characteristic Codes in the instructions:

2E 2F 2G 2L 2M 2T 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [ ] **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)** [X] **A** (Insurance Information) – Number Attached 3
- **(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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
RETIREMENT LIVING, INC. DBA MARQUETTE 403(B) PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
RETIREMENT LIVING, INC. DBA MARQUETTE MANOR

D Employer Identification Number (EIN)
35-1393773

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

1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	CR13792	88	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
1759	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

OSAIC WEALTH, INC
18700 N HAYDEN RD
SCOTTSDALE, AZ 85255

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1759	0	SALES AND BASE COMMISSIONS	4

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GOUP VARIABLE ANNUITY W/GUAR FUND

b	Balance at the end of the previous year			7b	843409
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	23907		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6)Total additions			7c(6)	23907
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	867316
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	159330		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	159330
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	707986

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
RETIREMENT LIVING, INC. DBA MARQUETTE 403(B) PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
RETIREMENT LIVING, INC. DBA MARQUETTE MANOR

D Employer Identification Number (EIN)
35-1393773

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	613953	354	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	73

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

RETIREMENT PLAN CONCEPTS & SERVICES
10319 DAWSONS CREEK BLVD STE A
FORT WAYNE, IN 46825

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	73	REFERRAL/SERVICE FEE	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ CUSTODIAL GUARANTEED INTEREST CONTRACT

b	Balance at the end of the previous year			7b	140311
c	Additions: (1) Contributions deposited during the year	7c(1)	33001		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	2437		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	155		
	▶ OUTSIDE INVESTMENT TRANSFER				
	(6) Total additions			7c(6)	35593
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	175904
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	25984		
	(2) Administration charge made by carrier	7e(2)	1873		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	10		
	▶				
	(5) Total deductions			7e(5)	27867
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	148037

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
RETIREMENT LIVING, INC. DBA MARQUETTE 403(B) PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
RETIREMENT LIVING, INC. DBA MARQUETTE MANOR

D Employer Identification Number (EIN)
35-1393773

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

1 Coverage Information:

(a) Name of insurance carrier
EQUITABLE FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	714275 001	20	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	122668
5	Current value of plan's interest under this contract in separate accounts at year end	5	280669

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GUARANTEED INTETEST OPTION

b	Balance at the end of the previous year			7b	122668
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	3037		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	3037
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	125705
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)	74		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	74
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	125631

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
RETIREMENT LIVING, INC. DBA MARQUETTE 403(B) PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
RETIREMENT LIVING, INC. DBA MARQUETTE MANOR

D Employer Identification Number (EIN)
35-1393773

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).. . . . . [X] 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

LINCOLN NATIONAL CORPORATION

35-1140070

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

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

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 50 64	CONTRACT ADMINISTRATOR	16591	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

LINCOLN NATIONAL CORPORATION

35-1140070

(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?
13	SERVICE PROVIDER	421	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

EQUITABLE FINANCIAL LIFE INSURANCE

13-5570651

(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?
37 58 28 25 59 60 62 63 67	RECORDKEEPER	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
RETIREMENT LIVING, INC. DBA MARQUETTE 403(B) PLAN

B Three-digit plan number (PN) ▶ 010

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
RETIREMENT LIVING, INC. DBA MARQUETTE MANOR

D Employer Identification Number (EIN)
35-1393773

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: POOLED SEPARATE ACCOUNT 65

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY

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)
13-5570651-000	P	275413

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)

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

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b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
RETIREMENT LIVING, INC. DBA MARQUETTE 403(B) PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
RETIREMENT LIVING, INC. DBA MARQUETTE MANOR

D Employer Identification Number (EIN)
35-1393773

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)	0	6738
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1962	2050
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	280670	275413
(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)	2287667	2583269
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1106388	979604
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	3676687	3847074
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	3676687	3847074

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)	112629	
(B) Participants	2a(1)(B)	262128	
(C) Others (including rollovers)	2a(1)(C)	74591	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		449348
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)	88	
(F) Other	2b(1)(F)	29380	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		29468
(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)	38916	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		38916
(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)		34881
(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)		277911
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		830524
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	641648	
(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)		641648
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)	18489	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		18489
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		660137
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		170387
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)** [ ] 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: CROWE **(2)** EIN: 35-0921680

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**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
RETIREMENT LIVING, INC. DBA MARQUETTE 403(B) PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
RETIREMENT LIVING, INC. DBA MARQUETTE MANOR

D Employer Identification Number (EIN)
35-1393773

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): 42-0127290 35-1140070

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**

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 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500385A .

RETIREMENT LIVING, INC.
DBA MARQUETTE 403(b) PLAN

FINANCIAL STATEMENTS
December 31, 2025 and 2024

RETIREMENT LIVING, INC. DBA MARQUETTE 403(b) PLAN

FINANCIAL STATEMENTS
December 31, 2025 and 2024

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Crowe LLP
Independent Member Crowe Global

INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Retirement Living, Inc. dba Marquette 403(b) Plan
Indianapolis, Indiana

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

We have performed audits of the financial statements of the Retirement Living, Inc. dba Marquette 403(b) 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 statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 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 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 December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, 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 accompanying financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C)

(Continued)

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

(Continued)

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

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Crowe LLP

Crowe LLP

Indianapolis, Indiana
September 11, 2026

RETIREMENT LIVING, INC. DBA MARQUETTE 403(b) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments, at fair value	$ 3,564,588	$ 3,411,746
Traditional investment contracts, at contract value	273,668	262,979
	3,838,256	3,674,725
Receivables		
Employer contributions	6,738	-
Notes receivable from participants	2,050	1,962
	8,788	1,962
Net assets available for benefits	$ 3,847,044	$ 3,676,687

See accompanying notes to the financial statements.

RETIREMENT LIVING, INC. DBA MARQUETTE 403(b) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2025

Additions		
Investment income:		
Net appreciation in fair value of investments	$	283,998
Interest and dividends		97,148
Total investment income		381,146
Contributions:		
Participants		262,128
Employer		112,629
Rollovers		56,134
Total contributions		430,891
Total additions		812,037
Deductions		
Benefits paid to participants		623,190
Administrative expenses		18,490
Total deductions		641,680
Net increase		170,357
Net assets available for benefits		
Beginning of year		3,676,687
End of year	$	3,847,044

See accompanying notes to the financial statements.

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Retirement Living, Inc. dba Marquette 403(b) Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering eligible employees of Retirement Living, Inc. dba Marquette Manor (the Company). Full-time employees are eligible to participate in the Plan upon commencement of employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Lincoln National Life Insurance Company (Lincoln), Equitable Financial Life Insurance Company (Equitable), and Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company (Principal) held the Plan's investment assets and executed investment transactions for the years ended December 31, 2025 and 2024.

Contributions: Each year, participants may contribute up to 100% of their annual pre-tax compensation, subject to the maximum limits established by the Internal Revenue Service (the IRS). The Plan also permits eligible participants to make catch-up contributions in accordance with the IRS regulations. In addition, participants may contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

Employer matching contributions are determined at the discretion of the Company. For the years ended December 31, 2025 and 2024, the employer match formula was 50% of the first 6% of annual compensation contributed by the participant. The Company may also make discretionary employer contributions, separate from the employer match. Participants who are at least 21 years of age have completed six months of service, and work more than 20 hours per week are eligible to receive both the employer match and any discretionary employer contributions.

Participant Accounts: Each participant's account is credited with the participant's contribution, along with allocations of the Company's contributions and plan earnings. Accounts are also charged with their withdrawals and allocations of administrative expenses. Allocations are based on participant contributions, earnings, or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance. Each participant has the ability to direct the investment of their account to any of the investment options available under the Plan.

Vesting: Participants are immediately vested in their individual accounts at all times. Participant are entitled to 100% of their vested account balance upon retirement, death or disability.

Notes Receivable from Participants: Prior to January 1, 2011, participants were permitted to borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their vested account balance. All loans were secured by the balance in the participant's account and bore interest at a fixed rate of 4.50%. Principal and interest were repaid through payroll deductions. Following the January 1, 2011, restatement of the Plan, no new loans have been permitted.

Payment of Benefits: Upon termination of service due to death, disability, or retirement, a participant (or participant's beneficiary) is entitled to receive the vested portion of the participant's account. Participants, or their beneficiaries, may elect to receive an annuity or lump sum amount, as specified by the Plan. In the event of a qualified hardship, the plan administrator can allow a participant to withdraw an amount from their vested balance that is attributable to participant contributions, to the extent of the participant's immediate and heavy financial need.

(Continued)

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Administrative and Investment Management Expenses: The Plan's recordkeeping and custodial fees are paid by the Plan and are reported in the financial statements as administrative expenses. Investment management fees are charged to the Plan as a reduction of investment return and are included in the investment income (loss) reported by the Plan. All other expenses of the Plan are paid by the Company and excluded from these financial statements.

Plan Termination: Although it has not expressed any intent to do so, the Company reserves the right under the Plan to discontinue contributions at any time and to terminate the Plan, subject to the provisions of ERISA and the Plan agreement.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The accompanying financial statements of the Plan are prepared on the accrual basis of accounting.

Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value, as further described in Note 4. Purchases and sales of securities are recorded on a trade-date basis. Net appreciation (depreciation) in the fair value of investments includes gains and losses on investments bought and sold, as well as unrealized gains and losses on investments held during the year. Interest income is recorded on the accrual basis.

Notes Receivable from Participants: Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest. No allowance for credit losses has been recorded, as repayments of principal and interest are made through payroll deductions, and the notes are collateralized by the participants' account balances.

Risks and Uncertainties: The Plan holds various investments, that are exposed to various risks such as interest rate, market, liquidity and risks associated with global events. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the fair values of investments 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.

Payment of Benefits: Benefits are recorded when paid.

Subsequent Events: Plan management has evaluated subsequent events for recognition and disclosure through September 11, 2026, which is the date the financial statements were available to be issued.

(Continued)

NOTE 3 - CERTIFIED INVESTMENTS

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2025 and 2024, as well as net appreciation in fair value of investments and interest and dividends for the year ended December 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by Lincoln National Life Insurance Company, Equitable Financial Life Insurance Company, and Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company (the trustees of the Plan).

NOTE 4 - FAIR VALUE MEASUREMENTS

Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 inputs) and gives the lowest priority to unobservable inputs (Level 3 inputs).

The three levels of inputs within the fair value hierarchy are defined as follows:

> *Level 1:* Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.
>
> *Level 2:* Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.
>
> *Level 3:* Significant unobservable inputs that reflect the Plan's assumptions about those that market participants would use that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following presents the valuation methods and assumptions used by the Plan to estimate the fair values of investments. There have been no changes in the methodologies used as of December 31, 2025 and 2024.

Variable Annuity Contracts: The fair values of the Plan's investments held in variable annuity contract subaccounts of Lincoln Separate Account C and Equitable Separate Account A are based upon the net asset values (NAV) per unit as reported by fund managers. Lincoln Separate Account C and Equitable Separate Account A, each structured as unit investment trusts, are comprised of numerous subaccounts, with each subaccount investing in a single mutual fund. These mutual funds are managed either by an affiliate of Lincoln or Equitable, or by an independent third party, the stated investment strategy of the subaccount.

The investment objectives and strategies of each subaccount are consistent with those of the mutual fund identified in the fund's name. Participants may direct their contributions to any of the underlying subaccounts of Lincoln Separate Account C or Equitable Separate Account A made available to them under the Plan.

(Continued)

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

Each subaccount provides for daily redemptions by the Plan without advance notice requirements, with redemption prices based on the subaccount's NAV per unit.

Fixed Account: The fair value of the Plan's investments in the Lincoln Fixed Account has been determined to approximate contract value, which is classified within Level 3 of the fair value hierarchy. Contract value represents contributions made under the contract, plus credited earnings, less participant withdrawals and administrative expenses.

Because the terms of the contract prohibit the transfer or assignment of rights, provide for all distributions at contract value, reset contractual interest rates annually based on market conditions, and impose no significant liquidity restrictions or defined maturities, the contract is considered not fully benefit-responsive and, accordingly, is measured at fair value.

Mutual Funds: The fair values of mutual fund investments are determined using quoted prices on nationally recognized securities exchanges, which are classified as Level 1 inputs within the fair value hierarchy.

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

Investments measured at fair value on a recurring basis are summarized below:

2025	Level 1	Level 2	Level 3	Total
Variable annuity contracts*	$ -	$ -	$ -	$ 1,294,424
Fixed account	-	-	707,986	707,986
Mutual funds	1,562,178	-	-	1,562,178
Total	$ 1,562,178	$ -	$ 707,986	$ 3,564,588

2024	Level 1	Level 2	Level 3	Total
Variable annuity contracts*	$ -	$ -	$ -	$ 1,433,898
Fixed account	-	-	843,409	843,409
Mutual funds	1,134,439	-	-	1,134,439
Total	$ 1,134,439	$ -	$ 843,409	$ 3,411,746

* Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the hierarchy tables for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in the statements of net assets available for benefits.

(Continued)

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

The following table presents information about significant unobservable inputs related to the Plan's investment in Level 3 assets as of December 31, 2025 and 2024:

Instrument	Fair Value 2025	Fair Value 2024	Principal Valuation Technique	Significant Unobservable Inputs	2025 Range of Significant Input Values	2024 Range of Significant Input Values
Lincoln Fixed Account	$ 707,986	$ 843,409	Discounted cash flow	Risk-adjusted discount rate applied	GFA - 1.75% (all years); or 1.75% for 1-10 years then 3% thereafter	1.75% for 1-10 years then 3%

Plan investments measured at fair value on a recurring basis using significant observable inputs (Level 3) during the years ended December 31, 2025 and 2024 included purchases of $0 and $13,996, sales of $159,330 and $349,470, and interest income of $23,907 and $27,231, respectively.

NOTE 5 - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS

The Plan holds fully benefit-responsive unallocated investment contracts with Equitable and Principal Life Insurance Company (Principal Life) (together, the Issuers). These contracts are reported at contract value, which represents the amount that the participants would receive if they were to initiate a permitted withdrawal or transfer under the provisions of the Plan. Contract value is defined as contributions made to the contract, plus credited earnings, less participant withdrawals and administrative expenses. The contract value of the Plan's fully benefit-responsive investment contracts is presented below:

	2025	2024
Guaranteed interest account (Equitable)	$ 125,631	$ 122,668
Fixed income guaranteed account (Principal Life)	148,037	140,311
Total investments, at contract value	$ 273,668	$ 262,979

The Issuers maintain contributions in their respective general accounts. The general accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Participants may ordinarily withdraw or transfer of all or a portion of their investments at contract value. There are no reserves against contract value for credit risk of either Equitable or Principal.

The crediting interest rate for the Equitable contract, which will not be less than zero, is determined by Equitable and was 1.20% as of December 31, 2025. The crediting interest rate for the Principal Life contract, which will not be less than zero, is determined by Principal Life and was 1.55% as of December 31, 2025.

The Plan's unallocated investment contracts specify certain conditions under which distributions would be payable at amounts less than contract value. Such circumstances include Plan termination, Plan merger, premature contract termination initiated by the Company, and certain other Company-initiated events that result in distributions exceeding a set amount.

(Continued)

N**OTE 5 - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS** (Continued)

The contracts limit the circumstances under which the Issuers may terminate the contracts. Examples of circumstances which would allow the Issuers to terminate the contracts include the Plan's loss of its qualified status, uncured material breaches of responsibilities, or material and adverse changes to the provisions of the Plan. If any such event were to occur, the Issuers could terminate the contracts and pay an amount less than contract value. Management currently believes that the occurrence of an event that would cause the Plan to transact distributions at less than contract value is not probable.

NOTE 6 - TAX STATUS

Effective June 28, 2013, the Internal Revenue Service began accepting applications for opinion and advisory letters for prototype and volume submitter 403(b) plans. As of the date on the independent auditor's report, the Plan has not yet received a favorable opinion or advisory letter. Although the Plan has not received a favorable opinion or advisory letter, Plan management believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, management believes that the Plan was qualified as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2022.

NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor (DOL) regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain other related parties. All of the Plan's investments are managed or issued by Lincoln, Equitable, Principal, or Principal Life; accordingly, these transactions qualify as party-in-interest transactions. Notes receivable from participants also represent party-in-interest transactions. Some administrative functions are performed by officers or employees of the Company.

No such officer or employee receives compensation from the Plan. Some professional fees for the administration and audit of the Plan are paid directly by the Company. Investment management fees are charged to the Plan as a reduction of investment return and included in the investment income (loss) reported by the Plan; therefore, these transactions qualify as party-in-interest transactions.

RETIREMENT LIVING, INC. DBA MARQUETTE 403(b) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

Plan Sponsor: Retirement Living, Inc. dba Marquette Manor
Employer Identification Number: 35-1393773
Three-Digit Plan Number: 010

	(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Variable Annuity Contracts-Interests in Subaccounts of the Lincoln Separate Account C:					
	*	Lincoln National Life	American Funds Growth	**	$ 156,621
	*	Lincoln National Life	LVIP SSGA S&P 500 Index	**	148,672
	*	Lincoln National Life	LVIP Macquarie Wealth Builder	**	95,975
	*	Lincoln National Life	American Funds Growth Income	**	72,180
	*	Lincoln National Life	LVIP Dimensional US Core Equity	**	67,956
	*	Lincoln National Life	LVIP JPMorgan Retirement Income Fund	**	67,877
	*	Lincoln National Life	LVIP Macquarie SMID Cap Core Series	**	37,666
	*	Lincoln National Life	LVIP Macquarie Social Awareness	**	35,973
	*	Lincoln National Life	American Funds International	**	32,010
	*	Lincoln National Life	Blackrock Global Allocation	**	31,627
	*	Lincoln National Life	LVIP Baron Growth Opportunities	**	29,950
	*	Lincoln National Life	Macquarie Small Cap Value	**	26,128
	*	Lincoln National Life	Fidelity VIP Freedom Target Date 2030	**	22,017
	*	Lincoln National Life	LVIP T Rowe Price 2050	**	21,592
	*	Lincoln National Life	AMERICAN FUNDS GLOBAL GROWTH	**	21,240
	*	Lincoln National Life	LVIP T Rowe Price 2020	**	17,671
	*	Lincoln National Life	LVIP T Rowe Price 2030	**	15,186
	*	Lincoln National Life	LVIP Macquarie Value Series	**	13,777
	*	Lincoln National Life	LVIP SSGA Small-Cap Index	**	13,515
	*	Lincoln National Life	Pimco Vit Total Return Portfolio	**	11,494
	*	Lincoln National Life	MFS Utilities	**	11,159
	*	Lincoln National Life	LVIP Blackrock Dividend Real Estate Fund	**	8,382
	*	Lincoln National Life	LVIP T Rowe Price 2040	**	7,438
	*	Lincoln National Life	LVIP Mondrian International Value	**	6,826
	*	Lincoln National Life	LVIP Macquarie U.S. Reit Fund	**	6,469
	*	Lincoln National Life	Fidelity VIP Contrafund	**	4,553
	*	Lincoln National Life	LVIP Macquarie Bond	**	4,456
	*	Lincoln National Life	LVIP SSGA International Index	**	3,637
	*	Lincoln National Life	LVIP Macquarie Mid Cap Value Fund	**	3,421
	*	Lincoln National Life	LVIP Macquarie Diversified Income	**	3,149
	*	Lincoln National Life	LVIP Blended Large Cap Growth Managed Volatility	**	3,053
	*	Lincoln National Life	AB VPS SUSTAIN GLOBAL THEMATIC PORT	**	2,588
	*	Lincoln National Life	LVIP JPM Slect Mid Cap Value MNGD VLTY	**	2,441
	*	Lincoln National Life	LVIP Blackrock Dividend Value MNGCVLTLTY	**	2,402
	*	Lincoln National Life	Fidelity VIP Growth	**	2,397
	*	Lincoln National Life	LVIP Vanguard Domestic Equity ETF	**	2,302
	*	Lincoln National Life	LVIP Vanguard International Rquity ETF	**	2,077
	*	Lincoln National Life	LVIP Global Growth Allocation MANGD Risk	**	1,168
		Subtotal variable annuities with Lincoln			1,017,045

(Continued)

Plan Sponsor: Retirement Living, Inc. dba Marquette Manor
Employer Identification Number: 35-1393773
Three-Digit Plan Number: 010

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Variable Annuity Contracts-Interests in Subaccounts of the Lincoln Separate Account C (Continued)**:**				
*	Lincoln National Life	LVIP Macquarie High Yield Fund	**	$ 1,093
*	Lincoln National Life	LVIP Macquarie High Yield Fund	**	566
*	Lincoln National Life	Fidelity VIP Freedom Target Date 2035	**	227
*	Lincoln National Life	Fidelity VIP Freedom Target Date 2045	**	80
	Total variables annuities with Lincoln			1,019,011
Variable Annuity Contracts-Interest in Subaccounts of the Equitable Separate Account:				
*	Equitable Life	EQ/Equity 500 Index	**	33,149
*	Equitable Life	EQ/Fidelity Instnl AM Large Cap	**	30,003
*	Equitable Life	AXA Moderate Allocation	**	27,300
*	Equitable Life	AXA Moderate-Plus Allocation	**	21,172
*	Equitable Life	Multimanager Aggressive Equity	**	20,958
*	Equitable Life	EQ/Com Stck Index	**	16,764
*	Equitable Life	EQ/Small Company Index	**	15,629
*	Equitable Life	AXA/AB Small Cap Growth	**	15,123
*	Equitable Life	EQ/GAMCO Small Company Value	**	12,785
*	Equitable Life	EQ/MFS International Value	**	12,271
*	Equitable Life	EQ/Boston Advisors Equity Income	**	11,262
*	Equitable Life	EQ/Capital Guardian Research	**	11,151
*	Equitable Life	EQ/Janus Enterprise	**	10,992
*	Equitable Life	AXA Int Core Managed Vol	**	8,087
*	Equitable Life	EQ/Mid Cap Index	**	7,794
*	Equitable Life	EQ/BlackRock Basic Value Equity	**	6,916
*	Equitable Life	EQ/Lazard Emerging Markets Equity	**	4,809
*	Equitable Life	AXA Int Val Managed Vol	**	2,203
*	Equitable Life	EQ/International Equity Index	**	2,146
*	Equitable Life	Charter Multi-Sector Bond	**	1,943
*	Equitable Life	AXA Conserv Allocation	**	526
*	Equitable Life	Nomura VIP High Income Series	**	494
*	Equitable Life	AXA Conserv-Plus Allocation	**	364
*	Equitable Life	EQ/American Century Mid Cap Value	**	334
*	Equitable Life	Templeton Global Bond VIP	**	213
*	Equitable Life	AXA LG Cap Val Managed Vol	**	203
*	Equitable Life	EQ/JPMorgan Growth Stock	**	173
*	Equitable Life	Multimanager Core Bond	**	149
*	Equitable Life	EQ/MFS Utilities Series	**	147
*	Equitable Life	EQ/MFS Mid Cap Focused Growth	**	120
	Subtotal variable annuities with Equitable			275,180

(Continued)

Plan Sponsor: Retirement Living, Inc. dba Marquette Manor
Employer Identification Number: 35-1393773
Three-Digit Plan Number: 010

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Variable Annuity Contracts-Interest in Subaccounts of the Equitable Separate Account (Conttinued)**:**				
*	Equitable Life	EQ/Goldman Sachs Mid Cap Value	**	$ 114
*	Equitable Life	EQ/MFS Technology	**	100
*	Equitable Life	Fidelity VIP Mid Cap	**	19
	Total variable annuities with Equitable			275,413
Mutual Funds:				
	Principal	Principal LifeTime Hybrid 2025 Fund	**	335,225
	Principal	Principal LifeTime Hybrid 2030 Fund	**	287,379
	Principal	Principal LifeTime Hybrid 2040 Fund	**	253,183
	Principal	Principal LifeTime Hybrid 2050 Fund	**	191,515
	Principal	Principal LifeTime Hybrid 2035 Fund	**	145,686
	Principal	Principal LifeTime Hybrid 2055 Fund	**	68,059
	Principal	Principal LifeTime Hybrid 2020 Fund	**	41,991
	Principal	Principal LifeTime Hybrid Income Fund	**	41,023
	Principal	Principal LifeTime Hybrid 2065 Fund	**	40,956
	Principal	AB Large Cap Growth Fund Inc.	**	29,522
	Principal	JPMorgan US Value Fund	**	26,600
	Principal	Fidelity 500 Index Fund	**	24,162
	Principal	JP Morgan Core Plus Bond Fund	**	19,250
	Principal	MFS Mid Cap Growth Fund	**	14,230
	Principal	Principal LifeTime Hybrid 2060 Fund	**	12,505
	Principal	American Century Small Cap Growth Fund	**	8,646
	Principal	Fidelity Mid Cap Index Fund	**	8,643
	Principal	Principal LifeTime Hybrid 2045 Fund	**	4,634
	Principal	WCM Focused International Growth Fund	**	4,469
	Principal	Fidelity Global ex US Index Fund	**	2,184
	Principal	PGIM Global Total Return Fund	**	1,036
	Principal	Franklin Small Cap Value Fund	**	678
	Principal	Fidelity Small Cap Index Fund	**	393
	Principal	Principal LifeTime Hybrid 2070 Fund	**	209
	Total mutual funds			1,562,178

(Continued)

RETIREMENT LIVING, INC. DBA MARQUETTE 403(b) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

Plan Sponsor: Retirement Living, Inc. dba Marquette Manor
Employer Identification Number: 35-1393773
Three-Digit Plan Number: 010

	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Guaranteed Investment Contracts:				
*	Lincoln National Life	Fixed Account	**	707,986
*	Equitable Life	Guaranteed Interest Account	**	125,631
*	Principal	Fixed Income Guaranteed Option	**	148,037
	Total guaranteed investment contracts			981,654
	Total investments			$ 3,838,258
*	Notes receivable from participants	Interest rate of 4.50% and collateralized by account balance		$ 2,050

* Denotes party-in interest
** Represents participant directed investments, cost information is not required.

See Independent Auditor's Report.

RETIREMENT LIVING, INC.
DBA MARQUETTE 403(b) PLAN

FINANCIAL STATEMENTS
December 31, 2025 and 2024

RETIREMENT LIVING, INC. DBA MARQUETTE 403(b) PLAN

FINANCIAL STATEMENTS
December 31, 2025 and 2024

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Crowe LLP
Independent Member Crowe Global

INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Retirement Living, Inc. dba Marquette 403(b) Plan
Indianapolis, Indiana

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

We have performed audits of the financial statements of the Retirement Living, Inc. dba Marquette 403(b) 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 statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 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 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 December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, 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 accompanying financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C)

(Continued)

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

(Continued)

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

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Crowe LLP

Crowe LLP

Indianapolis, Indiana
September 11, 2026

RETIREMENT LIVING, INC. DBA MARQUETTE 403(b) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments, at fair value	$ 3,564,588	$ 3,411,746
Traditional investment contracts, at contract value	273,668	262,979
	3,838,256	3,674,725
Receivables		
Employer contributions	6,738	-
Notes receivable from participants	2,050	1,962
	8,788	1,962
Net assets available for benefits	$ 3,847,044	$ 3,676,687

See accompanying notes to the financial statements.

RETIREMENT LIVING, INC. DBA MARQUETTE 403(b) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2025

Additions		
Investment income:		
Net appreciation in fair value of investments	$	283,998
Interest and dividends		97,148
Total investment income		381,146
Contributions:		
Participants		262,128
Employer		112,629
Rollovers		56,134
Total contributions		430,891
Total additions		812,037
Deductions		
Benefits paid to participants		623,190
Administrative expenses		18,490
Total deductions		641,680
Net increase		170,357
Net assets available for benefits		
Beginning of year		3,676,687
End of year	$	3,847,044

See accompanying notes to the financial statements.

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Retirement Living, Inc. dba Marquette 403(b) Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering eligible employees of Retirement Living, Inc. dba Marquette Manor (the Company). Full-time employees are eligible to participate in the Plan upon commencement of employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Lincoln National Life Insurance Company (Lincoln), Equitable Financial Life Insurance Company (Equitable), and Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company (Principal) held the Plan's investment assets and executed investment transactions for the years ended December 31, 2025 and 2024.

Contributions: Each year, participants may contribute up to 100% of their annual pre-tax compensation, subject to the maximum limits established by the Internal Revenue Service (the IRS). The Plan also permits eligible participants to make catch-up contributions in accordance with the IRS regulations. In addition, participants may contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

Employer matching contributions are determined at the discretion of the Company. For the years ended December 31, 2025 and 2024, the employer match formula was 50% of the first 6% of annual compensation contributed by the participant. The Company may also make discretionary employer contributions, separate from the employer match. Participants who are at least 21 years of age have completed six months of service, and work more than 20 hours per week are eligible to receive both the employer match and any discretionary employer contributions.

Participant Accounts: Each participant's account is credited with the participant's contribution, along with allocations of the Company's contributions and plan earnings. Accounts are also charged with their withdrawals and allocations of administrative expenses. Allocations are based on participant contributions, earnings, or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance. Each participant has the ability to direct the investment of their account to any of the investment options available under the Plan.

Vesting: Participants are immediately vested in their individual accounts at all times. Participant are entitled to 100% of their vested account balance upon retirement, death or disability.

Notes Receivable from Participants: Prior to January 1, 2011, participants were permitted to borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their vested account balance. All loans were secured by the balance in the participant's account and bore interest at a fixed rate of 4.50%. Principal and interest were repaid through payroll deductions. Following the January 1, 2011, restatement of the Plan, no new loans have been permitted.

Payment of Benefits: Upon termination of service due to death, disability, or retirement, a participant (or participant's beneficiary) is entitled to receive the vested portion of the participant's account. Participants, or their beneficiaries, may elect to receive an annuity or lump sum amount, as specified by the Plan. In the event of a qualified hardship, the plan administrator can allow a participant to withdraw an amount from their vested balance that is attributable to participant contributions, to the extent of the participant's immediate and heavy financial need.

(Continued)

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Administrative and Investment Management Expenses: The Plan's recordkeeping and custodial fees are paid by the Plan and are reported in the financial statements as administrative expenses. Investment management fees are charged to the Plan as a reduction of investment return and are included in the investment income (loss) reported by the Plan. All other expenses of the Plan are paid by the Company and excluded from these financial statements.

Plan Termination: Although it has not expressed any intent to do so, the Company reserves the right under the Plan to discontinue contributions at any time and to terminate the Plan, subject to the provisions of ERISA and the Plan agreement.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The accompanying financial statements of the Plan are prepared on the accrual basis of accounting.

Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value, as further described in Note 4. Purchases and sales of securities are recorded on a trade-date basis. Net appreciation (depreciation) in the fair value of investments includes gains and losses on investments bought and sold, as well as unrealized gains and losses on investments held during the year. Interest income is recorded on the accrual basis.

Notes Receivable from Participants: Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest. No allowance for credit losses has been recorded, as repayments of principal and interest are made through payroll deductions, and the notes are collateralized by the participants' account balances.

Risks and Uncertainties: The Plan holds various investments, that are exposed to various risks such as interest rate, market, liquidity and risks associated with global events. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the fair values of investments 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.

Payment of Benefits: Benefits are recorded when paid.

Subsequent Events: Plan management has evaluated subsequent events for recognition and disclosure through September 11, 2026, which is the date the financial statements were available to be issued.

(Continued)

NOTE 3 - CERTIFIED INVESTMENTS

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2025 and 2024, as well as net appreciation in fair value of investments and interest and dividends for the year ended December 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by Lincoln National Life Insurance Company, Equitable Financial Life Insurance Company, and Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company (the trustees of the Plan).

NOTE 4 - FAIR VALUE MEASUREMENTS

Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 inputs) and gives the lowest priority to unobservable inputs (Level 3 inputs).

The three levels of inputs within the fair value hierarchy are defined as follows:

> *Level 1:* Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.
>
> *Level 2:* Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.
>
> *Level 3:* Significant unobservable inputs that reflect the Plan's assumptions about those that market participants would use that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following presents the valuation methods and assumptions used by the Plan to estimate the fair values of investments. There have been no changes in the methodologies used as of December 31, 2025 and 2024.

Variable Annuity Contracts: The fair values of the Plan's investments held in variable annuity contract subaccounts of Lincoln Separate Account C and Equitable Separate Account A are based upon the net asset values (NAV) per unit as reported by fund managers. Lincoln Separate Account C and Equitable Separate Account A, each structured as unit investment trusts, are comprised of numerous subaccounts, with each subaccount investing in a single mutual fund. These mutual funds are managed either by an affiliate of Lincoln or Equitable, or by an independent third party, the stated investment strategy of the subaccount.

The investment objectives and strategies of each subaccount are consistent with those of the mutual fund identified in the fund's name. Participants may direct their contributions to any of the underlying subaccounts of Lincoln Separate Account C or Equitable Separate Account A made available to them under the Plan.

(Continued)

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

Each subaccount provides for daily redemptions by the Plan without advance notice requirements, with redemption prices based on the subaccount's NAV per unit.

Fixed Account: The fair value of the Plan's investments in the Lincoln Fixed Account has been determined to approximate contract value, which is classified within Level 3 of the fair value hierarchy. Contract value represents contributions made under the contract, plus credited earnings, less participant withdrawals and administrative expenses.

Because the terms of the contract prohibit the transfer or assignment of rights, provide for all distributions at contract value, reset contractual interest rates annually based on market conditions, and impose no significant liquidity restrictions or defined maturities, the contract is considered not fully benefit-responsive and, accordingly, is measured at fair value.

Mutual Funds: The fair values of mutual fund investments are determined using quoted prices on nationally recognized securities exchanges, which are classified as Level 1 inputs within the fair value hierarchy.

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

Investments measured at fair value on a recurring basis are summarized below:

2025	Level 1	Level 2	Level 3	Total
Variable annuity contracts*	$ -	$ -	$ -	$ 1,294,424
Fixed account	-	-	707,986	707,986
Mutual funds	1,562,178	-	-	1,562,178
Total	$ 1,562,178	$ -	$ 707,986	$ 3,564,588

2024	Level 1	Level 2	Level 3	Total
Variable annuity contracts*	$ -	$ -	$ -	$ 1,433,898
Fixed account	-	-	843,409	843,409
Mutual funds	1,134,439	-	-	1,134,439
Total	$ 1,134,439	$ -	$ 843,409	$ 3,411,746

* Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the hierarchy tables for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in the statements of net assets available for benefits.

(Continued)

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

The following table presents information about significant unobservable inputs related to the Plan's investment in Level 3 assets as of December 31, 2025 and 2024:

Instrument	Fair Value 2025	Fair Value 2024	Principal Valuation Technique	Significant Unobservable Inputs	2025 Range of Significant Input Values	2024 Range of Significant Input Values
Lincoln Fixed Account	$ 707,986	$ 843,409	Discounted cash flow	Risk-adjusted discount rate applied	GFA - 1.75% (all years); or 1.75% for 1-10 years then 3% thereafter	1.75% for 1-10 years then 3%

Plan investments measured at fair value on a recurring basis using significant observable inputs (Level 3) during the years ended December 31, 2025 and 2024 included purchases of $0 and $13,996, sales of $159,330 and $349,470, and interest income of $23,907 and $27,231, respectively.

NOTE 5 - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS

The Plan holds fully benefit-responsive unallocated investment contracts with Equitable and Principal Life Insurance Company (Principal Life) (together, the Issuers). These contracts are reported at contract value, which represents the amount that the participants would receive if they were to initiate a permitted withdrawal or transfer under the provisions of the Plan. Contract value is defined as contributions made to the contract, plus credited earnings, less participant withdrawals and administrative expenses. The contract value of the Plan's fully benefit-responsive investment contracts is presented below:

	2025	2024
Guaranteed interest account (Equitable)	$ 125,631	$ 122,668
Fixed income guaranteed account (Principal Life)	148,037	140,311
Total investments, at contract value	$ 273,668	$ 262,979

The Issuers maintain contributions in their respective general accounts. The general accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Participants may ordinarily withdraw or transfer of all or a portion of their investments at contract value. There are no reserves against contract value for credit risk of either Equitable or Principal.

The crediting interest rate for the Equitable contract, which will not be less than zero, is determined by Equitable and was 1.20% as of December 31, 2025. The crediting interest rate for the Principal Life contract, which will not be less than zero, is determined by Principal Life and was 1.55% as of December 31, 2025.

The Plan's unallocated investment contracts specify certain conditions under which distributions would be payable at amounts less than contract value. Such circumstances include Plan termination, Plan merger, premature contract termination initiated by the Company, and certain other Company-initiated events that result in distributions exceeding a set amount.

(Continued)

N**OTE 5 - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS** (Continued)

The contracts limit the circumstances under which the Issuers may terminate the contracts. Examples of circumstances which would allow the Issuers to terminate the contracts include the Plan's loss of its qualified status, uncured material breaches of responsibilities, or material and adverse changes to the provisions of the Plan. If any such event were to occur, the Issuers could terminate the contracts and pay an amount less than contract value. Management currently believes that the occurrence of an event that would cause the Plan to transact distributions at less than contract value is not probable.

NOTE 6 - TAX STATUS

Effective June 28, 2013, the Internal Revenue Service began accepting applications for opinion and advisory letters for prototype and volume submitter 403(b) plans. As of the date on the independent auditor's report, the Plan has not yet received a favorable opinion or advisory letter. Although the Plan has not received a favorable opinion or advisory letter, Plan management believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, management believes that the Plan was qualified as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2022.

NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor (DOL) regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain other related parties. All of the Plan's investments are managed or issued by Lincoln, Equitable, Principal, or Principal Life; accordingly, these transactions qualify as party-in-interest transactions. Notes receivable from participants also represent party-in-interest transactions. Some administrative functions are performed by officers or employees of the Company.

No such officer or employee receives compensation from the Plan. Some professional fees for the administration and audit of the Plan are paid directly by the Company. Investment management fees are charged to the Plan as a reduction of investment return and included in the investment income (loss) reported by the Plan; therefore, these transactions qualify as party-in-interest transactions.

RETIREMENT LIVING, INC. DBA MARQUETTE 403(b) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

Plan Sponsor: Retirement Living, Inc. dba Marquette Manor
Employer Identification Number: 35-1393773
Three-Digit Plan Number: 010

	(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Variable Annuity Contracts-Interests in Subaccounts of the Lincoln Separate Account C:					
	*	Lincoln National Life	American Funds Growth	**	$ 156,621
	*	Lincoln National Life	LVIP SSGA S&P 500 Index	**	148,672
	*	Lincoln National Life	LVIP Macquarie Wealth Builder	**	95,975
	*	Lincoln National Life	American Funds Growth Income	**	72,180
	*	Lincoln National Life	LVIP Dimensional US Core Equity	**	67,956
	*	Lincoln National Life	LVIP JPMorgan Retirement Income Fund	**	67,877
	*	Lincoln National Life	LVIP Macquarie SMID Cap Core Series	**	37,666
	*	Lincoln National Life	LVIP Macquarie Social Awareness	**	35,973
	*	Lincoln National Life	American Funds International	**	32,010
	*	Lincoln National Life	Blackrock Global Allocation	**	31,627
	*	Lincoln National Life	LVIP Baron Growth Opportunities	**	29,950
	*	Lincoln National Life	Macquarie Small Cap Value	**	26,128
	*	Lincoln National Life	Fidelity VIP Freedom Target Date 2030	**	22,017
	*	Lincoln National Life	LVIP T Rowe Price 2050	**	21,592
	*	Lincoln National Life	AMERICAN FUNDS GLOBAL GROWTH	**	21,240
	*	Lincoln National Life	LVIP T Rowe Price 2020	**	17,671
	*	Lincoln National Life	LVIP T Rowe Price 2030	**	15,186
	*	Lincoln National Life	LVIP Macquarie Value Series	**	13,777
	*	Lincoln National Life	LVIP SSGA Small-Cap Index	**	13,515
	*	Lincoln National Life	Pimco Vit Total Return Portfolio	**	11,494
	*	Lincoln National Life	MFS Utilities	**	11,159
	*	Lincoln National Life	LVIP Blackrock Dividend Real Estate Fund	**	8,382
	*	Lincoln National Life	LVIP T Rowe Price 2040	**	7,438
	*	Lincoln National Life	LVIP Mondrian International Value	**	6,826
	*	Lincoln National Life	LVIP Macquarie U.S. Reit Fund	**	6,469
	*	Lincoln National Life	Fidelity VIP Contrafund	**	4,553
	*	Lincoln National Life	LVIP Macquarie Bond	**	4,456
	*	Lincoln National Life	LVIP SSGA International Index	**	3,637
	*	Lincoln National Life	LVIP Macquarie Mid Cap Value Fund	**	3,421
	*	Lincoln National Life	LVIP Macquarie Diversified Income	**	3,149
	*	Lincoln National Life	LVIP Blended Large Cap Growth Managed Volatility	**	3,053
	*	Lincoln National Life	AB VPS SUSTAIN GLOBAL THEMATIC PORT	**	2,588
	*	Lincoln National Life	LVIP JPM Slect Mid Cap Value MNGD VLTY	**	2,441
	*	Lincoln National Life	LVIP Blackrock Dividend Value MNGCVLTLTY	**	2,402
	*	Lincoln National Life	Fidelity VIP Growth	**	2,397
	*	Lincoln National Life	LVIP Vanguard Domestic Equity ETF	**	2,302
	*	Lincoln National Life	LVIP Vanguard International Rquity ETF	**	2,077
	*	Lincoln National Life	LVIP Global Growth Allocation MANGD Risk	**	1,168
		Subtotal variable annuities with Lincoln			1,017,045

(Continued)

Plan Sponsor: Retirement Living, Inc. dba Marquette Manor
Employer Identification Number: 35-1393773
Three-Digit Plan Number: 010

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Variable Annuity Contracts-Interests in Subaccounts of the Lincoln Separate Account C (Continued)**:**				
*	Lincoln National Life	LVIP Macquarie High Yield Fund	**	$ 1,093
*	Lincoln National Life	LVIP Macquarie High Yield Fund	**	566
*	Lincoln National Life	Fidelity VIP Freedom Target Date 2035	**	227
*	Lincoln National Life	Fidelity VIP Freedom Target Date 2045	**	80
	Total variables annuities with Lincoln			1,019,011
Variable Annuity Contracts-Interest in Subaccounts of the Equitable Separate Account:				
*	Equitable Life	EQ/Equity 500 Index	**	33,149
*	Equitable Life	EQ/Fidelity Instnl AM Large Cap	**	30,003
*	Equitable Life	AXA Moderate Allocation	**	27,300
*	Equitable Life	AXA Moderate-Plus Allocation	**	21,172
*	Equitable Life	Multimanager Aggressive Equity	**	20,958
*	Equitable Life	EQ/Com Stck Index	**	16,764
*	Equitable Life	EQ/Small Company Index	**	15,629
*	Equitable Life	AXA/AB Small Cap Growth	**	15,123
*	Equitable Life	EQ/GAMCO Small Company Value	**	12,785
*	Equitable Life	EQ/MFS International Value	**	12,271
*	Equitable Life	EQ/Boston Advisors Equity Income	**	11,262
*	Equitable Life	EQ/Capital Guardian Research	**	11,151
*	Equitable Life	EQ/Janus Enterprise	**	10,992
*	Equitable Life	AXA Int Core Managed Vol	**	8,087
*	Equitable Life	EQ/Mid Cap Index	**	7,794
*	Equitable Life	EQ/BlackRock Basic Value Equity	**	6,916
*	Equitable Life	EQ/Lazard Emerging Markets Equity	**	4,809
*	Equitable Life	AXA Int Val Managed Vol	**	2,203
*	Equitable Life	EQ/International Equity Index	**	2,146
*	Equitable Life	Charter Multi-Sector Bond	**	1,943
*	Equitable Life	AXA Conserv Allocation	**	526
*	Equitable Life	Nomura VIP High Income Series	**	494
*	Equitable Life	AXA Conserv-Plus Allocation	**	364
*	Equitable Life	EQ/American Century Mid Cap Value	**	334
*	Equitable Life	Templeton Global Bond VIP	**	213
*	Equitable Life	AXA LG Cap Val Managed Vol	**	203
*	Equitable Life	EQ/JPMorgan Growth Stock	**	173
*	Equitable Life	Multimanager Core Bond	**	149
*	Equitable Life	EQ/MFS Utilities Series	**	147
*	Equitable Life	EQ/MFS Mid Cap Focused Growth	**	120
	Subtotal variable annuities with Equitable			275,180

(Continued)

Plan Sponsor: Retirement Living, Inc. dba Marquette Manor
Employer Identification Number: 35-1393773
Three-Digit Plan Number: 010

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Variable Annuity Contracts-Interest in Subaccounts of the Equitable Separate Account (Conttinued)**:**				
*	Equitable Life	EQ/Goldman Sachs Mid Cap Value	**	$ 114
*	Equitable Life	EQ/MFS Technology	**	100
*	Equitable Life	Fidelity VIP Mid Cap	**	19
	Total variable annuities with Equitable			275,413
Mutual Funds:				
	Principal	Principal LifeTime Hybrid 2025 Fund	**	335,225
	Principal	Principal LifeTime Hybrid 2030 Fund	**	287,379
	Principal	Principal LifeTime Hybrid 2040 Fund	**	253,183
	Principal	Principal LifeTime Hybrid 2050 Fund	**	191,515
	Principal	Principal LifeTime Hybrid 2035 Fund	**	145,686
	Principal	Principal LifeTime Hybrid 2055 Fund	**	68,059
	Principal	Principal LifeTime Hybrid 2020 Fund	**	41,991
	Principal	Principal LifeTime Hybrid Income Fund	**	41,023
	Principal	Principal LifeTime Hybrid 2065 Fund	**	40,956
	Principal	AB Large Cap Growth Fund Inc.	**	29,522
	Principal	JPMorgan US Value Fund	**	26,600
	Principal	Fidelity 500 Index Fund	**	24,162
	Principal	JP Morgan Core Plus Bond Fund	**	19,250
	Principal	MFS Mid Cap Growth Fund	**	14,230
	Principal	Principal LifeTime Hybrid 2060 Fund	**	12,505
	Principal	American Century Small Cap Growth Fund	**	8,646
	Principal	Fidelity Mid Cap Index Fund	**	8,643
	Principal	Principal LifeTime Hybrid 2045 Fund	**	4,634
	Principal	WCM Focused International Growth Fund	**	4,469
	Principal	Fidelity Global ex US Index Fund	**	2,184
	Principal	PGIM Global Total Return Fund	**	1,036
	Principal	Franklin Small Cap Value Fund	**	678
	Principal	Fidelity Small Cap Index Fund	**	393
	Principal	Principal LifeTime Hybrid 2070 Fund	**	209
	Total mutual funds			1,562,178

(Continued)

RETIREMENT LIVING, INC. DBA MARQUETTE 403(b) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

Plan Sponsor: Retirement Living, Inc. dba Marquette Manor
Employer Identification Number: 35-1393773
Three-Digit Plan Number: 010

	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Guaranteed Investment Contracts:				
*	Lincoln National Life	Fixed Account	**	707,986
*	Equitable Life	Guaranteed Interest Account	**	125,631
*	Principal	Fixed Income Guaranteed Option	**	148,037
	Total guaranteed investment contracts			981,654
	Total investments			$ 3,838,258
*	Notes receivable from participants	Interest rate of 4.50% and collateralized by account balance		$ 2,050

* Denotes party-in interest
** Represents participant directed investments, cost information is not required.

See Independent Auditor's Report.