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. . . . . ▶ [X]

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
NATHAN LITTAUER HOSPITAL & NURSING HOME REGISTERED NURSES PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 08/01/1996

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)
NATHAN LITTAUER HOSPITAL ASSOCIATION

99 EAST STATE STREET
GLOVERSVILLE, NY 12078

2b Employer Identification Number (EIN)
14-1338465

2c Plan Sponsor's telephone number
518-725-8621

2d Business code (see instructions)
622000

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	ASHLEY DELANEY
	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**	129
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)**	19
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	16
b	Retired or separated participants receiving benefits	**6b**	70
c	Other retired or separated participants entitled to future benefits	**6c**	36
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	122
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	6
f	Total. Add lines **6d** and **6e**.	**6f**	128
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A

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) [ ]	Insurance	**(1)** [ ]	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)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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

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

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

A Name of plan
NATHAN LITTAUER HOSPITAL & NURSING HOME REGISTERED NURSES PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
NATHAN LITTAUER HOSPITAL ASSOCIATION

D Employer Identification Number (EIN)
14-1338465

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	24144107
b Actuarial value	**2b**	22693998

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	75	13484452	13484452
b For terminated vested participants	35	2868208	2868208
c For active participants	19	4723929	5119670
d Total	129	21076589	21472330

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

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

5 Effective interest rate	**5**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	69000
c Target normal cost	**6c**	69000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary — Date: 10/09/2026

VICKI A MAZZIE, FSA, EA, MAAA — Type or print name of actuary

26-06878 — Most recent enrollment number

MILLIMAN — Firm name

518-514-7100 — Telephone number (including area code)

3 WINNERS CIRCLE
SUITE 300
ALBANY, NY 12205

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1662914
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	115329
9	Amount remaining (line 7 minus line 8)	0	1547585
10	Interest on line 9 using prior year's actual return of 11.48 %	0	177663
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.10 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1725248

Part III Funding Percentages

14	Funding target attainment percentage	14	97.65 %
15	Adjusted funding target attainment percentage	15	105.68 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	98.68 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	69000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	503580	50095
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	119095

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	119095	119095

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
NATHAN LITTAUER HOSPITAL & NURSING HOME REGISTERED NURSES PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
NATHAN LITTAUER HOSPITAL ASSOCIATION

D Employer Identification Number (EIN)
14-1338465

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

US BANK

31-0841368

(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?
19 21 28	NONE	59144	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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(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 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
NATHAN LITTAUER HOSPITAL & NURSING HOME REGISTERED NURSES PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
NATHAN LITTAUER HOSPITAL ASSOCIATION

D Employer Identification Number (EIN)
14-1338465

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	59019	51555
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	476869	583647
(2) U.S. Government securities	1c(2)	140008	56000
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	3070561	4271836
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	7881579	7684096
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10851327	13375862
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1664744	518454

		(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	24144107	26541450
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	24144107	26541450

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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
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)		
(F) Other	2b(1)(F)	227974	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		227974
(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)	559298	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		559298
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	719575	
(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)		719575
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	2206905	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		2206905

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		-28903
d Total income. Add all **income** amounts in column (b) and enter total	2d		3684849
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1214688	
(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)		1214688
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	59144	
(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)	13674	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		72818
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1287506
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2397343
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: BONADIO & CO, LLP **(2)** EIN: 16-1131146

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 588497.

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
NATHAN LITTAUER HOSPITAL & NURSING HOME REGISTERED NURSES PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
NATHAN LITTAUER HOSPITAL ASSOCIATION

D Employer Identification Number (EIN)
14-1338465

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): 16-0538020

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

NATHAN LITTAUER HOSPITAL AND NURSING HOME
REGISTERED NURSES PLAN

Financial Statements
as of December 31, 2025 and 2024
Together with
Independent Auditor's Report

Bonadio & Co., LLP
Accounting, Consulting & More

Bonadio & Co., LLP
Accounting, Consulting & More

INDEPENDENT AUDITOR'S REPORT

September 28, 2026

To the Board of Directors of
Nathan Littauer Hospital and Nursing Home Registered Nurses Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit
We have performed audits of the financial statements of Nathan Littauer Hospital and Nursing Home Registered Nurses 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 years then ended, 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 Nathan Littauer Hospital and Nursing Home Registered Nurses Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 6 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 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

(Continued)

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INDEPENDENT AUDITOR'S REPORT
(Continued)

Basis for Opinion
We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Nathan Littauer Hospital and Nursing Home Registered Nurses 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 Nathan Littauer Hospital and Nursing Home Registered Nurses Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

(Continued)

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Nathan Littauer Hospital and Nursing Home Registered Nurses 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 Nathan Littauer Hospital and Nursing Home Registered Nurses Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the 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 Schedules Required by ERISA

The supplemental schedule of assets (held at year end) as of December 31, 2025 (Schedule I) and the schedule of reportable transactions for the year ended December 31, 2025 (Schedule II) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

INDEPENDENT AUDITOR'S REPORT
(Continued)

Other Matter - Supplemental Schedules Required by ERISA (Continued)
In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental 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 schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Bonadio & Co. LLP

NATHAN LITTAUER HOSPITAL AND NURSING HOME REGISTERED NURSES PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
INVESTMENTS, at fair value:		
Money market funds	$ 576,513	$ 469,331
U.S. government bond and note obligations	56,000	140,008
Mutual funds	10,008,525	7,847,578
Corporate bonds	4,271,836	3,070,561
Municipal bonds	518,454	1,664,744
Common stocks	7,684,096	7,881,579
Fixed income securities	3,367,337	3,003,749
Total investments, at fair value	26,482,761	24,077,550
CASH	7,134	7,538
Total investments	26,489,895	24,085,088
RECEIVABLES:		
Accrued interest income	51,555	59,019
NET ASSETS AVAILABLE FOR BENEFITS	$ 26,541,450	$ 24,144,107

The accompanying notes are an integral part of these statements.

NATHAN LITTAUER HOSPITAL AND NURSING HOME REGISTERED NURSES PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
ADDITIONS:		
Investment income:		
Interest and dividends	$ 779,808	$ 712,999
Net appreciation in fair value of investments	2,935,644	1,883,284
Total net investment income	3,715,452	2,596,283
Total additions	3,715,452	2,596,283
DEDUCTIONS:		
Benefits paid to participants	1,214,688	1,200,985
Administrative expenses	101,055	99,191
Other Expenses	2,366	-
Total deductions	1,318,109	1,300,176
CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	2,397,343	1,296,107
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	24,144,107	22,848,000
NET ASSETS AVAILABLE FOR BENEFITS - end of year	$ 26,541,450	$ 24,144,107

The accompanying notes are an integral part of these statements.

NATHAN LITTAUER HOSPITAL AND NURSING HOME REGISTERED NURSES PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

1. DESCRIPTION OF PLAN

The following description of the Nathan Littauer Hospital and Nursing Home Registered Nurses 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
Through December 31, 1994, Nathan Littauer Hospital Association (the Hospital) provided for retirement benefits for registered nurses through direct payments to the New York State Nurses Association (NYSNA) Pension Plan. Pursuant to a collective bargaining agreement between the Hospital and NYSNA, the Nathan Littauer Hospital and Nursing Home Registered Nurses Plan (the Plan) was formally approved as of August 1, 1996. This noncontributory defined benefit pension plan, with virtually the same provisions as NYSNA Pension Plan, allowed for pre-participation effective January 1, 1995.

Pursuant to a Memorandum of Agreement dated January 24, 2007, the New York State Nurses Association approved an amendment to the Plan to freeze eligibility so that no employees hired on or after January 1, 2007, will be permitted to join the Plan. Effective September 1, 2022, benefit accruals under the Plan became frozen and employees became be eligible to participate in the Hospital's defined contribution plan.

Contributions
Contributions to the Plan from the Hospital are accrued based upon amounts required to be funded as actuarially determined under ERISA rules.

Payment of Benefits
The Plan provides for early retirement, late retirement, disability and death benefits which are calculated in accordance with the formulae stipulated in the Plan document. Normal retirement under the Plan is the later of the first day of the month following the participant's 65th birthday or the earlier of the 5th anniversary of the participant's participation commencement date under the Plan or the completion of 5 years of vesting service. Participants may elect to continue working beyond the normal retirement age. The distribution of the late retirement benefit will begin on the first day of the month following the termination of employment. Participants may also elect early retirement upon reaching age 60 if they are vested in the Plan. The distribution of the early retirement benefit will begin on the first day of the month following the elected date of retirement and is an unreduced benefit for participants who have a minimum of 20 years of service (or, for those who do not, is reduced by 0.5% per month between the participant's early retirement date and normal retirement age).

1. DESCRIPTION OF PLAN (Continued)

Payment of Benefits (Continued)
In the event the participant has attained age 50, has completed 15 years of service, and has terminated employment due to a total or partial disablement before reaching normal retirement, a disability retirement benefit is available under the Plan. The distribution of the disability retirement benefit will begin on the first day of the month following the termination of employment.

In the event the participant dies prior to commencing distribution under the Plan, their beneficiary will be entitled to an immediate distribution from the accrued account balance. The beneficiary may elect to receive this benefit under the normal or any optional form of distribution.

A detailed description of these benefits is included in the Plan document which is available to all participants.

Vesting
Under the terms of the Plan, prior to attaining age 65 (at which time full vesting is automatic if then actively employed by the Hospital) participants are not vested to any degree unless they have at least 5 years of service, at which time they become fully vested, and are eligible for monthly benefit payments upon reaching age 65 or age 60 if they have at least 5 years of vesting service. Employees not vested in the NYSNA Pension Plan received vesting service credit under the Plan for all years of service since their date of hire.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting
The accompanying financial statements of the Plan are prepared in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP).

Estimates
U.S. GAAP requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

Risks and Uncertainties
The Plan may invest in various types of investment securities which are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition
Investments are stated at fair value based upon quoted market prices (money market funds, common stock, fixed income securities, and mutual funds) and unique pricing models (U.S. government bond and note obligations, corporate bonds, and municipal bonds), changes in the current value of investments, including realized/unrealized gains and losses on assets sold/held during the year, are reflected in the statement of changes in net assets available for benefits as appreciation or depreciation in the fair value of investments. Dividends are recorded on the ex-dividend date and purchase and sales of securities are rendered on a trade-date basis (the date the order to buy or sell is executed). Investment income is recognized on the accrual basis.

Financial Instruments Measured at Fair Value
The Plan has financial instruments which are recorded at fair value in the accompanying statements of net assets available for benefits. The Plan makes estimates regarding the valuation of assets measured at fair value in the financial statements.

Fair Value Measurement - Definition and Hierarchy
U.S. GAAP defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The Plan uses various valuation techniques in determining fair value. Generally accepted accounting principles establish a hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the observable inputs be used when available. Observable inputs are inputs that market participants would use in pricing the asset or liability developed based on market data obtained from sources independent of the Plan. Unobservable inputs are inputs that reflect the Plan's assumptions about the assumptions market participants would use in pricing the asset or liability, developed based on the best information available in the circumstances. The hierarchy is broken down into three levels based on the reliability of inputs as follows:

- Level 1 - Valuations based on quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access. Valuation adjustments are not applied to Level 1 instruments. Since valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these products does not entail a significant degree of judgment.

- Level 2 - Valuations based on quoted prices in markets that are not active or for which all significant inputs are observable, directly or indirectly.

- Level 3 - Valuations based on inputs that are unobservable and significant to the overall fair value measurement.

A description of where the Plan's investments fall within the hierarchy is provided in Note 7.

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

Payment of Benefits
Benefit payments to participants are recorded upon distribution.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Administrative Expenses
Certain administrative expenses of the Plan were paid for by the Hospital. These expenses amounted to approximately $24,625 and $21,150 during 2025 and 2024, respectively, and are not recorded in the accompanying financial statements.

Actuarial Present Value of Accumulated Plan Benefits
Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to retired, terminated and present participants, and beneficiaries of present or former participants. Benefits for employees or their beneficiaries are based on employees' compensation (as defined in the Plan) during years of credited service.

The accumulated Plan benefits for active employees are based on information as of the valuation date. Benefits payable under all circumstances - retirement, disability, death, and termination of employment - are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated Plan benefits as of the beginning of the Plan year (January 1) is determined by Milliman, Inc., the Plan's actuary. The actuarial present value of accumulated Plan benefits is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions are described in Note 5.

3. FUNDING POLICY

The Hospital has voluntarily agreed to make contributions to the Plan sufficient to provide the Plan with assets with which to pay pension benefits to Plan participants. Contributions are not made by Plan participants. Although the Hospital has not expressed any intent to terminate the Plan, it may do so at any time. Under provisions of ERISA, if the Plan is terminated, the Hospital may be obligated to make termination payments to the Plan, and participants may be eligible for continuation of benefits under insurance provided by the Pension Benefit Guaranty Corporation (PBGC). Plan participants are 100% vested in their benefits upon termination of the Plan.

4. PLAN TERMINATION

In the event the Plan terminates, the assets of the Plan will be allocated as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

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

4. PLAN TERMINATION (Continued)

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

c) Other vested benefits insured by the PBGC (a U.S. government agency), up to the applicable limitations (discussed below).

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

e) All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees ($5,813 per month). The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (1) retired, disabled, or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died and (3) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits was determined by an actuary as of January 1 for the Plan using the entry age normal frozen initial liability method. Significant assumptions underlying the actuarial computations include: (a) assumed discount rate of 5.42% and 4.75% as of January 1, 2025 and 2024, respectively, (b) and assumed mortality using the RP-2006 Base Sex-distinct Mortality Table with projections using Scale MP-2021 at both January 1, 2025, and January 1, 2024, (c) assumed retirement at the earlier of age 60 with 20 years of vesting service or age 65.

5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The actuarial present value of accumulated Plan benefits consisted of the following at January 1, 2025:

Vested benefits:	
Participants currently receiving payments	$ 12,942,044
Other participants	7,166,008
	20,108,052
Nonvested benefits	367,687
Total actuarial present value of accumulated Plan benefits	$ 20,475,739

Changes in the actuarial present value of accumulated Plan benefits were as follows for the year ended January 1, 2025:

Actuarial present value of accumulated Plan benefits - beginning of year	$ 20,491,857
Increase (decrease) during the year attributable to:	
Reduction in discount period	1,194,007
Benefit payments	(1,200,985)
Actuarial loss	(9,140)
Actuarial present value of accumulated Plan benefits - end of year	$ 20,475,739

6. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, U.S. Bank, N.A., the Plan's trustee, has certified that the following data included in the financial statements and accompanying supplemental schedules are complete and accurate as of December 31, 2025 and 2024, and for the years then ended:

	2025	2024
Total investments, at fair value	$ 26,482,761	$ 24,077,550
Net investment income	$ 3,715,452	$ 2,596,283
Accrued interest income	$ 51,555	$ 59,019
Schedule of Assets (Held at End of Year)	Schedule I	
Schedule of Reportable Transactions	Schedule II	

7. FAIR VALUE MEASUREMENTS

At December 31, 2025, the Plan's investments are measured at fair value on a recurring basis and are valued as follows:

	Level 1	Level 2	Level 3	Total
Money market funds	$ 576,513	$ -	$ -	$ 576,513
U.S. government bond and note obligations	56,000	-	-	56,000
Mutual funds	10,008,525	-	-	10,008,525
Corporate bonds	-	4,271,836	-	4,271,836
Municipal bonds	-	518,454	-	518,454
Common stocks	7,684,096	-	-	7,684,096
Fixed income securities	3,367,337	-	-	3,367,337
	$ 21,692,471	$ 4,790,290	$ -	$ 26,482,761

At December 31, 2024, the Plan's investments are measured at fair value on a recurring basis and are valued as follows:

	Level 1	Level 2	Level 3	Total
Money market funds	$ 469,331	$ -	$ -	$ 469,331
U.S. government bond and note obligations	140,008	-	-	140,008
Mutual funds	7,847,578	-	-	7,847,578
Corporate bonds	-	3,070,561	-	3,070,561
Municipal bonds	-	1,664,744	-	1,664,744
Common stocks	7,881,579	-	-	7,881,579
Fixed income securities	3,003,749	-	-	3,003,749
	$ 19,342,245	$ 4,735,305	$ -	$ 24,077,550

The following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2025 and 2024.

Money market funds, mutual funds, common stocks, U.S. government bond and note obligations, and fixed income securities – Value based on quoted prices in active markets (Level 1).

Corporate bonds and municipal bonds – Value is determined by entering standard inputs into pricing models. These inputs include benchmark yields, reported trades, broker/dealer quotes, issuer spreads, and industry and economic events (Level 2).

8. PARTY-IN-INTEREST TRANSACTION

The Plan invests in investments managed by U.S. Bank, N.A., the trustee. As such, transactions involving this investment and the Plan qualify as party-in-interest transactions.

9. TAX STATUS

The Plan received a favorable determination letter from the Internal Revenue Service (IRS) dated June 25, 2018, indicating that the Plan is designed in accordance with the qualification requirements of Section 401(a) of the Internal Revenue Code (the Code). Once qualified, a plan is required to remain designed and operated in conformity with the Code to maintain its qualification for exemption from income taxation. The Plan has been amended subsequent to its receipt of the determination letter. The Plan administrator believes that the Plan continues to be designed and operated in compliance with the applicable requirements of the Code.

10. RECONCILIATION OF FORM 5500

Certain items have been classified differently between the financial statements and the Form 5500. Net assets available for benefits and changes in net assets available for benefits per the financial statements agree to Form 5500 in total as of December 31, 2025 and 2024.

11. SUBSEQUENT EVENTS

Subsequent events have been evaluated through September 28, 2026, which is the date the financial statements were available to be issued.

NATHAN LITTAUER HOSPITAL AND NURSING HOME REGISTERED NURSES PLAN **Schedule I**

PLAN #002 EIN #14-1338465
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b) Identity of Issuer, 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
MONEY MARKET FUNDS				
	First Am Treasury Ob Fd Cl X	279,763 Shares	279,763	279,763
	First Am Treasury Ob Fd Cl X	291,171 Shares	291,171	291,171
	First Am Treasury Ob Fd Cl X	5,578 Shares	5,579	5,579
			576,513	576,513
MUTUAL FUNDS:				
	Domestic Equity Mutual Funds:			
	State Street Utilities Select Etf	500 Shares	20,086	21,345
	State Street Industrial Select Etf	300 Shares	25,702	46,536
	Schwab US Reit Etf	25,876 Shares	549,229	540,550
	State Street Energy Select Etf	2,000 Shares	55,250	89,420
	Vanguard Mid Cap Growth Index Etf	1,217 Shares	333,503	339,712
			983,769	1,037,563
	Closed End Equity Income Funds:			
	Ishares Russell 2000 Etf	3,600 Shares	643,049	886,176
	International Closed End Funds:			
	Causeway Emerging Markets Instl	20,105 Shares	208,374	290,518
	Ishares Russell Mid Cap Value Etf	6,937 Shares	722,645	978,464
	Ishares Russell Mid Cap Etf	20,606 Shares	1,246,004	1,983,740
	Ishares Msci Eafe Value Etf	13,111 Shares	619,865	936,257
	Ishares Msci Eafe Growth Etf	4,311 Shares	318,807	491,109
	Ishares Core Msci Emerging Mkts Etf	3,594 Shares	183,874	241,589
	Nyli Cbre Global Infrastructure Fd I	31,726 Shares	470,286	469,549
	Vanguard Ftse Developed Etf	26,000 Shares	1,171,751	1,624,220
	Vanguard Ftse Emerging Markets Etf	19,891 Shares	877,286	1,069,340
			5,818,892	8,084,786
	TOTAL MUTUAL FUNDS		7,445,710	10,008,525
U.S. GOVERNMENT BONDS AND NOTES OBLIGATIONS:				
	US Treasury	$50,000 principal amount, 4.375% due November 30, 2028	50,039	51,135
	FNMA #850566	$561.96 principal amount, 5.000% due January 1, 2036	551	577
	FNMA #867439	$380.86 principal amount, 5.000% due May 1, 2036	377	391
	GNMA #602786	$388.21 principal amount, 5.500% due February 15, 2033	389	391
	GNMA #632826	$2,123.93 principal amount, 5.000% due June 15, 2034	2,042	2,182
	GNMA #670111	$1,265.00 principal amount, 5.500% due July 15, 2037	1,246	1,324
	TOTAL U.S. GOVERNMENT BONDS AND NOTES OBLIGATIONS		54,645	56,000

The accompanying notes are an integral part of these schedules.

(Continued)

PLAN #002 EIN #14-1338465
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b) Identity of Issuer, 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
	CORPORATE BONDS:			
	Domestic corporate bonds:			
	Ally Bk Sandy	$100,000 principal amount, 3.350% due July 7, 2026	99,550	99,822
	Ally Bk Sandy	$300,000 principal amount, 3.750% due December 4, 2028	299,325	299,730
	American Express	$200,000 principal amount, 4.250% due February 26, 2030	199,400	203,036
	American Exp	$100,000 principal amount, 4.250% due March 5, 2030	99,700	101,557
	American Exp	$100,000 principal amount, 4.050% due April 9, 2030	99,700	100,779
	Apple Inc	$15,000 principal amount, 2.900% due September 12, 2027	14,983	14,816
	Axos Bk San	$50,000 principal amount, 3.750% due October 2, 2026	49,988	50,062
	Bank Amer Na	$100,000 principal amount, 4.800% due March 16, 2026	99,900	100,200
	Bank Amer Na	$100,000 principal amount, 4.100% due March 11, 2026	99,900	100,042
	Bank Of Ny Mtn	$10,000 principal amount, 2.800% due May 4, 2026	9,983	9,962
	Boston Properties LP	$10,000 principal amount, 2.750% due October 1, 2026	9,927	9,896
	Citigroup Inc Mtn	$207,000 principal amount, 6.48544% due November 24, 2027	200,583	206,880
	Discover Bk	$100,000 principal amount, 4.500% due October 12, 2027	99,675	101,419
	Discover Bk	$215,000 principal amount, 4.950% due November 16, 2026	214,570	217,608
	Elevance Health	$25,000 principal amount, 3.650% due December 1, 2027	24,950	24,881
	Entergy Corp	$10,000 principal amount, 2.950% due September 1, 2026	9,742	9,926
	Gatx Corp	$30,000 principal amount, 3.250% due September 15, 2026	29,789	29,843
	Goldman Sachs	$250,000 principal amount, 4.250% due March 13, 2028	249,563	252,810
	Goldman Sachs	$200,000 principal amount, 3.850% due August 19, 2030	199,170	199,808
	Goldman Sachs	$100,000 principal amount, 3.750% due October 22, 2029	99,690	99,754
	Goldman Sachs	$100,000 principal amount, 3.750% due October 21, 2030	99,600	99,451
	Healthcare Realty	$20,000 principal amount, 3.625% due January 15, 2028	19,884	19,393
	Home Depot Inc	$5,000 principal amount, 2.125% due September 15, 2026	4,945	4,942
	Morgan Stanley	$100,000 principal amount, 4.450% due February 8, 2027	99,850	100,918
	Morgan Stanley Mtn	$15,000 principal amount, 3.625% due January 20, 2027	14,850	14,961
	Morgan Stanley	$100,000 principal amount, 4.450% due February 8, 2027	99,850	100,918
	Morgan Stanley	$75,000 principal amount, 3.850% due September 10, 2030	74,700	74,942
	Morgan Stanley	$200,000 principal amount, 3.850% due September 10, 2029	199,400	200,210
	Oracle Corp	$15,000 principal amount, 3.250% due November 15, 2027	14,983	14,674

PLAN #002 EIN #14-1338465
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b) Identity of Issuer, 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
	CORPORATE BONDS (Continued):			
	Domestic corporate bonds (Continued):			
	Pepsico Inc	$5,000 principal amount, 2.375% due October 6, 2026	4,999	4,950
	Charles Schwab	$15,000 principal amount, 3.200% due March 2, 2027	15,027	14,881
	Charles Schwab Corp	$200,000 principal amount, 3.200% due January 25, 2028	203,829	197,258
	Texas Exchange	$85,000 principal amount, 4.200% due August 14, 2028	84,890	85,944
	Texas Exchange	$200,000 principal amount, 4.000% due April 25, 2029	199,400	201,250
	Toyota Finl	$100,000 principal amount, 4.650% due June 13, 2029	99,650	102,692
	Ubs Bk USA	$200,000 principal amount, 3.900% due November 26, 2030	199,200	200,198
	Ubs Bk USA Salt	$50,000 principal amount, 4.850% due November 22, 2027	49,900	51,056
	Verizon Comm Inc	$250,000 principal amount, 4.400% due November 1, 2034	293,918	241,205
	Wells Fargo Bank	$50,000 principal amount, 5.000% due May 29, 2026	49,950	50,262
	Wells Fargo Mtn	$150,000 principal amount, 3.9528% due October 26, 2027	139,125	148,060
	Welltower Inc	$10,000 principal amount, 4.250% due April 1, 2026	9,938	9,999
	Zoetis Inc	$5,000 principal amount, 3.000% due September 12, 2027	4,972	4,927
			4,192,948	4,175,922
	Foreign Bonds:			
	Bank of Nova Mtn	$96,000 principal amount, 3.51737% due January 30, 2026	88,680	95,914
	TOTAL CORPORATE BONDS		4,281,628	4,271,836
	MUNICIPAL BONDS:			
	El Paso Tx	$200,000 principal amount, 3.000% due August 15, 2039	210,879	181,334
	Forney Tx Indpt Sch	$100,000 principal amount, 3.000% due August 15, 2037	108,041	95,630
	Multnomah Cnty Or	$100,000 principal amount, 3.000% due June 15, 2036	106,729	95,498
	Stephenville Tx	$150,000 principal amount, 3.650% due February 15, 2032	150,000	145,992
	TOTAL MUNICIPAL BONDS		575,649	518,454

The accompanying notes are an integral part of these schedules.

(Continued)

PLAN #002 EIN #14-1338465
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b) Identity of Issuer, 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
	COMMON STOCKS:			
	Domestic Stocks:			
	AT&T Inc	1,200 Shares	25,128	29,808
	Abbott Labs Com	575 Shares	52,416	72,042
	Abbvie Inc	475 Shares	46,877	108,533
	Alphabet Inc Cl C	500 Shares	11,561	156,900
	Alphabet Inc Cl A	1,100 Shares	38,888	344,300
	Amazon Com Inc	1,330 Shares	115,485	306,991
	American Elec Pwr Co Inc Com	400 Shares	28,958	46,124
	Amgen Inc	135 Shares	23,831	44,187
	Amphenol Corp Cl A	1,525 Shares	42,269	206,089
	Analog Devices Inc	220 Shares	14,801	59,664
	Elevance Health Inc	75 Shares	11,755	26,291
	Apple Inc Com	1,475 Shares	49,174	400,994
	Applied Materials Inc	300 Shares	46,025	77,097
	Bank Of America Corp	2,850 Shares	84,576	156,750
	Berkshire Hathaway Inc Cl B	120 Shares	59,694	60,318
	Broadcom Inc	425 Shares	72,623	147,093
	Cme Group Inc	80 Shares	15,999	21,846
	Caterpillar Inc	400 Shares	68,849	229,148
	Chevron Corporation	800 Shares	96,265	121,928
	Costco Whsl Corp	125 Shares	39,313	107,793
	Danaher Corp	300 Shares	38,789	68,676
	Meta Platforms Inc	450 Shares	102,095	297,041
	Goldman Sachs Group Inc	160 Shares	79,195	140,640
	Home Depot Inc	300 Shares	59,497	103,230
	Honeywell Intl Inc	225 Shares	37,878	43,895
	JP Morgan Chase Co	1,045 Shares	87,487	336,720
	Johnson & Johnson	425 Shares	48,604	87,954
	Eli Lilly Co	110 Shares	84,739	118,215
	Marathon Petroleum Corp	220 Shares	34,876	35,779
	Mastercard Inc	265 Shares	52,577	151,283
	Mercadolibre Inc	31 Shares	60,894	62,442
	Microsoft Corp Com	900 Shares	98,935	435,258
	Micron Technology Inc	950 Shares	54,497	271,140
	Netflix Com Inc	350 Shares	38,921	32,816
	Nvidia Corp	2,800 Shares	50,927	522,200
	O Reilly Automotive Inc	1,500 Shares	40,709	136,815
	PNC Finl Svcs Group Inc Com	400 Shares	51,833	83,492
	Palo Alto Networks Inc	350 Shares	35,692	64,470
	Parker Hannifin Corp	125 Shares	47,681	109,870
	Pepsico Inc	200 Shares	16,096	28,704
	Qualcomm Inc Com	275 Shares	26,768	47,039
	Quanta Svcs Inc Com	150 Shares	40,500	63,309
	Rtx Corporation	300 Shares	20,007	55,020
	Republic Svcs Inc	275 Shares	25,396	58,281
	Roper Technologies Inc Com	100 Shares	36,590	44,513
	S P Global Inc Com	75 Shares	30,844	39,194
	Salesforce Inc	150 Shares	29,103	39,737
	Schwab Charles Corp Com	1,000 Shares	41,464	99,910
	Servicenow Inc Com	200 Shares	8,061	30,638
	Southern Copper Corp Del	1 Share	1	145
	Stryker Corp	120 Shares	18,223	42,176
	Tesla Inc	200 Shares	83,630	89,944
	Texas Instrs Inc Com	225 Shares	27,221	39,035
	Thermo Fisher Scientific Inc	100 Shares	27,775	57,945
	Transdigm Group Inc	80 Shares	29,212	106,388
	Uber Technologies Inc	550 Shares	42,342	44,941
	Union Pacific Corp Com	200 Shares	22,681	46,264
	Unitedhealth Group Inc Com	200 Shares	52,959	66,022
	Verizon Communications Inc Com	500 Shares	29,140	20,365
	Vertex Pharmaceuticals Inc Com	100 Shares	40,284	45,335
	Vertiv Holdings Co	550 Shares	42,688	89,105
	Visa Inc Com Cl A	175 Shares	39,899	61,373
	Walmart Inc Com	1,700 Shares	58,758	189,396
	Xylem Inc Com	350 Shares	23,708	47,662
			2,863,663	7,278,273

(a)	(b) Identity of Issuer, 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
	Foreign Stocks:			
	Credicorp Ltd	10 Shares	1,462	2,870
	Eaton Corp Plc Shs	110 Shares	32,500	35,036
	Linde Plc Shs	240 Shares	46,819	102,334
	Alcon Inc	31 Shares	1,946	2,443
	Chubb Limited Com	250 Shares	34,509	78,030
	Asml Holding Nv Ny Reg Shs A D R	7 Shares	5,516	7,489
	Aia Group Ltd A D R	131 Shares	4,257	5,375
	Adyen Nv Unspon A D R	164 Shares	1,994	2,619
	Air Liquide S A A D R	57 Shares	1,075	2,141
	Alfa Laval Ab A D R	80 Shares	2,300	4,019
	Allianz SE Unsp A D R	164 Shares	3,835	7,544
	Assa Abloy Ab A D R	137 Shares	1,508	2,645
	Atlas Copco Ab Spons A D R	104 Shares	839	1,863
	Banco Bilbao Vizcaya Argen A D R	201 Shares	1,656	4,685
	Canadian Natl Railway Co	14 Shares	1,087	1,384
	Chugai Pharmaceutic Unsp A D R	189 Shares	2,663	4,965
	Coloplast A S A D R	133 Shares	1,622	1,131
	Compass Group Plc A D R	58 Shares	1,990	1,855
	Contemporary Amperex Techno A D R	231 Shares	3,726	3,724
	Dbs Group Hldgs Ltd Spon A D R	48 Shares	3,573	8,429
	Daifuku Co Ltd Unsp A D R	148 Shares	1,492	2,313
	Dassault Systemes Sa A D R	56 Shares	1,786	1,564
	Disco Corp A D R	235 Shares	6,999	7,158
	Epiroc Aktiebolag Sponsored A D R	128 Shares	1,233	2,888
	Fomento Economico Mex Sp A D R	54 Shares	4,531	5,458
	Genmab A S Sp A D R	86 Shares	3,291	2,649
	Grupo Fin Banorte Spon A D R	44 Shares	1,646	2,043
	Hdfc Bank Ltd A D R	169 Shares	5,055	6,175
	Haier Smart Home Co Ltd A D R	176 Shares	2,439	2,179
	Haleon Plc Spon Ads A D R	405 Shares	3,582	4,095
	Loreal Unspon A D R	56 Shares	3,187	4,796
	Lastertec Corp A D R	121 Shares	4,720	4,594
	M3 Inc A D R	281 Shares	2,134	1,871
	Manulife Financial Corp	117 Shares	2,092	4,245
	Netease Inc A D R	21 Shares	2,276	2,890
	Nice Ltd A D	30 Shares	3,791	3,391
	Novartis Ag A D R	15 Shares	1,724	2,068
	Novonesis Novozymes B A D R	23 Shares	1,196	1,463
	Obic Co Ltd A D R	146 Shares	2,625	2,273
	P T Telekomunikasi Indonesia A D R	104 Shares	2,466	2,189
	Ping An Insurance A D R	95 Shares	2,077	1,594
	Rio Tinto Plc A D R	52 Shares	2,919	4,162
	Roche Holdings Ltd Spon A D R	92 Shares	2,946	4,744
	Shell Plc Spon A D R	77 Shares	4,656	5,658
	Ryanair Holdings Plc Sponsored Adr	34 Shares	1,916	2,454
	S F Hldg Co Ltd A D R	84 Shares	1,673	1,491
	Safran Sa Unspon A D R	25 Shares	2,091	2,176
	Schneider Elect SE Unsp A D R	92 Shares	3,266	5,054
	Sea Ltd A D R	10 Shares	1,886	1,276
	Shionogi Co Ltd Unspon A D R	234 Shares	2,207	2,101
	Sonova Holding Unspon A D R	25 Shares	786	1,292
	Sony Group Corporation A D R	164 Shares	3,028	4,198
	Sony Financial Group Inc A D R	31 Shares	159	162
	Symrise Ag Unspon A D R	77 Shares	1,585	1,549
	Sysmex Corp Unspon A D R	200 Shares	4,302	1,950
	Taiwan Semiconductor A D R	29 Shares	1,667	8,813
	Techtronic Industries Sp A D R	25 Shares	1,814	1,440
	Tencent Hldgs Ltd A D R	97 Shares	6,126	7,426
	Uni Charm Corporation A D R	498 Shares	2,664	1,400
			260,910	405,823
	TOTAL COMMON STOCKS		3,124,573	7,684,096

NATHAN LITTAUER HOSPITAL AND NURSING HOME REGISTERED NURSES PLAN **Schedule I**

PLAN #002 EIN #14-1338465
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b) Identity of Issuer, 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
	FIXED INCOME SECURITIES:			
	American Century High Income Fd Y Cl	41,062 Shares	372,115	360,939
	Angel Oak Multi Strategy Income	46,732 Shares	423,027	408,442
	Artisan High Income Fund	53,759 Shares	554,793	494,583
	Ishares Core U.S. Aggregate Bond Etf	2,129 Shares	217,055	212,645
	Ishares Ibonds Dec 2033 Term Etf	3,882 Shares	99,667	101,475
	Ishares Ibonds Dec 2032 Term Etf	3,978 Shares	99,756	101,558
	Ishares Ibonds Dec 2031 Etf	4,811 Shares	99,823	101,753
	Ishares Ibonds Dec 2030 Term Etf	10,616 Shares	234,415	234,295
	Schwab U S Tips Etf	14,247 Shares	386,119	377,403
	Stone Ridge Hy Reinsur I	109,343 Shares	971,910	974,244
	TOTAL FIXED INCOME SECURITIES		3,458,680	3,367,337
	CASH	Cash	7,134	7,134
	TOTAL INVESTMENTS		$ 19,524,532	$ 26,489,895

The accompanying notes are an integral part of these schedules.

Nathan Littauer Hospital and Nursing Home Registered Nurses Plan
EIN 14-1338465, PN 002
2025 Schedule SB, Line 22 – Description of Weighted Average Retirement Age

The weighted average retirement age for active participants is 64.49. This equals the sum, over all retirement ages of the current active participants, of the retirement age multiplied by the probability of retiring at that age, as shown in the following table.

(a) Age	(b) Expected Active Headcount	(c) Retirement Rate	(d) (b) x (c) Expected Retirements	(e) (a) x (d) Weighted Age
60	8.5830	0.3300	2.8324	169.9425
61	6.7506	0.0500	0.3375	20.5893
62	7.4130	0.1500	1.1120	68.9414
63	6.3011	0.1000	0.6301	39.6969
64	8.6710	0.1000	0.8671	55.4943
65	8.8039	1.0000	8.8039	572.2525
66	1.0000	1.0000	1.0000	66.0000
67	1.0000	1.0000	1.0000	67.0000
68	0.0000	1.0000	0.0000	0.0000
69	0.0000	1.0000	0.0000	0.0000
70	0.0000	1.0000	0.0000	0.0000
71	0.0000	1.0000	0.0000	0.0000
72	0.0000	1.0000	0.0000	0.0000
73	0.0000	1.0000	0.0000	0.0000
74	1.0000	1.0000	1.0000	74.0000
Total			17.5830	1,133.9167
Average				64.49

Nathan Littauer Hospital and Nursing Home Registered Nurses Plan
EIN 14-1338465, PN 002
2025 Schedule SB, Line 26a – Schedule of Active Participant Data

The number of active participants, summarized by attained age and years of credited service as of January 1, 2025, is shown below.

	Years of Credited Service										
Age	**0**	**1–4**	**5–9**	**10–14**	**15–19**	**20–24**	**25–29**	**30–34**	**35–39**	**40+**	**Total**
0–24	-	-	-	-	-	-	-	-	-	-	-
25–29	-	-	-	-	-	-	-	-	-	-	-
30–34	-	-	-	-	-	-	-	-	-	-	-
35–39	-	-	-	-	-	-	-	-	-	-	-
40–44	-	-	-	-	-	-	-	-	-	-	-
45–49	-	-	-	2	-	-	1	-	-	-	3
50–54	-	-	-	-	-	-	1	-	-	-	1
55–59	-	-	-	-	-	-	2	3	1	-	6
60–64	-	1	3	1	-	-	1	-	-	-	6
65–69	-	-	-	1	-	-	-	-	1	-	2
70+	-	-	-	-	-	-	-	1	-	-	1
Total	-	1	3	4	-	-	5	4	2	-	19

Nathan Littauer Hospital and Nursing Home Registered Nurses Plan
EIN 14-1338465, PN 002
2025 Schedule SB, Line 32 – Schedule of Amortization Bases

The shortfall amortization bases for the plan year beginning January 1, 2025 are shown below.

Date Established	Amortization Amount	Years Remaining	Present Value Factor	Present Value
January 1, 2023	$39,094	13	9.729931	$380,382
January 1, 2024	(10,765)	14	10.240313	(110,237)
Total	28,329			270,145

Nathan Littauer Hospital and Nursing Home Registered Nurses Plan
EIN 14-1338465, PN 002
2025 Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Summary of Actuarial Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. A plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that a plan will be adequately and systematically funded. Annual contributions are also affected by a plan's "asset valuation method" (as well as plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

Actuarial Cost Method

Unit Credit Method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Plan's normal cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits.

Asset Valuation Method

The Actuarial Value of Assets used for determining the Plan's ERISA funding requirements is based on the permitted three-year asset smoothing as defined under IRS Notice 2009-22. Under this method, the Actuarial Value of Assets is equal to the average of the Adjusted market Value of Assets and the expected Adjusted market Value of Assets for each of the two immediately preceding plan years, but it must be within 90% to 110% of the Adjsuted Market Value of Assets. The expected investment return for a plan year is based on the lesser of the expected rate of return on plan assets or the applicable statutory interest rate for the year.

Summary of Actuarial Assumptions

ECONOMIC ASSUMPTIONS

Interest Rates

The current funding interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election.

	Minimum Funding
Segment 1 (0–5 years)	5.07%
Segment 2 (5–20 years)	5.31%
Segment 3 (20+ years)	5.50%
Effective Interest Rate	5.35%

ERISA minimum funding rates: Segment Rate Stabilization Rates using a four-month lookback preceding the valuation date.

Nathan Littauer Hospital and Nursing Home Registered Nurses Plan
EIN 14-1338465, PN 002
2025 Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Expected Return on Assets: 6.00%, compounded annually. This is the assumed rate of return for the Plan's target asset allocation, net of investment expenses and including inflation (consumer price index) as indicated below. This assumption reflects anticipated returns of the plan's current and future assets.

Consumer Price Index

2.50%, compounded annually. This assumption represents an estimate of future experience and is based in part on observations of estimates inherent in market data.

Compensation Increases

Not applicable.

DEMOGRAPHIC AND OTHER NONECONOMIC ASSUMPTIONS

We believe the demographic assumptions shown below are reasonable for the contingencies they are measuring and are not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Mortality

ERISA minimum funding mortality: Pre-retirement: None assumed. Post-retirement: Generational Mortality Tables.

Withdrawal

Termination rates are assumed to be 2% per year. The termination rates assumed represent an estimate of future experience in the plan.

Retirement

Participants are assumed to retire based on the following set of rates:

Age	Rate *
60 – 61	5%
62	15%
63 – 64	10%
65	100%

* In addition, 33% of active participants are assumed to retire when first eligible for unreduced early retirement benefits.

Nathan Littauer Hospital and Nursing Home Registered Nurses Plan
EIN 14-1338465, PN 002
2025 Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Disability

The 1987 Commissioners Disability table. The disability rates assumed represent an estimate of future experience in the plan. Sample rates:

Age	Male	Female
25	0.092%	0.136%
40	0.169%	0.270%
55	0.951%	0.926%

Beneficiary Percentage

80% of participants assumed to have a beneficiary. Male participants are assumed to have a beneficiary who is 3 years younger and female participants are assumed to have a beneficiary who is 3 years older.

Administrative Expenses

$69,000, payable at middle of year. Equal to estimated current year administrative expenses plus the expected PBGC Premium, rounded to the nearest $1,000.

Form of Payment

Upon retirement, participants are assumed to elect a life annuity with 60 months guaranteed.

Participant Data

As of January 1, 2025.

Nathan Littauer Hospital and Nursing Home Registered Nurses Plan
EIN 14-1338465, PN 002
2025 Schedule SB, Part V – Summary of Plan Provisions

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

Basic Information

Plan Name: Nathan Littauer Hospital and Nursing Home Registered Nurses Plan

Effective Date of Plan: August 1, 1996.

EIN/PN: 14-1338465/002

Effective Date of Last Amendment: January1, 2022.

Plan Year: January 1 – December 31.

Employees: An eligible employee must be employed by the Employer and a participant of the class of employees that is covered by the collective bargaining agreement between the Employer and the New York State Nurses Association (NYSNA).

Eligibility: Any employee who meets the above requirements and has an Hour of Service shall be eligible to participate in the Plan on the date he completes such Hour of Service.

Participants may elect to transfer to the TDA Plan by making an irrevocable election to waive further participation in the Plan. Benefits no longer accrue after this election is made.

The plan was closed to new entrants effective January 1, 2007. Certain employees hired prior to January 1, 2007 were permitted to elect to participate in the plan effective January 1, 2009 during a 60-day special enrollment period in 2008. Participants rehired after January 1, 2007 are not eligible to resume benefit accruals.

Credited Service: Based on hours worked each year from date of eligibility (excluding TDA Plan service) through September 1, 2022 as follows:

Hours	Years of Service
Less than 500	0
500-650	1/3
651-850	2/3
851 or more	1

Participants who are eligible employees will continue to earn Credited Service toward eligibility for unreduced early retirement.

Years of Vesting Service: Based on hours worked each year from date of hire as follows:

Hours	Years of Service
Less than 500	0
500-650	1/3
651-850	2/3
851 or more	1

Nathan Littauer Hospital and Nursing Home Registered Nurses Plan
EIN 14-1338465, PN 002
2025 Schedule SB, Part V – Summary of Plan Provisions

Compensation: Basic compensation for the calendar year, excluding overtime, bonuses, shift differential and any additional compensation, but including experience differential. The maximum salary used to determine Plan benefits is limited as required by IRC Section 401(a)(17). No compensation earned after September 1, 2022 will be recognized for benefit accruals.

Average Annual Compensation: Average over the five consecutive years included in the credit service that produces the highest average.

Employee Contribution: None. Plan is funded entirely by employer contributions.

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Date: First of month coincident with or next following 65th birthday with attainment of the fifth anniversary of the participation date or completion of 5 years of vesting service.

Normal Retirement Benefit: Sum of the following:

1. 1.35% of Average Annual Compensation times years of credited service after September 30, 2016;
2. 1.6% of Average Annual Compensation times years of credited service after December 31, 1988 and before October 1, 2016;
3. 1.6% of Average Annual Compensation times years of credited service after December 31, 1982 and before January 1, 1989, but such number shall not exceed the number of years of future service credit after December 31, 1988;
4. 1.5% of Average Annual Compensation times years of credited service after December 31, 1982 and before January 1, 1989, that are not taken into account in (3) above;
5. 1.2% of Average Annual Compensation times years of credited service before January 1, 1983; and
6. The lesser of (a) or (b):
    a. 1% of Compensation received in the year preceding the participant's employer contribution date to the NYSNA pension plan times years of past service credit;
    b. 1% of the Average Compensation received during the three calendar years preceding the participant's employer contribution date to the NYSNA pension plan times years of past service credit.

    Past service credit is the period of covered employment prior to the employer's contribution date to the NYSNA plan.

The above calculation is offset by any benefits earned under the NYSNA Pension Plan.

Deferred Retirement

Deferred Retirement Date: First of any month after Normal Retirement Date.

Deferred Retirement Benefit: Benefits continue to accrue until actual retirement.

Nathan Littauer Hospital and Nursing Home Registered Nurses Plan
EIN 14-1338465, PN 002
2025 Schedule SB, Part V – Summary of Plan Provisions

Early Retirement

Early Retirement Date: First day of any month following the date on which he has reached age 60 with 5 years of vesting service.

Early Retirement Benefit: Determined in the same fashion as the Normal Retirement Pension but reduced by 0.5% for each month that commencement precedes Normal Retirement. Benefit is unreduced if terminate after age 60 with 20 or more years of credited service.

Disability Retirement

Disability Retirement Date: First day of the month coincident with or next following the date a Disabled Member terminates employment due to total and permanent disability. Must be age 50 with 15 years of vesting service.

Disability Retirement Benefit: Unreduced accrued benefit payable until the earlier of the Participant's Date of Death, Normal Retirement Date or date of recovery.

Vested Termination

Vested Termination Date: 100% after 5 Years of Service.

Termination Benefit: Accrued Benefit payable at Normal Retirement Date. Benefits may begin as early as age 60, with a reduction according to the same schedule as used for Early Retirement for commencement prior to age 65.

Preretirement Surviving Spouse Coverage

Preretirement Surviving Spouse Benefit Eligibility: A married, vested participant.

Preretirement Surviving Spouse Benefit: Monthly pension due to the spouse had the Joint and 50% Survivor option been elected immediately before the death of the participant.

Forms of Payment

Normal Forms: Life Annuity with 60 months guaranteed. A participant that is married must take the benefit in the form of a Joint and 50% Survivor benefit unless the spouse provides written consent to waive the Joint and 50% Survivor benefit.

Optional Forms: Joint and survivor (50%, 66-2/3% and 100%) with 60 months guaranteed, Joint and survivor (50% and 75%), 60 payments certain and life thereafter, 120 payments certain and life thereafter, Single life annuity

Voluntary Cashouts: Any benefit that would otherwise be payable to a participant who terminates or retires or to the qualified spouse of a participant who dies may elect to be paid in a lump sum if the actuarial equivalent value is less than $5,000.

The normal form of benefit is converted to an optional form of benefit based on the Plan's definition of Actuarial Equivalence.

For purposes of Actuarial Equivalence, the Plan uses the 1971 Group Annuity Mortality Table for males, setback 6 years for females and merged 95% female and 5% male for participants and 5% female and 95% male for beneficiaries and an interest rate of 7.00% for all options except lump sums.

Nathan Littauer Hospital and Nursing Home Registered Nurses Plan
EIN 14-1338465, PN 002
2025 Schedule SB, Part V – Summary of Plan Provisions

For lump sums, the applicable Code Section 417(e)(3) mortality table and the first, second, and third segment rates under Code Section 417(e)(3) published during November of the preceding year are used.

Maximum Benefit

The maximum benefit used to determine Plan benefits is limited as required by IRC Section 415(b).

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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

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

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

A Name of plan
Nathan Littauer Hospital & Nursing Home
Registered Nurses Plan

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Nathan Littauer Hospital
Association

D Employer Identification Number (EIN)
14-1338465

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

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

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2025

2 Assets:

a Market value	**2a**	24,144,107
b Actuarial value	**2b**	22,693,998

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	75	13,484,452	13,484,452
b For terminated vested participants	35	2,868,208	2,868,208
c For active participants	19	4,723,929	5,119,670
d Total	129	21,076,589	21,472,330

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	69,000
c Target normal cost	**6c**	69,000

Statement by Enrolled Actuary

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

SIGN HERE

Vicki Mazzie — Signature of actuary

10/09/2026 — Date

Vicki A Mazzie, FSA, EA, MAAA — Type or print name of actuary

26-06878 — Most recent enrollment number

Milliman — Firm name

(518)514-7100 — Telephone number (including area code)

3 Winners Circle
Suite 300
Albany NY 12205
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1,662,914
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	115,329
9	Amount remaining (line 7 minus line 8)	0	1,547,585
10	Interest on line 9 using prior year's actual return of 11.48%	0	177,663
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.10%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1,725,248

Part III Funding Percentages

14	Funding target attainment percentage	**14**	97.65%
15	Adjusted funding target attainment percentage	**15**	105.68%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	**16**	98.68%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	**17**	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► **18(b)**	0	**18(c)** 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	**19a**	
	b Contributions made to avoid restrictions adjusted to valuation date	**19b**	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	**19c**	

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	69,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	503,580	50,095
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	119,095

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	119,095	119,095

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	

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

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

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

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

NATHAN LITTAUER HOSPITAL AND NURSING HOME REGISTERED NURSES PLAN **Schedule I**

PLAN #002 EIN #14-1338465
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b) Identity of Issuer, 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
MONEY MARKET FUNDS				
	First Am Treasury Ob Fd Cl X	279,763 Shares	279,763	279,763
	First Am Treasury Ob Fd Cl X	291,171 Shares	291,171	291,171
	First Am Treasury Ob Fd Cl X	5,578 Shares	5,579	5,579
			576,513	576,513
MUTUAL FUNDS:				
	Domestic Equity Mutual Funds:			
	State Street Utilities Select Etf	500 Shares	20,086	21,345
	State Street Industrial Select Etf	300 Shares	25,702	46,536
	Schwab US Reit Etf	25,876 Shares	549,229	540,550
	State Street Energy Select Etf	2,000 Shares	55,250	89,420
	Vanguard Mid Cap Growth Index Etf	1,217 Shares	333,503	339,712
			983,769	1,037,563
	Closed End Equity Income Funds:			
	Ishares Russell 2000 Etf	3,600 Shares	643,049	886,176
	International Closed End Funds:			
	Causeway Emerging Markets Instl	20,105 Shares	208,374	290,518
	Ishares Russell Mid Cap Value Etf	6,937 Shares	722,645	978,464
	Ishares Russell Mid Cap Etf	20,606 Shares	1,246,004	1,983,740
	Ishares Msci Eafe Value Etf	13,111 Shares	619,865	936,257
	Ishares Msci Eafe Growth Etf	4,311 Shares	318,807	491,109
	Ishares Core Msci Emerging Mkts Etf	3,594 Shares	183,874	241,589
	Nyli Cbre Global Infrastructure Fd I	31,726 Shares	470,286	469,549
	Vanguard Ftse Developed Etf	26,000 Shares	1,171,751	1,624,220
	Vanguard Ftse Emerging Markets Etf	19,891 Shares	877,286	1,069,340
			5,818,892	8,084,786
	TOTAL MUTUAL FUNDS		7,445,710	10,008,525
U.S. GOVERNMENT BONDS AND NOTES OBLIGATIONS:				
	US Treasury	$50,000 principal amount, 4.375% due November 30, 2028	50,039	51,135
	FNMA #850566	$561.96 principal amount, 5.000% due January 1, 2036	551	577
	FNMA #867439	$380.86 principal amount, 5.000% due May 1, 2036	377	391
	GNMA #602786	$388.21 principal amount, 5.500% due February 15, 2033	389	391
	GNMA #632826	$2,123.93 principal amount, 5.000% due June 15, 2034	2,042	2,182
	GNMA #670111	$1,265.00 principal amount, 5.500% due July 15, 2037	1,246	1,324
	TOTAL U.S. GOVERNMENT BONDS AND NOTES OBLIGATIONS		54,645	56,000

The accompanying notes are an integral part of these schedules.

(Continued)

PLAN #002 EIN #14-1338465
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b) Identity of Issuer, 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
	CORPORATE BONDS:			
	Domestic corporate bonds:			
	Ally Bk Sandy	$100,000 principal amount, 3.350% due July 7, 2026	99,550	99,822
	Ally Bk Sandy	$300,000 principal amount, 3.750% due December 4, 2028	299,325	299,730
	American Express	$200,000 principal amount, 4.250% due February 26, 2030	199,400	203,036
	American Exp	$100,000 principal amount, 4.250% due March 5, 2030	99,700	101,557
	American Exp	$100,000 principal amount, 4.050% due April 9, 2030	99,700	100,779
	Apple Inc	$15,000 principal amount, 2.900% due September 12, 2027	14,983	14,816
	Axos Bk San	$50,000 principal amount, 3.750% due October 2, 2026	49,988	50,062
	Bank Amer Na	$100,000 principal amount, 4.800% due March 16, 2026	99,900	100,200
	Bank Amer Na	$100,000 principal amount, 4.100% due March 11, 2026	99,900	100,042
	Bank Of Ny Mtn	$10,000 principal amount, 2.800% due May 4, 2026	9,983	9,962
	Boston Properties LP	$10,000 principal amount, 2.750% due October 1, 2026	9,927	9,896
	Citigroup Inc Mtn	$207,000 principal amount, 6.48544% due November 24, 2027	200,583	206,880
	Discover Bk	$100,000 principal amount, 4.500% due October 12, 2027	99,675	101,419
	Discover Bk	$215,000 principal amount, 4.950% due November 16, 2026	214,570	217,608
	Elevance Health	$25,000 principal amount, 3.650% due December 1, 2027	24,950	24,881
	Entergy Corp	$10,000 principal amount, 2.950% due September 1, 2026	9,742	9,926
	Gatx Corp	$30,000 principal amount, 3.250% due September 15, 2026	29,789	29,843
	Goldman Sachs	$250,000 principal amount, 4.250% due March 13, 2028	249,563	252,810
	Goldman Sachs	$200,000 principal amount, 3.850% due August 19, 2030	199,170	199,808
	Goldman Sachs	$100,000 principal amount, 3.750% due October 22, 2029	99,690	99,754
	Goldman Sachs	$100,000 principal amount, 3.750% due October 21, 2030	99,600	99,451
	Healthcare Realty	$20,000 principal amount, 3.625% due January 15, 2028	19,884	19,393
	Home Depot Inc	$5,000 principal amount, 2.125% due September 15, 2026	4,945	4,942
	Morgan Stanley	$100,000 principal amount, 4.450% due February 8, 2027	99,850	100,918
	Morgan Stanley Mtn	$15,000 principal amount, 3.625% due January 20, 2027	14,850	14,961
	Morgan Stanley	$100,000 principal amount, 4.450% due February 8, 2027	99,850	100,918
	Morgan Stanley	$75,000 principal amount, 3.850% due September 10, 2030	74,700	74,942
	Morgan Stanley	$200,000 principal amount, 3.850% due September 10, 2029	199,400	200,210
	Oracle Corp	$15,000 principal amount, 3.250% due November 15, 2027	14,983	14,674

PLAN #002 EIN #14-1338465
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b) Identity of Issuer, 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
	CORPORATE BONDS (Continued):			
	Domestic corporate bonds (Continued):			
	Pepsico Inc	$5,000 principal amount, 2.375% due October 6, 2026	4,999	4,950
	Charles Schwab	$15,000 principal amount, 3.200% due March 2, 2027	15,027	14,881
	Charles Schwab Corp	$200,000 principal amount, 3.200% due January 25, 2028	203,829	197,258
	Texas Exchange	$85,000 principal amount, 4.200% due August 14, 2028	84,890	85,944
	Texas Exchange	$200,000 principal amount, 4.000% due April 25, 2029	199,400	201,250
	Toyota Finl	$100,000 principal amount, 4.650% due June 13, 2029	99,650	102,692
	Ubs Bk USA	$200,000 principal amount, 3.900% due November 26, 2030	199,200	200,198
	Ubs Bk USA Salt	$50,000 principal amount, 4.850% due November 22, 2027	49,900	51,056
	Verizon Comm Inc	$250,000 principal amount, 4.400% due November 1, 2034	293,918	241,205
	Wells Fargo Bank	$50,000 principal amount, 5.000% due May 29, 2026	49,950	50,262
	Wells Fargo Mtn	$150,000 principal amount, 3.9528% due October 26, 2027	139,125	148,060
	Welltower Inc	$10,000 principal amount, 4.250% due April 1, 2026	9,938	9,999
	Zoetis Inc	$5,000 principal amount, 3.000% due September 12, 2027	4,972	4,927
			4,192,948	4,175,922
	Foreign Bonds:			
	Bank of Nova Mtn	$96,000 principal amount, 3.51737% due January 30, 2026	88,680	95,914
	TOTAL CORPORATE BONDS		4,281,628	4,271,836
	MUNICIPAL BONDS:			
	El Paso Tx	$200,000 principal amount, 3.000% due August 15, 2039	210,879	181,334
	Forney Tx Indpt Sch	$100,000 principal amount, 3.000% due August 15, 2037	108,041	95,630
	Multnomah Cnty Or	$100,000 principal amount, 3.000% due June 15, 2036	106,729	95,498
	Stephenville Tx	$150,000 principal amount, 3.650% due February 15, 2032	150,000	145,992
	TOTAL MUNICIPAL BONDS		575,649	518,454

The accompanying notes are an integral part of these schedules.

(Continued)

PLAN #002 EIN #14-1338465
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b) Identity of Issuer, 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
	COMMON STOCKS:			
	Domestic Stocks:			
	AT&T Inc	1,200 Shares	25,128	29,808
	Abbott Labs Com	575 Shares	52,416	72,042
	Abbvie Inc	475 Shares	46,877	108,533
	Alphabet Inc Cl C	500 Shares	11,561	156,900
	Alphabet Inc Cl A	1,100 Shares	38,888	344,300
	Amazon Com Inc	1,330 Shares	115,485	306,991
	American Elec Pwr Co Inc Com	400 Shares	28,958	46,124
	Amgen Inc	135 Shares	23,831	44,187
	Amphenol Corp Cl A	1,525 Shares	42,269	206,089
	Analog Devices Inc	220 Shares	14,801	59,664
	Elevance Health Inc	75 Shares	11,755	26,291
	Apple Inc Com	1,475 Shares	49,174	400,994
	Applied Materials Inc	300 Shares	46,025	77,097
	Bank Of America Corp	2,850 Shares	84,576	156,750
	Berkshire Hathaway Inc Cl B	120 Shares	59,694	60,318
	Broadcom Inc	425 Shares	72,623	147,093
	Cme Group Inc	80 Shares	15,999	21,846
	Caterpillar Inc	400 Shares	68,849	229,148
	Chevron Corporation	800 Shares	96,265	121,928
	Costco Whsl Corp	125 Shares	39,313	107,793
	Danaher Corp	300 Shares	38,789	68,676
	Meta Platforms Inc	450 Shares	102,095	297,041
	Goldman Sachs Group Inc	160 Shares	79,195	140,640
	Home Depot Inc	300 Shares	59,497	103,230
	Honeywell Intl Inc	225 Shares	37,878	43,895
	JP Morgan Chase Co	1,045 Shares	87,487	336,720
	Johnson & Johnson	425 Shares	48,604	87,954
	Eli Lilly Co	110 Shares	84,739	118,215
	Marathon Petroleum Corp	220 Shares	34,876	35,779
	Mastercard Inc	265 Shares	52,577	151,283
	Mercadolibre Inc	31 Shares	60,894	62,442
	Microsoft Corp Com	900 Shares	98,935	435,258
	Micron Technology Inc	950 Shares	54,497	271,140
	Netflix Com Inc	350 Shares	38,921	32,816
	Nvidia Corp	2,800 Shares	50,927	522,200
	O Reilly Automotive Inc	1,500 Shares	40,709	136,815
	PNC Finl Svcs Group Inc Com	400 Shares	51,833	83,492
	Palo Alto Networks Inc	350 Shares	35,692	64,470
	Parker Hannifin Corp	125 Shares	47,681	109,870
	Pepsico Inc	200 Shares	16,096	28,704
	Qualcomm Inc Com	275 Shares	26,768	47,039
	Quanta Svcs Inc Com	150 Shares	40,500	63,309
	Rtx Corporation	300 Shares	20,007	55,020
	Republic Svcs Inc	275 Shares	25,396	58,281
	Roper Technologies Inc Com	100 Shares	36,590	44,513
	S P Global Inc Com	75 Shares	30,844	39,194
	Salesforce Inc	150 Shares	29,103	39,737
	Schwab Charles Corp Com	1,000 Shares	41,464	99,910
	Servicenow Inc Com	200 Shares	8,061	30,638
	Southern Copper Corp Del	1 Share	1	145
	Stryker Corp	120 Shares	18,223	42,176
	Tesla Inc	200 Shares	83,630	89,944
	Texas Instrs Inc Com	225 Shares	27,221	39,035
	Thermo Fisher Scientific Inc	100 Shares	27,775	57,945
	Transdigm Group Inc	80 Shares	29,212	106,388
	Uber Technologies Inc	550 Shares	42,342	44,941
	Union Pacific Corp Com	200 Shares	22,681	46,264
	Unitedhealth Group Inc Com	200 Shares	52,959	66,022
	Verizon Communications Inc Com	500 Shares	29,140	20,365
	Vertex Pharmaceuticals Inc Com	100 Shares	40,284	45,335
	Vertiv Holdings Co	550 Shares	42,688	89,105
	Visa Inc Com Cl A	175 Shares	39,899	61,373
	Walmart Inc Com	1,700 Shares	58,758	189,396
	Xylem Inc Com	350 Shares	23,708	47,662
			2,863,663	7,278,273

(a)	(b) Identity of Issuer, 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
	Foreign Stocks:			
	Credicorp Ltd	10 Shares	1,462	2,870
	Eaton Corp Plc Shs	110 Shares	32,500	35,036
	Linde Plc Shs	240 Shares	46,819	102,334
	Alcon Inc	31 Shares	1,946	2,443
	Chubb Limited Com	250 Shares	34,509	78,030
	Asml Holding Nv Ny Reg Shs A D R	7 Shares	5,516	7,489
	Aia Group Ltd A D R	131 Shares	4,257	5,375
	Adyen Nv Unspon A D R	164 Shares	1,994	2,619
	Air Liquide S A A D R	57 Shares	1,075	2,141
	Alfa Laval Ab A D R	80 Shares	2,300	4,019
	Allianz SE Unsp A D R	164 Shares	3,835	7,544
	Assa Abloy Ab A D R	137 Shares	1,508	2,645
	Atlas Copco Ab Spons A D R	104 Shares	839	1,863
	Banco Bilbao Vizcaya Argen A D R	201 Shares	1,656	4,685
	Canadian Natl Railway Co	14 Shares	1,087	1,384
	Chugai Pharmaceutic Unsp A D R	189 Shares	2,663	4,965
	Coloplast A S A D R	133 Shares	1,622	1,131
	Compass Group Plc A D R	58 Shares	1,990	1,855
	Contemporary Amperex Techno A D R	231 Shares	3,726	3,724
	Dbs Group Hldgs Ltd Spon A D R	48 Shares	3,573	8,429
	Daifuku Co Ltd Unsp A D R	148 Shares	1,492	2,313
	Dassault Systemes Sa A D R	56 Shares	1,786	1,564
	Disco Corp A D R	235 Shares	6,999	7,158
	Epiroc Aktiebolag Sponsored A D R	128 Shares	1,233	2,888
	Fomento Economico Mex Sp A D R	54 Shares	4,531	5,458
	Genmab A S Sp A D R	86 Shares	3,291	2,649
	Grupo Fin Banorte Spon A D R	44 Shares	1,646	2,043
	Hdfc Bank Ltd A D R	169 Shares	5,055	6,175
	Haier Smart Home Co Ltd A D R	176 Shares	2,439	2,179
	Haleon Plc Spon Ads A D R	405 Shares	3,582	4,095
	Loreal Unspon A D R	56 Shares	3,187	4,796
	Lastertec Corp A D R	121 Shares	4,720	4,594
	M3 Inc A D R	281 Shares	2,134	1,871
	Manulife Financial Corp	117 Shares	2,092	4,245
	Netease Inc A D R	21 Shares	2,276	2,890
	Nice Ltd A D	30 Shares	3,791	3,391
	Novartis Ag A D R	15 Shares	1,724	2,068
	Novonesis Novozymes B A D R	23 Shares	1,196	1,463
	Obic Co Ltd A D R	146 Shares	2,625	2,273
	P T Telekomunikasi Indonesia A D R	104 Shares	2,466	2,189
	Ping An Insurance A D R	95 Shares	2,077	1,594
	Rio Tinto Plc A D R	52 Shares	2,919	4,162
	Roche Holdings Ltd Spon A D R	92 Shares	2,946	4,744
	Shell Plc Spon A D R	77 Shares	4,656	5,658
	Ryanair Holdings Plc Sponsored Adr	34 Shares	1,916	2,454
	S F Hldg Co Ltd A D R	84 Shares	1,673	1,491
	Safran Sa Unspon A D R	25 Shares	2,091	2,176
	Schneider Elect SE Unsp A D R	92 Shares	3,266	5,054
	Sea Ltd A D R	10 Shares	1,886	1,276
	Shionogi Co Ltd Unspon A D R	234 Shares	2,207	2,101
	Sonova Holding Unspon A D R	25 Shares	786	1,292
	Sony Group Corporation A D R	164 Shares	3,028	4,198
	Sony Financial Group Inc A D R	31 Shares	159	162
	Symrise Ag Unspon A D R	77 Shares	1,585	1,549
	Sysmex Corp Unspon A D R	200 Shares	4,302	1,950
	Taiwan Semiconductor A D R	29 Shares	1,667	8,813
	Techtronic Industries Sp A D R	25 Shares	1,814	1,440
	Tencent Hldgs Ltd A D R	97 Shares	6,126	7,426
	Uni Charm Corporation A D R	498 Shares	2,664	1,400
			260,910	405,823
	TOTAL COMMON STOCKS		3,124,573	7,684,096

NATHAN LITTAUER HOSPITAL AND NURSING HOME REGISTERED NURSES PLAN **Schedule I**

PLAN #002 EIN #14-1338465
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b) Identity of Issuer, 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
	FIXED INCOME SECURITIES:			
	American Century High Income Fd Y Cl	41,062 Shares	372,115	360,939
	Angel Oak Multi Strategy Income	46,732 Shares	423,027	408,442
	Artisan High Income Fund	53,759 Shares	554,793	494,583
	Ishares Core U.S. Aggregate Bond Etf	2,129 Shares	217,055	212,645
	Ishares Ibonds Dec 2033 Term Etf	3,882 Shares	99,667	101,475
	Ishares Ibonds Dec 2032 Term Etf	3,978 Shares	99,756	101,558
	Ishares Ibonds Dec 2031 Etf	4,811 Shares	99,823	101,753
	Ishares Ibonds Dec 2030 Term Etf	10,616 Shares	234,415	234,295
	Schwab U S Tips Etf	14,247 Shares	386,119	377,403
	Stone Ridge Hy Reinsur I	109,343 Shares	971,910	974,244
	TOTAL FIXED INCOME SECURITIES		3,458,680	3,367,337
	CASH	Cash	7,134	7,134
	TOTAL INVESTMENTS		$ 19,524,532	$ 26,489,895

The accompanying notes are an integral part of these schedules.