Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ST. JOHNLAND RETIREMENT INCOME PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1966

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)
ST. JOHNLAND NURSING CENTER AND THE SOCIETY FOR ST. JOHNLAND

395 SUNKEN MEADOW ROAD
KINGS PARK, NY 11754-1000

2b Employer Identification Number (EIN) 11-3109867

2c Plan Sponsor's telephone number 631-663-2797

2d Business code (see instructions) 623000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	MICHAEL TRETOLA
	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 ☐ Same as Plan Sponsor

THE ADMINISTRATOR OF THE SOCIETY OF ST. JOHNLAND

395 SUNKEN MEADOW ROAD
KINGS PARK, NY 11754-1000

3b Administrator's EIN: 51-0195620

3c Administrator's telephone number: 631-663-2797

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	485
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)**	52
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	42
b	Retired or separated participants receiving benefits	**6b**	235
c	Other retired or separated participants entitled to future benefits	**6c**	193
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	470
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	7
f	Total. Add lines **6d** and **6e**.	**6f**	477
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 1I

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)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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
ST. JOHNLAND RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ST. JOHNLAND NURSING CENTER AND THE SOCIETY FOR ST. JOHNLAND

D Employer Identification Number (EIN)
11-3109867

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**	19963078
b Actuarial value	**2b**	18995104

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	221	13009472	13009472
b For terminated vested participants	213	5801733	5801733
c For active participants	52	1616290	1616382
d Total	486	20427495	20427587

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**	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	125000
c Target normal cost	**6c**	125000

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

09/29/2026
Date

VICKI MAZZIE, FSA, EA
Type or print name of actuary

26-06878
Most recent enrollment number

MILLIMAN, INC.
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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 9.50 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		230
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 5.17 %		12
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		242
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	92.98 %
15	Adjusted funding target attainment percentage	15	92.98 %
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	94.58 %
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
09/08/2026	327500	0			
			Totals ► 18(b)	327500	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	0
b	Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	289047

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? [ ] Yes [X] 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: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
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**	125000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1432483	163543
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**	288543

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

36 Additional cash requirement (line 34 minus line 35)	**36**	288543
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	289047
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	504
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
ST. JOHNLAND RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ST. JOHNLAND NURSING CENTER AND THE SOCIETY FOR ST. JOHNLAND

D Employer Identification Number (EIN)
11-3109867

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

BAIRD ASSET MANAGEMENT
777 E WISCONSIN AVENUE
MILWAUKEE, WI 53202

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

BLACKROCK FUND ADVISORS
50 HUDSON YARDS
NEW YORK, NY 10001

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

HARTFORD SCHRODERS
690 LEE ROAD
WAYNE, PA 19087

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

JP MORGAN INVESTMENT MGMT CO
383 MADISON AVENUE
NEW YORK, NY 10179

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

LOOMIS SAYLES

ONE FINANCIAL CENTER
BOSTON, MA 02111

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

PACIFIC INVESTMENT MGMT CO

650 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92260

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

WESTERN ASSET MANAGEMENT

385 EAST COLORADO BLVD
PASADENA, CA 91101

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

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

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

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

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

BANK OF AMERICA

94-1687665

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 52 62	NONE	39063	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

FIRST STATE TRUST

13-3124172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	16334	Yes [ ] No [X]	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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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
ST. JOHNLAND RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ST. JOHNLAND NURSING CENTER AND THE SOCIETY FOR ST. JOHNLAND

D Employer Identification Number (EIN)
11-3109867

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)	462000	327500
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	24525	28638
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	833375	309878
(2) U.S. Government securities	1c(2)	0	94590
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	1711120
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	964190
(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)	11266210	17362128
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	7392708	0

		(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	19978818	20798044
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	19978818	20798044

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)	327500	
(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)		327500
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	14607	
(B) U.S. Government securities	2b(1)(B)	1623	
(C) Corporate debt instruments	2b(1)(C)	38000	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	11	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		54241
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1289	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	386722	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		388011
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	32724759	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	31979399	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		745360
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-31652	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-31652

		(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)		942307
c Other income	2c		159029
d Total income. Add all **income** amounts in column (b) and enter total	2d		2584796
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1631924	
(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)		1631924
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)	4999	
(6) Bank or trust company trustee/custodial fees	2i(6)	55397	
(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)	73250	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		133646
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1765570
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		819226
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 583594.

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
ST. JOHNLAND RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ST. JOHNLAND NURSING CENTER AND THE SOCIETY FOR ST. JOHNLAND

D Employer Identification Number (EIN)
11-3109867

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): 94-1687665 13-3124172

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** 6

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_____.

ST. JOHNLAND RETIREMENT INCOME 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

October 9, 2026

To the Retirement Plan Committee of
St. Johnland Retirement Income Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit
We have performed audits of the accompanying financial statements of St. Johnland Retirement Income Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements 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 Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

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

- The amounts and disclosures in the 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).

171 Sully's Trail
Pittsford, NY 14534
p (585) 381-1000
f (585) 381-3131

www.bonadio.com

(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 the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)
In performing an audit in accordance with generally accepted auditing standards, we:

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

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA
The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions as of and for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

- The information in the supplemental schedules related to assets held by and certified to by qualified institutions 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).

ST. JOHNLAND RETIREMENT INCOME PLAN

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

	2025	2024
ASSETS		
Cash	$ 309,878	$ -
Investments, at fair value	20,132,028	19,492,293
Accrued income	28,638	24,525
Employer contributions receivable	327,500	462,000
NET ASSETS AVAILABLE FOR BENEFITS	$ 20,798,044	$ 19,978,818

The accompanying notes are an integral part of these statements.

ST. JOHNLAND RETIREMENT INCOME PLAN

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

	2025	2024
ADDITIONS:		
Investment income -		
Net appreciation in fair value of investments	$ 1,656,015	$ 1,312,836
Interest and dividends	601,281	463,529
Total investment income	2,257,296	1,776,365
EMPLOYER CONTRIBUTIONS	327,500	462,000
Total additions	2,584,796	2,238,365
DEDUCTIONS:		
Benefits paid to participants	1,631,924	1,435,958
Administrative expenses	133,646	195,840
Total deductions	1,765,570	1,631,798
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	819,226	606,567
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	19,978,818	19,372,251
NET ASSETS AVAILABLE FOR BENEFITS - end of year	$ 20,798,044	$ 19,978,818

The accompanying notes are an integral part of these statements.

1. DESCRIPTION OF PLAN

The following description of the St. Johnland Retirement Income Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit plan which provides pension benefits for eligible employees of St. Johnland Nursing Center and The Society for St. Johnland (collectively, the Sponsors) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan includes substantially all employees, as defined in the Plan document, of the Sponsors who completed one year of service, defined by 1,000 hours, and were age 21 or older as of June 30, 2011. Effective June 30, 2011, the Plan was amended to prohibit new participants from entering the Plan and froze benefit accruals for service credits.

Contributions and Funding Policy

The Sponsors' present intention is to make contributions in amounts that are sufficient to annually fund the Plan's current service cost and the initial past-service costs plus interest over a period of 30 years. For Plan years 2025 and 2024, the Sponsors made contributions of $327,500 and $462,000, respectively, which exceeded the minimum funding requirements of ERISA for each year.

Pension Benefits

The normal retirement at age 65 qualifies a participant for a monthly income for life based upon average monthly earnings during five consecutive years in the final ten years of service affording the highest such average. The monthly pension benefit amounts to 1 percent of final average earnings up to covered compensation plus 1.6 percent of final average earnings in excess of covered compensation multiplied by credit service not in excess of 30 years. Covered compensation refers to the average of the maximum amount of earnings which are subject to the Social Security tax in the 35-year period ending with the year Social Security retirement age is attained.

Early retirement benefits are available to any participant who has attained age 58 and has completed 10 years of service. The benefits for early retirement are adjusted 6.75% of each year up to five years that commencement of payments precedes age 65 plus 3.33% for each year that benefit commencement precedes age 60.

A member whose service is terminated after five years qualifies for a deferred pension commencing at age 65 based on plan credits earned to the time of termination. Participants became vested after five years of vesting service at which point they become fully vested.

Disability and Death Benefits

Disability retirement benefit is calculated in the same way as normal retirement benefit except that monthly final average earnings will be the highest 12 consecutive months in the 36-month period before disablement. Years of credited service will be the total credited service (maximum of 30 years) that would have been earned at normal retirement date had the employee continued to work for the sponsors until that time.

1. DESCRIPTION OF PLAN (Continued)

Disability and Death Benefits (Continued)

Before Commencement of Retirement Benefit

1. The participant's spouse may be entitled to a benefit if employee's death occurs after having been married for 12 months, and

    a. Death occurs while still working for the Sponsors and after being entitled to a normal, postponed, early, or vested retirement benefit, or

    b. The participant terminates employment after being entitled to a vested retirement benefit, and death occurs before receiving vested retirement benefits.

2. If the participant was eligible for early retirement on date of death, spouse can choose to receive the benefit immediately or defer payment to Normal Retirement Date.

3. If the participant was not yet age 58 but had completed 10 years of vested service as of date of death, benefit payments can begin to spouse on the first day of the month after the date employee would have reached age 58. If employee had less than 10 years of vesting service, spouse will not be able to commence benefits until the participant's normal retirement date.

4. The benefit payable to spouse will be one-half of the 50 percent joint and survivor annuity payments that would have been payable to the participant. This benefit will be payable for spouse's lifetime.

After Commencement of Retirement Benefit

1. Death benefit coverage will extend only to the date on which employee retires. After that, any death benefits payable will be provided under the form of payment in effect.

2. Also, if a participant has entitlement to a normal, postponed, early, or vested retirement benefit but dies after electing the form of payment for the benefit but before the benefit begins to be paid, a benefit will be payable to spouse or designated beneficiary in accordance with the form of payment the participant elected.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Sponsors and are excluded from these financial statements. The Plan pays for fees related to investment advisory services and actuarial services. Investment expenses related to fund management are included in net appreciation in fair value of investments, rather than a direct payment from the Plan.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan are prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition
Investments are reported at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. The Sponsor's Investment Committee determines the Plan's valuation policies utilizing information provided by its investment advisors and custodians.

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

Fair Value Measurement - Definition and Hierarchy
GAAP provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair market value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under GAAP are described below:

- 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.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Following is a description of the valuation methodology used for assets measured at fair value.

- Mutual funds, common stocks, exchange-traded funds, money market funds, and the U.S. treasury obligation are stated at fair value based on quoted prices in active markets as reported by the Plan's trustee (Level 1).

- Corporate and foreign bonds are valued using pricing models maximizing the use of observable inputs for similar securities (Level 2).

Cash is carried at cost, which approximates fair value due to its short-term nature. As such, cash is not included within the fair value hierarchy.

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.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Risks and Uncertainties

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

Plan contributions 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 this process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the accompanying financial statements.

Benefit Payments

Benefit payments to participants are recorded upon distribution.

Accumulated Plan Benefits

Accumulated plan benefits are those estimated 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 or terminated employees or their beneficiaries,

2. Beneficiaries of employees who have died, and

3. Present employees or their beneficiaries.

Actuarial Present Value of Accumulated Plan Benefits

Benefits for employees or their beneficiaries are based on employees' compensation (as defined in the Plan document) 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, 2025) 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.

Estimates

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the amounts reported in financial statements and accompanying notes. Actual results could differ from those estimates.

3. CERTIFIED INVESTMENT INFORMATION

The following information, certified as complete and accurate by Bank of America, N.A. (Bank of America) for the period January 1, 2024 through December 31, 2025 and First State Trust Company (First State) for the period October 1, 2025 through December 31, 2025, is included in the accompanying financial statements and schedule:

	2025	2024
Cash	$ 309,878	$ -
Investments, at fair value	$ 20,132,028	$ 19,492,293
Accrued income	$ 28,638	$ 24,525
Total investment income	$ 2,257,296	$ 1,776,365
Schedule of Assets (Held at End of Year)	Schedule I	
Schedule of Reportable Transactions	Schedule II	

4. 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
Mutual funds	$17,362,127	$ -	$ -	$ 17,362,127
Corporate and foreign bonds	-	1,711,121	-	1,711,121
Common stocks	964,190	-	-	964,190
U.S. treasury obligations	94,590	-	-	94,590
	$ 18,420,907	$ 1,711,121	$ -	$20,132,028

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
Mutual funds	$ 11,266,212	$ -	$ -	$ 11,266,212
Exchange traded funds	7,392,706	-	-	7,392,706
Money market funds	833,375	-	-	833,375
	$ 19,492,293	$ -	$ -	$ 19,492,293

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 service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances - retirement, death, and termination of employment - are included to the extent they are deemed attributable to service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by a qualified independent actuary and is that amount that results from applying actuarial assumptions to adjust 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, withdrawal or retirement) between the valuation date and the expected date of payment.

Significant assumptions underlying the actuarial computations at January 1, 2025 are:

Life expectancy of participants	Pri-2012 Total Dataset Employee/Retiree Sex-Distinct Amount-Weighted Mortality Tables with full generational projection using scale MP-2021.
Normal retirement age	65
Discount rate	5.33%
Expected rate of return	6.75%

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

The accumulated plan benefit information as of January 1, 2025 was as follows:

Actuarial present value of accumulated plan benefits	
Vested benefits:	
Active participants	$ 1,368,894
Participants with deferred benefits	4,883,949
Participants in pay status	11,865,449
Nonvested benefits	121
	$ 18,118,413

Changes in the actuarial present value of accumulated plan benefits were as follows:

Actuarial present value of accumulated plan benefits, beginning of year	$ 18,298,440
Actuarial gain	68,459
Reduction in discount period	1,187,472
Benefits paid	(1,435,958)
	$ 18,118,413

6. PLAN TERMINATION

The Sponsors have the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

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

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

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

c. Other vested benefits insured by Pension Benefit Guaranty Corporation (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 nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

7. TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service dated January 14, 2010, stating that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code and therefore not subject to tax. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

8. PARTY-IN-INTEREST TRANSACTIONS

Bank of America is the trustee of the Plan's assets. On October 1, 2025, First State also became a trustee of majority of the Plan's assets. Investment management service fees charged by Bank of America, N.A., the Plan's trustee, are paid by the Plan. In 2025 and 2024, fees paid by the Plan to Bank of America for investment management services were $55,397 and $51,465, respectively. In addition, the Plan invests in certain funds that are managed by the Plan's trustee. Transactions with Bank of America, First State and JP Morgan qualify as party-in-interest transactions.

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

While net assets available for benefits and change in net assets available for benefits agree between the financial statements and Form 5500 in total as of and for the year ended December 31, 2025 and 2024, certain classifications may differ between the financial statements and Form 5500.

10. SUBSEQUENT EVENTS

On March 25, 2026, the Sponsors' Board of Directors adopted a resolution to terminate the Plan effective June 30, 2026. As part of the termination, the Plan will allow a one-time lump sum distribution window from June 1, 2026 through June 30, 2026. The Plan termination remains subject to the completion of applicable termination procedures and regulatory requirements.

Subsequent events have been evaluated through October 9, 2026, which is the date the financial statements were available to be issued.

ST. JOHNLAND RETIREMENT INCOME PLAN Schedule I

PLAN #001 EIN #11-3109867
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	CASH			
*	FDIC Bank Deposit Fund FST	31,151 shares	$ 31,151	$ 31,151
*	Jpmorgan Deposit Acct A Advisory Non Ret Jpmc	278,727 shares	278,727	278,727
	Total Cash		309,878	309,878
	U.S. TREASURY OBLIGATION:			
	United States Treas Nts 4.1250% 01/31/27	94,000 shares	95,340	94,590
	Total U.S. Treasury Obligation		95,340	94,590
	MUTUAL FUNDS:			
	Blackrock Liqui/fedfund Cap Shs	6,231 shares	6,231	6,231
	Fidelity 500 Index Institutional Prem	11,689 shares	2,736,752	2,778,597
	Fimm Trsy Only Prt Instl	39 shares	39	39
	Financial Select Sector SPDR	8,007 shares	430,616	438,543
	Industrial Select SPDR	396 shares	61,485	61,428
	iShares US Treasury Bond ETF	11,013 shares	253,850	253,574
*	J P Morgan Exchange-traded Fd	868 shares	61,523	63,624
*	J P Morgan Exchange-traded Fd	2,775 shares	246,087	258,075
*	J P Morgan Exchange-traded Fd	7,140 shares	491,732	470,597
*	J P Morgan Exchange-traded Fd	3,231 shares	184,555	181,905
*	J.P. Morgan Exchange-traded Fund Trust	4,953 shares	251,860	252,900
*	Jpmorgan Income Fund Class R6	23,576 shares	202,755	202,993
	Pimco Fds Pac Invt Mgmt Ser	55,100 shares	507,484	506,924
	PIMCO Income Instl Fund	23,088 shares	251,428	253,737
	Shares Tr Core Intl Aggr	10,995 shares	563,824	549,860
	Six Circles Tr/managed Equity Port	149,272 shares	2,460,001	2,497,319
	Six Circles Tr/managed Equity Portf	230,721 shares	5,535,003	5,599,605
	Six Circles Trust	27,884 shares	253,193	252,631
	Six Circles Trust	143,456 shares	1,225,147	1,209,338
	Vanguard Emerg Mkts Gov Bnd	3,011 shares	201,180	203,032
	Vanguard Intermediate Term Invest GradeFund	34,058 shares	304,136	304,136
	Vanguard Total International Bond	21,048 shares	1,037,877	1,017,039
	Total Mutual Funds		17,266,758	17,362,127

The accompanying notes are an integral part of these schedules.

PLAN #001 EIN #11-3109867
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
COMMON STOCKS:				
	3m Co	70 shares	$ 10,920	$ 11,207
	Abbott Labs	45 shares	6,015	5,638
	AbbVie Inc	35 shares	8,034	7,997
	Advanced Micro Devices Inc	40 shares	10,155	8,566
	Alibaba Group Holding ADR	61 shares	11,385	8,941
	Alnylam Pharmaceuticals Inc	11 shares	4,998	4,374
	Alphabet Inc Cl C	181 shares	47,207	56,798
	Amazon Com Inc	124 shares	27,462	28,622
	Amphenol Corp New	58 shares	7,401	7,838
	Apple Computer Inc	269 shares	68,993	73,130
	Applovin Corp	14 shares	9,309	9,433
	Arista Networks Inc Com Shs	8 shares	1,205	1,048
	Autozone Inc	1 share	4,168	3,392
	Berkshire Hathaway Inc-Cl B	7 shares	3,498	3,519
	Booking Hldgs Inc	2 shares	10,787	10,711
	Broadcom Inc	141 shares	47,757	48,800
	Carvana Co	19 shares	7,080	8,018
	Celestica Inc	14 shares	3,356	4,139
	Charles Schwab Corp	62 shares	5,838	6,194
	Cheniere Energy Inc	5 shares	1,167	972
	Ciena Corp	22 shares	4,372	5,145
	Cloudflare Inc	44 shares	9,855	8,675
	Coca Cola Co	77 shares	5,072	5,383
	Crowdstrike Hldgs Inc	12 shares	6,017	5,625
	D R Horton Inc	27 shares	4,626	3,889
	Deere & Co	7 shares	3,200	3,259
	Doordash Inc	19 shares	5,359	4,303
	Ge Vernova Inc	22 shares	13,177	14,379
	General Electric Co	42 shares	12,508	12,937
	Gilead Sciences Inc	55 shares	6,205	6,751
	Goldman Sachs Group Inc	21 shares	16,696	18,459
	Hims & Hers Health Inc	94 shares	5,024	3,052
	Insmed Inc	85 shares	13,370	14,793
	Intercontinental Exchange Inc	4 shares	634	648
	International Business Machines Corp	46 shares	13,344	13,626
	Intuit	10 shares	6,724	6,624
	Intuitive Surgical Inc	5 shares	2,678	2,832
	Johnson & Johnson	47 shares	9,329	9,727
	Lam Research Corp	5 shares	756	856
	Lilly Eli & Co	19 shares	19,577	20,419
	Lumentum Hldgs Inc	5 shares	1,819	1,843
	Mastercard Inc-A	47 shares	27,118	26,831
	McDonald's Corporation	15 shares	4,449	4,584
	McKesson Corp. Common Stock	7 shares	5,468	5,742
	Mercadolibre Inc	2 shares	4,320	4,029
	Meta Platforms Inc CL A (FB)	38 shares	27,160	25,083
	Microsoft Corp	196 shares	103,817	94,790
	Natera Inc	48 shares	8,828	10,996
	Netflix Com Inc	76 shares	8,820	7,126
	Nvidia Corp	687 shares	127,710	128,126
	Oracle Corporation	55 shares	16,015	10,720
	Palantir Technologies Inc	88 shares	15,885	15,642
	Palo Alto Networks Inc	13 shares	2,765	2,395
	Philip Morris International	63 shares	9,612	10,105
	Quanta Services Incorporated	12 shares	5,134	5,065
	Raytheon Technologies Corp	35 shares	6,040	6,419
	Robinhood Mkts Inc	94 shares	13,092	10,631
	Roblox Corp	65 shares	8,231	5,267
	Rocket Lab Corp	27 shares	1,886	1,884
	Sea Ltd	43 shares	8,048	5,486
	Servicenow Inc.	30 shares	5,487	4,596
	Shopify Inc-Class A	76 shares	12,563	12,234
	Snowflake Inc	11 shares	2,686	2,413
	Sofi Technologies Inc	300 shares	8,259	7,854
	Spotify Technology S A	1 share	683	581
	Taiwan Semiconductor Spons Adr	31 shares	9,265	9,421
	Tesla Motors	84 shares	37,894	37,776
	Trane Technologies Plc	7 shares	2,983	2,724
	Transdigm Group Inc	1 share	1,295	1,330
	Twilio Inc	13 shares	1,421	1,849
	Uber Technologies Inc	30 shares	3,025	2,451
	Visa Inc-Class A	11 shares	3,839	3,858
	Vistra Energy Corp	17 shares	3,420	2,743
	Wal Mart Stores Inc	141 shares	14,711	15,709
	Western Digital Corp	30 shares	5,223	5,168
	Total Common Stocks		974,229	964,190

The accompanying notes are an integral part of these schedules.

ST. JOHNLAND RETIREMENT INCOME PLAN Schedule I

PLAN #001 EIN #11-3109867
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
CORPORATE AND FOREIGN BONDS:				
	Altria Grp I 6.8750% 11/01/33	33,000 shares	$ 38,448	$ 37,292
	American Tower Corp Sr Glbl 5.4500% 02/15/34	36,000 shares	37,827	37,387
	AT&T Inc 1.700% 03/25/26	37,000 shares	36,631	36,812
	BAT Cap Co 6.421% 08/02/33	34,000 shares	37,860	37,528
	Block Finl LLC 2.500% 07/15/28	39,000 shares	37,288	37,226
	Boyd Gaming Corp 4.750% 12/01/27	52,000 shares	52,687	51,920
	Brown & Brown I 5.650% 06/11/34	36,000 shares	38,163	37,201
	Carlisle Cos Inc 2.200% 03/01/32	43,000 shares	37,401	37,531
	CCO Hldgs LLC 4.500% 05/01/32	57,000 shares	53,160	51,208
	CDW LLC 3.250% 02/15/29	39,000 shares	37,665	37,514
	Conagra Brands Inc 4.850% 11/01/28	37,000 shares	38,234	37,428
	Crown Castle Inc 5.800% 03/01/34	35,000 shares	37,179	36,751
	Encompass Health Corp 4.750% 02/01/30	52,000 shares	52,031	51,713
	Fiserv Inc 5.625% 08/21/33	35,000 shares	37,127	36,083
	Flir Sys Inc 2.500% 08/01/30	40,000 shares	36,947	37,003
	Flowers Foods I 5.750% 03/15/35	36,000 shares	36,726	36,103
	Fortune Brand 4.000% 03/25/32	39,000 shares	37,278	37,398
	HCA Inc 5.375% 09/01/26	37,000 shares	37,378	37,079
	L Brands Inc 6.875% 11/01/35	50,000 shares	53,719	50,426
	Lamar Media Corp. 3.750% 02/15/28	53,000 shares	52,054	51,968
	MGM Resorts I 6.500% 04/15/32	51,000 shares	53,392	52,564
	Molson Coors Brewing Co 3.000% 07/15/26	37,000 shares	36,967	36,799
	Motorola Solutions Inc 5.600% 06/01/32	35,000 shares	37,698	36,847
	NetApp Inc 5.700% 03/17/35	35,000 shares	36,858	36,673
	Nordstrom Inc 4.250% 08/01/31	57,000 shares	52,370	52,826
	Olin Corp 5.000% 02/01/30	38,000 shares	37,526	37,363
	Oracle Corporation 6.250% 11/09/32	34,000 shares	37,851	35,459
	Paychex Inc 5.600% 04/15/35	35,000 shares	37,728	36,628
	PVH Corp 5.500% 06/13/30	36,000 shares	37,308	36,551
	Qorvo Inc 4.375% 10/15/29	38,000 shares	38,263	37,468
	Quanta Svcs Inc 5.250% 08/09/34	36,000 shares	37,453	36,994
	SBA Communications Corp 3.875% 02/15/27	53,000 shares	52,548	52,580
	Service Corp Intl 5.125% 06/01/29	52,000 shares	52,969	52,327
	Silgan Holdings Inc 4.125% 02/01/28	53,000 shares	51,851	52,206
	Tapestry Inc 5.500% 03/11/35	36,000 shares	37,056	36,818
	Teleflex Inc 4.625% 11/15/27	52,000 shares	52,536	51,909
	Total Sys Svcs Inc 4.800% 04/01/26	37,000 shares	37,072	37,003
	Transdigm Inc 4.625% 01/15/29	43,000 shares	43,059	42,654
	Trinity Acquisition Plc Sr G 4.400% 03/15/26	37,000 shares	37,116	36,992
	Twilio Inc 3.875% 03/15/31	10,000 shares	9,551	9,552
	Vontier Corporation 2.950% 04/01/31	40,000 shares	36,621	36,684
	Yum Brands Inc 5.375% 04/01/32	52,000 shares	52,381	52,653
	Total Corporate and Foreign Bonds		1,731,977	1,711,121
			$ 20,378,182	$ 20,441,906

The accompanying notes are an integral part of these schedules.

ST. JOHNLAND RETIREMENT INCOME PLAN Schedule II

PLAN #001 EIN #11-3109867
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
I. Individual 5% Transactions								
Baird Core Plus Bond Fund Insitutional Class	Mutual Fund	$ 2,747,000	$ -	$ -	$ -	$ 2,747,000	$ 2,747,000	$ -
Baird Core Plus Bond Fund Insitutional Class	Mutual Fund	$ -	$ 2,875,265	$ -	$ -	$ 2,801,909	$ 2,875,265	$ 73,356
Fimm Treasury Only Prt Institutional	Money Market Fund	$ 1,037,475	$ -	$ -	$ -	$ 1,037,475	$ 1,037,475	$ -
Fimm Treasury Only Prt Institutional	Money Market Fund	$ 18,851,205	$ -	$ -	$ -	$ 18,851,205	$ 18,851,205	$ -
Fimm Treasury Only Prt Institutional	Money Market Fund	$ -	$ 1,047,979	$ -	$ -	$ 1,047,979	$ 1,047,979	$ -
Fimm Treasury Only Prt Institutional	Money Market Fund	$ -	$ 19,528,515	$ -	$ -	$ 19,528,515	$ 19,528,515	$ -
iShares Core U.S. Aggregate Bond ETF	Exchange Traded Fund	$ -	$ 2,063,464	$ -	$ -	$ 2,154,289	$ 1,993,937	$ (69,527)
iShares Russell Midcap	Exchange Traded Fund	$ -	$ 1,236,716	$ -	$ -	$ 688,144	$ 1,133,625	$ (103,091)
Loomis Sayles Growth Fund Class Y	Mutual Fund	$ -	$ 1,253,769	$ -	$ -	$ 628,831	$ 1,085,915	$ (167,854)
Vanguard FTSE Developed Markets ETF	Exchange Traded Fund	$ -	$ 1,216,500	$ -	$ -	$ 908,348	$ 998,994	$ (217,506)
Vanguard 500 Index Fund SHS ETF	Exchange Traded Fund	$ -	$ 1,293,887	$ -	$ -	$ 748,831	$ 1,144,729	$ (149,158)
Western Asset Core Bond Fund Cl IS	Mutual Fund	$ -	$ 2,575,865	$ -	$ -	$ 3,094,828	$ 2,565,986	$ (9,879)
Fidelity 500 Index Institutional Prem	Mutual Fund	$ 2,736,752	$ -	$ -	$ -	$ 2,736,752	$ 2,736,752	$ -
Six Circles Tr/managed Equity Port	Mutual Fund	$ 2,460,001	$ -	$ -	$ -	$ 2,460,001	$ 2,460,001	$ -
Six Circles Tr/managed Equity Portf	Mutual Fund	$ 5,535,003	$ -	$ -	$ -	$ 5,535,003	$ 5,535,003	$ -
Six Circles Trust	Fixed Income Mutual Fund	$ 1,230,001	$ -	$ -	$ -	$ 1,230,001	$ 1,230,001	$ -
Vanguard Total International Bond	Exchange Traded Fund	$ 1,037,877	$ -	$ -	$ -	$ 1,037,877	$ 1,037,877	$ -
II. Series of Transactions Not Involving Securities, With the Same Person								
	No transactions qualified for this section							
III. Series of Transactions in excess of 5% of Plan assets								
Baird Core Plus Bond Fund Insitutional Class	Mutual Fund	$ 2,925,800	$ 3,000,265	$ -	$ -	$ 2,925,800	$ 3,000,265	$ 74,465
Blackrock Mid Cap Growth Equity Port CL Class K	Mutual Fund	$ 125,000	$ 1,038,199	$ -	$ -	$ 1,163,199	$ 1,127,026	$ (36,173)
Fimm Treasury Only Prt Institutional	Money Market Fund	$ 21,263,514	$ 22,091,209	$ -	$ -	$ 43,354,723	$ 43,354,723	$ -
iShares Russell Midcap	Exchange Traded Fund	$ 62,619	$ 1,297,839	$ -	$ -	$ 1,256,670	$ 1,360,458	$ 103,788
Loomis Sayles Growth Fund Class Y	Mutual Fund	$ 100,000	$ 1,418,769	$ -	$ -	$ 1,341,972	$ 1,518,769	$ 176,797
Vanguard FTSE Developed Markets ETF	Exchange Traded Fund	$ 455,927	$ 1,315,483	$ -	$ -	$ 1,540,352	$ 1,771,409	$ 231,057
Vanguard 500 Index Fund SHS ETF	Exchange Traded Fund	$ 487,488	$ 1,373,891	$ -	$ -	$ 1,706,140	$ 1,861,378	$ 155,238
Western Asset Core Bond Fund Cl IS	Mutual Fund	$ 2,565,986	$ 2,575,865	$ -	$ -	$ 2,575,865	$ 2,575,865	$ -
Jpmorgan Deposit Acct A Advisory Non Ret Jpmc	Money Market Fund	$ 20,656,701	$ 20,377,974	$ -	$ -	$ 41,034,675	$ 41,034,675	$ -
Jpmorgan Deposit Acct B Brokerage Non Ret Jpmc	Money Market Fund	$ 20,281,437	$ -	$ -	$ -	$ 20,281,437	$ 20,281,437	$ -
Jpmorgan Deposit Acct B Brokerage Non Ret Jpmc	Money Market Fund	$ -	$ 20,281,437	$ -	$ -	$ 20,281,437	$ 20,281,437	$ -
Six Circles Trust	Fixed Income Mutual Fund	$ 1,493,565	$ 15,224	$ -	$ -	$ 1,508,789	$ 1,508,725	$ (64)
IV. Series of Transactions Involving Securities, With a Single Person								
	No transactions qualified for this section							

The accompanying notes are an integral part of these schedules.

St. Johnland Retirement Income Plan
EIN/PN: 11-3109867/001
Attachment to 2025 Form 5500
Schedule SB, line 26a – Schedule of Active Participant Data

	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	-	1	5	-	-	-	-	-	-	-	6
45–49	-	2	1	4	-	-	-	-	-	-	7
50–54	-	4	5	5	1	1	-	-	-	-	16
55–59	-	-	3	3	-	-	-	-	-	-	6
60–64	-	1	6	6	1	2	1	-	-	-	17
65–69	-	-	-	-	-	-	-	-	-	-	-
70+	-	-	-	-	-	-	-	-	-	-	-
Total	-	8	20	18	2	3	1	-	-	-	52

St. Johnland Retirement Income Plan
EIN/PN: 11-3109867/001
Attachment to 2025 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Valuation Date: January 1, 2025

Actuarial Cost Method

The valuation of retirement benefits is determined under the "Unit Credit Actuarial Cost Method", as prescribed by the Pension Protection Act of 2006 (PPA). Under this method, the regular Plan cost arises from two sources: a Target Normal Cost and an Amortization Payment for the Funding Target Shortfall.

The Funding Target is determined as the actuarial present value of benefits as of the valuation date. The Shortfall is equal to the Funding Target less the Actuarial Value of Assets, reduced by the Carryover Balance and the Prefunding Balance.

The Target Normal Cost is the actuarial present value of benefits expected to accrue during the valuation year plus anticipated administration expense, if any.

For the Plan's ERISA funding requirements, incremental Funding Shortfall amounts are amortized over a fifteen-year period, and the related shortfall amortization payment is determined on the first valuation date following the plan year in which it arises based on the segment rates used for ERISA minimum funding purposes on that date, as prescribed under IRC Section 430. All prior shortfall amortizations were eliminated effective with the 2020 valuation as the Plan Sponsor elected to apply the provisions of Section 9705 of the American Rescue Plan Act of 2021 for the 2020 plan year.

Asset Valuation Method: 2 year (3-point) Average Value of Assets as permitted under IRS Notice 2009-22, not less than 90% nor greater than 110% of Market Value of Assets on the valuation date.

Assumptions

Economic Assumptions

Interest Rates:

PPA Funding: Segment Rates with 0-month look-back period

Segment 1 Interest Rate:	5.00%
Segment 2 Interest Rate:	5.27%
Segment 3 Interest Rate:	5.40%

HATFA Stabilization Rates: Reflects relief under the Infrastructure Investment and Jobs Act of 2021

Segment 1 Interest Rate:	5.00%
Segment 2 Interest Rate:	5.27%
Segment 3 Interest Rate:	5.50%

Rationale: This assumption is a prescribed assumption, set by the Internal Revenue Code Section 430. The sponsor has elected to utilize a 0-month look-back, with rates averaged over a 24-month period, limited to applicable minimum and maximum values in accordance with HATFA. These rates are utilized for purposes of calculating the Plan's Funding Target and Target Normal Cost for minimum funding purposes under ERISA and related tax codes.

Expected Return on Assets: 6.75% compounded annually.

Rationale**:** The interest rate used is consistent with the investment rate of return. In developing the investment return assumption, we reviewed the Plan's actual asset allocation along with forward-looking data such as projections of inflation and total return growth. In addition, we have considered input from the Plan's investment advisor. Mean returns, standard deviations and correlations between investment categories were determined and considered in the investment return assumption.

Salary Scale: N/A

CPI: N/A

Expenses: Prior year's actual expenses (excluding PBGC Premiums), plus current year PBGC Premiums, rounded up to the nearest $1,000. ($125,000).

Rationale: The expense assumption most closely represents actual administrative expenses paid from the Plan assets and future expectations.

Change in Assumptions: The expense load assumption was updated from prior year's actual expenses to Prior year's actual expenses (excluding PBGC Premiums), plus current year PBGC Premiums, rounded up to the nearest $1,000, to better reflect the anticipated experience.

Demographic and other non-Economic 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:

PPA Funding: 2025 Static Mortality Tables

Rationale: This assumption is a prescribed assumption, set by the Internal Revenue Code Section 430. The plan sponsor elected to utilize static mortality.

Retirement Age: Age 65 or the age on the valuation date, if greater.

Rationale: We have reviewed the plan's historical experience to help develop this assumption. In addition, we have considered sponsor input and economic conditions that might have influenced prior experience or may impact future experience.

Turnover Rates: Sample rates are illustrated below.

Age	Male	Female
25	5.31%	5.32%
30	5.09%	5.11%
35	4.73%	4.76%
40	3.54%	3.60%
45	1.84%	1.98%
50	0.54%	0.80%
55 & over	0.00%	0.00%

Rationale**:** We have reviewed industry standard termination rates as well as the plan's historical experience to develop the assumption.

St. Johnland Retirement Income Plan
EIN/PN: 11-3109867/001
Attachment to 2025 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

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Marriage Assumption for preretirement death benefit: 85% of male and 65% of all female eligible participants assumed to be married with females 3 years younger than males.

Rationale: The number of covered participants is not large enough to have credible experience for preretirement deaths.

Form of Payment: 100% of participants are assumed to elect a single life annuity.

Rationale: This assumption was developed based on the Plan's historical experience. In addition, sponsor input and economic conditions that might have influenced prior experience or may impact future experience were considered.

PLAN #001 EIN #11-3109867
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
I. Individual 5% Transactions								
Baird Core Plus Bond Fund Insitutional Class	Mutual Fund	$ 2,747,000	$ -	$ -	$ -	$ 2,747,000	$ 2,747,000	$ -
Baird Core Plus Bond Fund Insitutional Class	Mutual Fund	$ -	$ 2,875,265	$ -	$ -	$ 2,801,909	$ 2,875,265	$ 73,356
Fimm Treasury Only Prt Institutional	Money Market Fund	$ 1,037,475	$ -	$ -	$ -	$ 1,037,475	$ 1,037,475	$ -
Fimm Treasury Only Prt Institutional	Money Market Fund	$ 18,851,205	$ -	$ -	$ -	$ 18,851,205	$ 18,851,205	$ -
Fimm Treasury Only Prt Institutional	Money Market Fund	$ -	$ 1,047,979	$ -	$ -	$ 1,047,979	$ 1,047,979	$ -
Fimm Treasury Only Prt Institutional	Money Market Fund	$ -	$ 19,528,515	$ -	$ -	$ 19,528,515	$ 19,528,515	$ -
iShares Core U.S. Aggregate Bond ETF	Exchange Traded Fund	$ -	$ 2,063,464	$ -	$ -	$ 2,154,289	$ 1,993,937	$ (69,527)
iShares Russell Midcap	Exchange Traded Fund	$ -	$ 1,236,716	$ -	$ -	$ 688,144	$ 1,133,625	$ (103,091)
Loomis Sayles Growth Fund Class Y	Mutual Fund	$ -	$ 1,253,769	$ -	$ -	$ 628,831	$ 1,085,915	$ (167,854)
Vanguard FTSE Developed Markets ETF	Exchange Traded Fund	$ -	$ 1,216,500	$ -	$ -	$ 908,348	$ 998,994	$ (217,506)
Vanguard 500 Index Fund SHS ETF	Exchange Traded Fund	$ -	$ 1,293,887	$ -	$ -	$ 748,831	$ 1,144,729	$ (149,158)
Western Asset Core Bond Fund Cl IS	Mutual Fund	$ -	$ 2,575,865	$ -	$ -	$ 3,094,828	$ 2,565,986	$ (9,879)
Fidelity 500 Index Institutional Prem	Mutual Fund	$ 2,736,752	$ -	$ -	$ -	$ 2,736,752	$ 2,736,752	$ -
Six Circles Tr/managed Equity Port	Mutual Fund	$ 2,460,001	$ -	$ -	$ -	$ 2,460,001	$ 2,460,001	$ -
Six Circles Tr/managed Equity Portf	Mutual Fund	$ 5,535,003	$ -	$ -	$ -	$ 5,535,003	$ 5,535,003	$ -
Six Circles Trust	Fixed Income Mutual Fund	$ 1,230,001	$ -	$ -	$ -	$ 1,230,001	$ 1,230,001	$ -
Vanguard Total International Bond	Exchange Traded Fund	$ 1,037,877	$ -	$ -	$ -	$ 1,037,877	$ 1,037,877	$ -
II. Series of Transactions Not Involving Securities, With the Same Person								
	No transactions qualified for this section							
III. Series of Transactions in excess of 5% of Plan assets								
Baird Core Plus Bond Fund Insitutional Class	Mutual Fund	$ 2,925,800	$ 3,000,265	$ -	$ -	$ 2,925,800	$ 3,000,265	$ 74,465
Blackrock Mid Cap Growth Equity Port CL Class K	Mutual Fund	$ 125,000	$ 1,038,199	$ -	$ -	$ 1,163,199	$ 1,127,026	$ (36,173)
Fimm Treasury Only Prt Institutional	Money Market Fund	$ 21,263,514	$ 22,091,209	$ -	$ -	$ 43,354,723	$ 43,354,723	$ -
iShares Russell Midcap	Exchange Traded Fund	$ 62,619	$ 1,297,839	$ -	$ -	$ 1,256,670	$ 1,360,458	$ 103,788
Loomis Sayles Growth Fund Class Y	Mutual Fund	$ 100,000	$ 1,418,769	$ -	$ -	$ 1,341,972	$ 1,518,769	$ 176,797
Vanguard FTSE Developed Markets ETF	Exchange Traded Fund	$ 455,927	$ 1,315,483	$ -	$ -	$ 1,540,352	$ 1,771,409	$ 231,057
Vanguard 500 Index Fund SHS ETF	Exchange Traded Fund	$ 487,488	$ 1,373,891	$ -	$ -	$ 1,706,140	$ 1,861,378	$ 155,238
Western Asset Core Bond Fund Cl IS	Mutual Fund	$ 2,565,986	$ 2,575,865	$ -	$ -	$ 2,575,865	$ 2,575,865	$ -
Jpmorgan Deposit Acct A Advisory Non Ret Jpmc	Money Market Fund	$ 20,656,701	$ 20,377,974	$ -	$ -	$ 41,034,675	$ 41,034,675	$ -
Jpmorgan Deposit Acct B Brokerage Non Ret Jpmc	Money Market Fund	$ 20,281,437	$ -	$ -	$ -	$ 20,281,437	$ 20,281,437	$ -
Jpmorgan Deposit Acct B Brokerage Non Ret Jpmc	Money Market Fund	$ -	$ 20,281,437	$ -	$ -	$ 20,281,437	$ 20,281,437	$ -
Six Circles Trust	Fixed Income Mutual Fund	$ 1,493,565	$ 15,224	$ -	$ -	$ 1,508,789	$ 1,508,725	$ (64)
IV. Series of Transactions Involving Securities, With a Single Person								
	No transactions qualified for this section							

The accompanying notes are an integral part of these schedules.

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
St. Johnland Retirement Income Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
St. Johnland Nursing Center and
The Society for St. Johnland

D Employer Identification Number (EIN)
11-3109867

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**	19,963,078
b Actuarial value	**2b**	18,995,104

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	221	13,009,472	13,009,472
b For terminated vested participants	213	5,801,733	5,801,733
c For active participants	52	1,616,290	1,616,382
d Total	486	20,427,495	20,427,587

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**	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	125,000
c Target normal cost	**6c**	125,000

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

09/29/2026 — Date

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

26-06878 — Most recent enrollment number

Milliman, Inc. — 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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 9.50%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		230
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 5.17%		12
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		242
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	92.98%
15	Adjusted funding target attainment percentage	15	92.98%
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	94.58%
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
09/08/2026	327,500				
			Totals ► 18(b)	327,500	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	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	289,047

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? [ ] Yes [X] 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:	
5.00 %	5.27 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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**	0
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**	125,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	1,432,483	163,543
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**	288,543

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

36 Additional cash requirement (line 34 minus line 35)	**36**	288,543
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	289,047

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

a Total (excess, if any, of line 37 over line 36)	**38a**	504
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

St. Johnland Retirement Income Plan
EIN/PN: 11-3109867/001
Attachment to 2025 Form 5500
Schedule SB, Line 19 - Discounted Employer Contributions

Line 19a. - Contribution Allocated Toward Unpaid Minimum Required Contribution from Prior Plan Years

None

Line 19b. - Contributions Made To Avoid Benefit Restrictions

None

Line 19c. - Contributions Allocated Toward Minimum Required Contribution for Current Year

Date	Plan Year to Apply Contribution	Effective Interest Rate	Late Quarterly Interest Rate	Contribution Amount	Discounted Value as of 1/1/2025
9/8/2026	2025	5.33%	10.33%	$ 327,500	$ 289,047
Total				327,500	289,047

St. Johnland Retirement Income Plan
EIN/PN: 11-3109867/001
Attachment to 2025 Form 5500
Schedule SB, line 22 - Description of Weighted Average Retirement Age

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Each participant is assumed to retire at a single retirement age which is entered on Line 22.

St. Johnland Retirement Income Plan
EIN/PN: 11-3109867/001
Attachment to 2025 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

The actuarial valuation was prepared in accordance with the provisions of the plan, a summary of which is presented below. The summary describes the principal provisions only and is not intended to be authoritative. For questions about specific benefits, please refer to the plan document. This summary of plan provisions is intended to only describe the essential features of the plan.

Basic Information

Plan Name: St. Johnland Retirement Income Plan

Effective Date of Plan: January 1, 1966

Effective Date of Last Amendment: Plan was restated effective January 1, 2025.

Participation: All employees who have completed one year of service during which they have completed 1,000 hours of service and have attained age 21. Participation in the plan was frozen effective June 30, 2011.

Vesting Service: A member receives one year of Vesting Service for each 12 consecutive month period commencing on each anniversary of his date of employment, provided he completes 1,000 hours of service during that period and disregarding all service prior to attainment of age 18.

Credited Service: Each member receives one year of Credited Service for each 12 consecutive month period commencing on the anniversary of his date of his participation, during which he completes at least 1,000 hours of service. Credited service accruals were frozen for all participants effective June 30, 2011.

Final Average Earnings: A member's highest average Annual Earnings during the 5 consecutive years of Credited Service in the 10 years of Credited Service immediately preceding the termination of his employment. If the member's entire period of Credited Service is less than 5 years, the average over his entire period will be used.

No compensation earned subsequent to June 30, 2011 shall be counted in determining this average for all participants.

Benefit Formulas and Eligibilities

Normal Retirement Eligibility: Attainment of age 65 or the 5th anniversary of the date of participation

Normal Retirement Benefit: 1.0% of Final Average Earnings up to Covered Compensation plus 1.6% of Final Average Earnings in excess of Covered Compensation, multiplied by Credited Service not in excess of 30 years.

Late Retirement Eligibility: Retirement after normal retirement date

Late Retirement Benefit: Accrued Benefit based on Final Average Earnings and Credited Service on the participant's Postponed Retirement date.

Vesting Schedule Eligibility: 100% after completion of 5 years of vesting service.

Vesting Schedule Benefit: Vested accrued benefit payable at normal retirement date or at the member's election with completion of 10 years of Vesting Service, reduced as for Early Retirement after he has attained age 58.

Early Retirement Eligibility: Minimum age of 58 and 10 years of vesting service

Early Retirement Benefit: Accrued benefit adjusted for early commencement as follows: 6-2/3% of each year up to 5 that commencement of payments precedes age 65 plus 3-1/3% for each year that benefit commencement precedes age 60.

In-Service Retirement Date: On or after Normal Retirement Date, without termination from active employment.

In-Service Retirement Benefit: Benefit that would be payable if the participant separated from service.

Pre-Retirement Death Eligibility: Married for 12 months and eligible for early or a deferred vested benefit but payment has not commenced.

Pre-Retirement Death Benefit: A 50% joint and survivor pre-retirement death benefit shall be paid to the spouse. If the employee was eligible for early retirement when he died, the benefit is payable immediately. If the employee was not eligible for early retirement when he died, the benefit is paid to the surviving spouse when the employee would have been eligible for early retirement.

Disability Eligibility: The first day of any month prior to Normal Retirement after incurring a disability and attainment of age 50 and completion of 5 years of Vesting Service. No member shall become eligible for Disability Retirement after June 30, 2011.

Disability Benefit: Participants continue to earn service for the period they are eligible for Long-term Disability benefits and have not elected to receive a pension benefit. Average Earnings shall be the member's average monthly earnings for the highest consecutive 12 month period within the last 36 months immediately preceding his date of disablement.

Forms of Payment

Normal form of benefit: If single on the date normal retirement commences the normal form of pension is payable monthly for the lifetime of the retired participant. If married the normal form of pension payable is 50% Joint and Survivor Annuity, which is actuarially reduced during the participant's lifetime with 50% of the reduced amount payable to the spouse upon death.

Optional Forms: 75& and 100% Contingent Annuitant option; 5 year and 10 year certain and Continuous and lump-sum under $15,000.

Maximum Benefit: IRC Section 415(b) limits. The limit is $280,000 for 2025.

Actuarial Equivalence: Based on the interest rate in use by the Pension Benefit Guaranty Corporation (PBGC) for immediate annuities on the January 1 coincident with or preceding the date of determination, and the Unisex Pension 1984 Mortality Table. Actuarial equivalence for lump sum is based on the applicable interest under IRC 417(e) for the month of December preceding the Plan Year in which such distribution is made and the Applicable Mortality Table.

ST. JOHNLAND RETIREMENT INCOME PLAN Schedule I

PLAN #001 EIN #11-3109867
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	CASH			
*	FDIC Bank Deposit Fund FST	31,151 shares	$ 31,151	$ 31,151
*	Jpmorgan Deposit Acct A Advisory Non Ret Jpmc	278,727 shares	278,727	278,727
	Total Cash		309,878	309,878
	U.S. TREASURY OBLIGATION:			
	United States Treas Nts 4.1250% 01/31/27	94,000 shares	95,340	94,590
	Total U.S. Treasury Obligation		95,340	94,590
	MUTUAL FUNDS:			
	Blackrock Liqui/fedfund Cap Shs	6,231 shares	6,231	6,231
	Fidelity 500 Index Institutional Prem	11,689 shares	2,736,752	2,778,597
	Fimm Trsy Only Prt Instl	39 shares	39	39
	Financial Select Sector SPDR	8,007 shares	430,616	438,543
	Industrial Select SPDR	396 shares	61,485	61,428
	iShares US Treasury Bond ETF	11,013 shares	253,850	253,574
*	J P Morgan Exchange-traded Fd	868 shares	61,523	63,624
*	J P Morgan Exchange-traded Fd	2,775 shares	246,087	258,075
*	J P Morgan Exchange-traded Fd	7,140 shares	491,732	470,597
*	J P Morgan Exchange-traded Fd	3,231 shares	184,555	181,905
*	J.P. Morgan Exchange-traded Fund Trust	4,953 shares	251,860	252,900
*	Jpmorgan Income Fund Class R6	23,576 shares	202,755	202,993
	Pimco Fds Pac Invt Mgmt Ser	55,100 shares	507,484	506,924
	PIMCO Income Instl Fund	23,088 shares	251,428	253,737
	Shares Tr Core Intl Aggr	10,995 shares	563,824	549,860
	Six Circles Tr/managed Equity Port	149,272 shares	2,460,001	2,497,319
	Six Circles Tr/managed Equity Portf	230,721 shares	5,535,003	5,599,605
	Six Circles Trust	27,884 shares	253,193	252,631
	Six Circles Trust	143,456 shares	1,225,147	1,209,338
	Vanguard Emerg Mkts Gov Bnd	3,011 shares	201,180	203,032
	Vanguard Intermediate Term Invest GradeFund	34,058 shares	304,136	304,136
	Vanguard Total International Bond	21,048 shares	1,037,877	1,017,039
	Total Mutual Funds		17,266,758	17,362,127

The accompanying notes are an integral part of these schedules.

PLAN #001 EIN #11-3109867
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
COMMON STOCKS:				
	3m Co	70 shares	$ 10,920	$ 11,207
	Abbott Labs	45 shares	6,015	5,638
	AbbVie Inc	35 shares	8,034	7,997
	Advanced Micro Devices Inc	40 shares	10,155	8,566
	Alibaba Group Holding ADR	61 shares	11,385	8,941
	Alnylam Pharmaceuticals Inc	11 shares	4,998	4,374
	Alphabet Inc Cl C	181 shares	47,207	56,798
	Amazon Com Inc	124 shares	27,462	28,622
	Amphenol Corp New	58 shares	7,401	7,838
	Apple Computer Inc	269 shares	68,993	73,130
	Applovin Corp	14 shares	9,309	9,433
	Arista Networks Inc Com Shs	8 shares	1,205	1,048
	Autozone Inc	1 share	4,168	3,392
	Berkshire Hathaway Inc-Cl B	7 shares	3,498	3,519
	Booking Hldgs Inc	2 shares	10,787	10,711
	Broadcom Inc	141 shares	47,757	48,800
	Carvana Co	19 shares	7,080	8,018
	Celestica Inc	14 shares	3,356	4,139
	Charles Schwab Corp	62 shares	5,838	6,194
	Cheniere Energy Inc	5 shares	1,167	972
	Ciena Corp	22 shares	4,372	5,145
	Cloudflare Inc	44 shares	9,855	8,675
	Coca Cola Co	77 shares	5,072	5,383
	Crowdstrike Hldgs Inc	12 shares	6,017	5,625
	D R Horton Inc	27 shares	4,626	3,889
	Deere & Co	7 shares	3,200	3,259
	Doordash Inc	19 shares	5,359	4,303
	Ge Vernova Inc	22 shares	13,177	14,379
	General Electric Co	42 shares	12,508	12,937
	Gilead Sciences Inc	55 shares	6,205	6,751
	Goldman Sachs Group Inc	21 shares	16,696	18,459
	Hims & Hers Health Inc	94 shares	5,024	3,052
	Insmed Inc	85 shares	13,370	14,793
	Intercontinental Exchange Inc	4 shares	634	648
	International Business Machines Corp	46 shares	13,344	13,626
	Intuit	10 shares	6,724	6,624
	Intuitive Surgical Inc	5 shares	2,678	2,832
	Johnson & Johnson	47 shares	9,329	9,727
	Lam Research Corp	5 shares	756	856
	Lilly Eli & Co	19 shares	19,577	20,419
	Lumentum Hldgs Inc	5 shares	1,819	1,843
	Mastercard Inc-A	47 shares	27,118	26,831
	McDonald's Corporation	15 shares	4,449	4,584
	McKesson Corp. Common Stock	7 shares	5,468	5,742
	Mercadolibre Inc	2 shares	4,320	4,029
	Meta Platforms Inc CL A (FB)	38 shares	27,160	25,083
	Microsoft Corp	196 shares	103,817	94,790
	Natera Inc	48 shares	8,828	10,996
	Netflix Com Inc	76 shares	8,820	7,126
	Nvidia Corp	687 shares	127,710	128,126
	Oracle Corporation	55 shares	16,015	10,720
	Palantir Technologies Inc	88 shares	15,885	15,642
	Palo Alto Networks Inc	13 shares	2,765	2,395
	Philip Morris International	63 shares	9,612	10,105
	Quanta Services Incorporated	12 shares	5,134	5,065
	Raytheon Technologies Corp	35 shares	6,040	6,419
	Robinhood Mkts Inc	94 shares	13,092	10,631
	Roblox Corp	65 shares	8,231	5,267
	Rocket Lab Corp	27 shares	1,886	1,884
	Sea Ltd	43 shares	8,048	5,486
	Servicenow Inc.	30 shares	5,487	4,596
	Shopify Inc-Class A	76 shares	12,563	12,234
	Snowflake Inc	11 shares	2,686	2,413
	Sofi Technologies Inc	300 shares	8,259	7,854
	Spotify Technology S A	1 share	683	581
	Taiwan Semiconductor Spons Adr	31 shares	9,265	9,421
	Tesla Motors	84 shares	37,894	37,776
	Trane Technologies Plc	7 shares	2,983	2,724
	Transdigm Group Inc	1 share	1,295	1,330
	Twilio Inc	13 shares	1,421	1,849
	Uber Technologies Inc	30 shares	3,025	2,451
	Visa Inc-Class A	11 shares	3,839	3,858
	Vistra Energy Corp	17 shares	3,420	2,743
	Wal Mart Stores Inc	141 shares	14,711	15,709
	Western Digital Corp	30 shares	5,223	5,168
	Total Common Stocks		974,229	964,190

The accompanying notes are an integral part of these schedules.

ST. JOHNLAND RETIREMENT INCOME PLAN Schedule I

PLAN #001 EIN #11-3109867
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
CORPORATE AND FOREIGN BONDS:				
	Altria Grp I 6.8750% 11/01/33	33,000 shares	$ 38,448	$ 37,292
	American Tower Corp Sr Glbl 5.4500% 02/15/34	36,000 shares	37,827	37,387
	AT&T Inc 1.700% 03/25/26	37,000 shares	36,631	36,812
	BAT Cap Co 6.421% 08/02/33	34,000 shares	37,860	37,528
	Block Finl LLC 2.500% 07/15/28	39,000 shares	37,288	37,226
	Boyd Gaming Corp 4.750% 12/01/27	52,000 shares	52,687	51,920
	Brown & Brown I 5.650% 06/11/34	36,000 shares	38,163	37,201
	Carlisle Cos Inc 2.200% 03/01/32	43,000 shares	37,401	37,531
	CCO Hldgs LLC 4.500% 05/01/32	57,000 shares	53,160	51,208
	CDW LLC 3.250% 02/15/29	39,000 shares	37,665	37,514
	Conagra Brands Inc 4.850% 11/01/28	37,000 shares	38,234	37,428
	Crown Castle Inc 5.800% 03/01/34	35,000 shares	37,179	36,751
	Encompass Health Corp 4.750% 02/01/30	52,000 shares	52,031	51,713
	Fiserv Inc 5.625% 08/21/33	35,000 shares	37,127	36,083
	Flir Sys Inc 2.500% 08/01/30	40,000 shares	36,947	37,003
	Flowers Foods I 5.750% 03/15/35	36,000 shares	36,726	36,103
	Fortune Brand 4.000% 03/25/32	39,000 shares	37,278	37,398
	HCA Inc 5.375% 09/01/26	37,000 shares	37,378	37,079
	L Brands Inc 6.875% 11/01/35	50,000 shares	53,719	50,426
	Lamar Media Corp. 3.750% 02/15/28	53,000 shares	52,054	51,968
	MGM Resorts I 6.500% 04/15/32	51,000 shares	53,392	52,564
	Molson Coors Brewing Co 3.000% 07/15/26	37,000 shares	36,967	36,799
	Motorola Solutions Inc 5.600% 06/01/32	35,000 shares	37,698	36,847
	NetApp Inc 5.700% 03/17/35	35,000 shares	36,858	36,673
	Nordstrom Inc 4.250% 08/01/31	57,000 shares	52,370	52,826
	Olin Corp 5.000% 02/01/30	38,000 shares	37,526	37,363
	Oracle Corporation 6.250% 11/09/32	34,000 shares	37,851	35,459
	Paychex Inc 5.600% 04/15/35	35,000 shares	37,728	36,628
	PVH Corp 5.500% 06/13/30	36,000 shares	37,308	36,551
	Qorvo Inc 4.375% 10/15/29	38,000 shares	38,263	37,468
	Quanta Svcs Inc 5.250% 08/09/34	36,000 shares	37,453	36,994
	SBA Communications Corp 3.875% 02/15/27	53,000 shares	52,548	52,580
	Service Corp Intl 5.125% 06/01/29	52,000 shares	52,969	52,327
	Silgan Holdings Inc 4.125% 02/01/28	53,000 shares	51,851	52,206
	Tapestry Inc 5.500% 03/11/35	36,000 shares	37,056	36,818
	Teleflex Inc 4.625% 11/15/27	52,000 shares	52,536	51,909
	Total Sys Svcs Inc 4.800% 04/01/26	37,000 shares	37,072	37,003
	Transdigm Inc 4.625% 01/15/29	43,000 shares	43,059	42,654
	Trinity Acquisition Plc Sr G 4.400% 03/15/26	37,000 shares	37,116	36,992
	Twilio Inc 3.875% 03/15/31	10,000 shares	9,551	9,552
	Vontier Corporation 2.950% 04/01/31	40,000 shares	36,621	36,684
	Yum Brands Inc 5.375% 04/01/32	52,000 shares	52,381	52,653
	Total Corporate and Foreign Bonds		1,731,977	1,711,121
			$ 20,378,182	$ 20,441,906

The accompanying notes are an integral part of these schedules.

St. Johnland Retirement Income Plan
EIN/PN: 11-3109867/001
Attachment to 2025 Form 5500
Schedule SB, line 32 – Schedule of Amortization Bases

Shortfall Bases

Date Established	Description	Amortization Amount	Remaining Years	Outstanding Balance
1/1/2020	Shortfall Amortization	135,400	11.0	1,089,328
1/1/2021	Shortfall Amortization	(13,271)	12.0	(114,709)
1/1/2022	Shortfall Amortization	(102,370)	13.0	(943,033)
1/1/2023	Shortfall Amortization	179,950	14.0	1,754,862
1/1/2024	Shortfall Amortization	(71,629)	15.0	(735,261)
1/1/2025	Shortfall Amortization	35,463	15.0	381,296
Total		$163,543		$1,432,483

St. Johnland Retirement Income Plan
EIN/PN: 11-3109867/001
Attachment to 2025 Form 5500
Schedule SB, line 24 – Change in Actuarial Assumptions

- The expense load assumption was updated from prior year's actual expenses to Prior year's actual expenses (excluding PBGC Premiums), plus current year PBGC Premiums, rounded up to the nearest $1,000, to better reflect the anticipated experience.