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. ANN'S HOME FOR THE AGED PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1978

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. ANN'S HOME FOR THE AGED

1500 PORTLAND AVENUE
ROCHESTER, NY 14621-3065

2b Employer Identification Number (EIN) 16-0743146

2c Plan Sponsor's telephone number 585-697-6000

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.	10/15/2026	ROBERT BOURG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	ROBERT BOURG
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	419
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)**	143
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	0
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 1H

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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **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. ANN'S HOME FOR THE AGED PENSION 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. ANN'S HOME FOR THE AGED

D Employer Identification Number (EIN)
16-0743146

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**	38116052
b Actuarial value	**2b**	35275739

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	111	22823700	22823700
b For terminated vested participants	167	8735718	8735718
c For active participants	143	8182927	8397712
d Total	421	39742345	39957130

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**	5.36 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	443000
c Target normal cost	**6c**	443000

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

09/25/2026
Date

MICHAEL CARNEY
Type or print name of actuary

26-05647
Most recent enrollment number

USI CONSULTING GROUP
Firm name

585-624-5500
Telephone number (including area code)

300 MERIDIAN CENTRE
SUITE 100
ROCHESTER, NY 14618
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	1037049
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	728416
9	Amount remaining (line 7 minus line 8)	0	308633
10	Interest on line 9 using prior year's actual return of 10.58 %	0	32653
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.11 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	341286

Part III Funding Percentages

14	Funding target attainment percentage	14	87.42 %
15	Adjusted funding target attainment percentage	15	91.31 %
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	93.08 %
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
09/30/2024	50000				
12/09/2025	25000				
12/12/2025	606275				
			Totals ► 18(b)	681275	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	640671

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	61

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**	443000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	5022677	208598
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	651598

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	10927	10927

36 Additional cash requirement (line 34 minus line 35)	**36**	640671
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	640671
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
ST. ANN'S HOME FOR THE AGED PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ST. ANN'S HOME FOR THE AGED

D Employer Identification Number (EIN)
16-0743146

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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. ANN'S HOME FOR THE AGED PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ST. ANN'S HOME FOR THE AGED

D Employer Identification Number (EIN)
16-0743146

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2071	70
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	790468	2703
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(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)	37323512	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	38116051	2773
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	38116051	2773

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)	681275	
(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)		681275
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	700489	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	498520	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1199009
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1880284
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12561934	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	27418770	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		39980704
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)	12454	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	404	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		12858
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		39993562
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-38113278
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		610000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 583931.

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. ANN'S HOME FOR THE AGED PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ST. ANN'S HOME FOR THE AGED

D Employer Identification Number (EIN)
16-0743146

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): 06-6379101

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** 238

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. ANN'S HOME FOR THE AGED
PENSION PLAN

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

Bonadio & Co., LLP
Accounting, Consulting & More

Bonadio & Co., LLP
Accounting, Consulting & More

INDEPENDENT AUDITOR'S REPORT

October 14, 2026

To: The Participants and St. Ann's Foundation Investment Committee of the St. Ann's Home for the Aged Pension Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit
We have performed audits of the accompanying financial statements of the St. Ann's Home for the Aged Pension 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 (in liquidation) and 2024 (ongoing), and the related statements of changes in net assets available for benefits for the years ended December 31, 2025 (in liquidation) and 2024 (ongoing), and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

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

- The amounts and disclosures in the accompanying financial statements 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).

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(Continued)

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

Emphasis of Matter – Plan Termination and Liquidation Basis of Accounting
As further discussed in Note 1 to the financial statements, the Plan sponsor approved a plan of liquidation on March 26, 2025, and management determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from the going-concern basis of accounting used in presenting the 2024 financial statements to the liquidation basis of accounting used in presenting the 2025 financial statements. Our opinion is not modified with respect to this matter.

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.

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

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

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

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 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Bonadio & Co. LLP

ST. ANN'S HOME FOR THE AGED PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 (IN LIQUIDATION) AND 2024 (ONGOING)

	(liquidation) 2025	(ongoing) 2024
ASSETS		
INVESTMENTS, at fair value:		
Cash and cash equivalents	$ -	$ 209,036
Mutual funds	2,703	37,904,944
Total investments, at fair value	2,703	38,113,980
RECEIVABLES:		
Employer contribution receivable	-	852,706
Accrued income receivable	-	2,071
Total receivables	-	854,777
Total assets	2,703	38,968,757
LIABILITIES		
DUE TO PLAN SPONSOR	2,703	-
Total liabilities	2,703	-
NET ASSETS AVAILABLE FOR BENEFITS	$ -	$ 38,968,757

The accompanying notes are an integral part of these statements.

ST. ANN'S HOME FOR THE AGED PENSION PLAN

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

	(liquidation) 2025	(ongoing) 2024
ADDITIONS:		
Investment income -		
Net appreciation in fair value of investments	$ 1,104,724	$ 3,178,602
Interest and dividends	700,490	1,134,075
Total investment income	1,805,214	4,312,677
Employer contributions	75,000	1,017,036
Total additions	1,880,214	5,329,713
DEDUCTIONS:		
Benefits paid to participants	13,151,178	3,556,027
Purchase of annuity contract	27,435,802	8,325,487
Administrative expenses	12,858	486,643
Total deductions	40,599,838	12,368,157
CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	(38,719,624)	(7,038,444)
ADJUSTMENT TO LIQUIDATION BASIS	(249,133)	-
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	38,968,757	46,007,201
NET ASSETS AVAILABLE FOR BENEFITS - end of year	$ -	$ 38,968,757

The accompanying notes are an integral part of these statements.

1. DESCRIPTION OF THE PLAN

The following brief description of the St. Ann's Home for the Aged Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a complete description of the Plan's provisions.

During 2025, the Board of Directors of St. Ann's Home for the Aged and its participating affiliates, the Plan's sponsor, adopted a resolution in March 2025 to terminate the Plan. The Plan was formally amended to reflect this resolution, with an effective termination date of May 31, 2025.

General

The Plan is a defined benefit plan covering all full-time employees of St. Ann's Home for the Aged and its participating affiliates (the Company) prior to January 1, 2013. The Plan was frozen to new participants effective January 1, 2013. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Termination and Liquidation Basis of Accounting

On March 26, 2025, the Board of Directors of St. Ann's Home for the Aged and its participating affiliates, the Plan's sponsor, approved a plan for liquidation, effective May 31, 2025. Plan governance and the administrator determined that the likelihood is remote that the liquidation plan will be blocked by other parties or that the Plan would return from liquidation. The liquidation plan involved selling investments in orderly market transactions, resulting in no discounts to fair values. In lieu of administering benefit payments directly to participants receiving annuity payments at the time of Plan termination, the Plan purchased an annuity contract with insurance companies, which assumed the obligation to pay benefits to participants and any related risks. All other participants were given notice regarding the termination of the Plan and asked to select a form of payment (annuity or a lump sum) for the final distribution of their balance.

All assets of the Plan were disbursed by January 31, 2026. Participant balances were distributed in accordance with each participant's elected method of distribution and any remaining Plan assets reverted back to the Plan sponsor.

The following pertains to information about the Plan prior to its termination. The Plan was amended to be terminated as of May 31, 2025.

1. DESCRIPTION OF THE PLAN (Continued)

Administration
The Investment Committee, whose members are appointed by the Board of Directors of the Company, is responsible for the general administration of the Plan. The trustee and custodian of a portion of the Plan's assets is Wilmington Trust. The custodian of the remainder of the Plan's assets is Charles Schwab Institutional. The actuary for the Plan is the Burke Group.

Eligibility
All employees who were at least 21 years old and completed one full year of service (1,000 hours or more in a 12-month period) were eligible to participate in the Plan prior to it being frozen as of January 1, 2013.

Payment of Benefits
In general, a participant's pension benefit is calculated based on a formula using compensation and years of credited service, as defined in the Plan document. The Plan was frozen with respect to benefit accruals effective January 1, 2013. As such, no credited service shall be earned subsequent to December 31, 2012. Benefits shall be paid in a lump sum if the employee's accumulated plan benefit does not exceed $1,000. If the benefit exceeds $1,000 but is less than $5,000, the participant may elect to receive their vested accrued benefit in a single sum without spousal consent. If the benefit exceeds $5,000 but is $40,000 or less, the participant may elect to receive a lump sum payment regardless of whether the participant has attained early or normal retirement age. Benefits exceeding $40,000 shall be paid in the form of a joint and survivor annuity or straight life annuity; however, the participant may elect an actuarial equivalent alternative form of benefit payment. If the single sum actuarial equivalent of a participant's accrued benefit exceeds $5,000 and does not exceed $100,000, the participant may elect to receive a lump sum payment regardless of whether the participant has attained his early or normal retirement date. Actuarial equivalent alternative forms are listed in the Plan agreement and include various life annuities payable monthly or a lump sum distribution.

Vesting
Employees are entitled to pension benefits upon reaching the normal retirement age of 65. Provisions for early retirement after reaching age 55 and deferred retirement are also available. Employees who have completed at least five years of vesting service, as defined by the Plan document, or terminate on or after early or normal retirement age are considered fully vested. If employees terminate before rendering five years of service or reaching the early or normal retirement age, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Company's contributions.

Forfeitures
Forfeitures of non-vested benefits are used to reduce future employer contributions to the Plan. For the years ended December 31, 2025 and 2024, no forfeiture amounts were used to reduce employer contributions and no forfeited amounts exist at December 31, 2025 and 2024.

Funding Policy
It is the Company's intention to make contributions under the Plan that meet or exceed the minimum funding requirements as defined in Section 412 of the Internal Revenue Code (IRC) and ERISA. These contributions will be determined based upon actuarial valuations and recommendations made by the actuary under accepted actuarial principles. The minimum funding requirement for 2024 was partially contributed to the Plan, and the remainder has been accrued for.

Administrative Expenses
Administrative expenses may be paid by the Plan or the Company.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's financial statements are prepared in conformity with accounting principles generally accepted in the United States of America (GAAP). As a result of the Plan Sponsor's decision to terminate the Plan, as described in Note 1, the Plan changed its basis of accounting to the liquidation basis for the year ended December 31, 2025. The liquidation basis of accounting presents assets at amounts expected to be realized in liquidation and liabilities at amounts expected to be paid. Changes in recording these assets and liabilities are presented as an adjustment to liquidation basis in the statements of changes in net assets available for benefits.

Investments

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

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 losses and gains on investments purchased and sold as well as held during the year.

Fair Value Measurements

Accounting Standards Codification (ASC) 820 establishes 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 ASC 820 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.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurements (Continued)
Following is a description of the valuation methodologies used for assets measured at fair value.

- Cash and cash equivalents - Valued at the amount of the asset held and reported by the custodian at year end and approximates fair value.

- Mutual funds - Valued using the NAV which is a quoted price in an active market.

There were no changes in valuation methodologies used during 2025 or 2024.

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

Purchase of Annuity Contract
During 2025 and 2024, the Plan executed contracts with unrelated insurance companies, which assumed responsibility for making payment to certain participants, who were previously receiving benefits under the Plan and other participants who selected this form of payment. The contract premiums paid to the insurance companies in 2025 and 2024 totaled approximately $27,400,000, and $8,300,000, respectively, and is included in the purchase of annuity contract on the statements of changes in net assets available for benefits.

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

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

Estimates
The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and changes therein and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the financial statements.

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service that employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries; (b) beneficiaries of employees who have died; and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their last ten years of credited service. The accumulated plan benefits for active employees are based on the five calendar years' compensation during the ten years ending on the date as of which the benefit information is presented (the valuation date), which would produce the highest average compensation. Benefits payable under all circumstances -- retirement, death, disability, and termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary and 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. Plan contributions and the actuarial present value of accumulated plan benefits are prepared based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025 (beginning of year).

Due to uncertainties inherent in this process, it is possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported in the financial statements.

The actuarial cost method and assumptions used in the calculation of the present value of accumulated plan benefits were as follows at January 1, 2025:

Actuarial Cost Method:	Traditional Unit Credit Actuarial Cost Method
Interest Rate:	7.00%
Discount Rate:	5.30%
Mortality:	PRI-2012 Mortality Tables Projected to 2022 based on unmodified scale MP-2021
Assumed Retirement Age:	Age 65 and 5 years of participation

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

The preceding actuarial assumptions were based on the presumption that the Plan will continue. As discussed in Note 1, on March 26, 2025, the Board of Directors of St. Ann's Home for the Aged and its participating affiliates elected to terminate the Plan and approved a plan for liquidation. Payments made to settle substantially all of the plan obligations to participants in 2025 were approximately $40,600,000. Employer contributions originally estimated at January 1, 2025, have been reduced under the adjustment to liquidation basis within the statements of changes in net assets available for benefits.

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

Vested benefits:	
Participants currently receiving benefits	$ 20,549,048
Active participants	6,675,688
Other vested benefits	7,031,165
	34,255,901
Non-vested benefits	216,778
Total actuarial present value of accumulated plan benefits	$ 34,472,679

The change in actuarial present value of accumulated plan benefits consisted of the following for the year beginning January 1, 2025:

Actuarial present value of accumulated plan benefits - beginning of year	$ 41,746,853
Increase (decrease) during the year attributable to:	
Actuarial gain	2,056,551
Interest	2,514,702
Benefits paid and annuities purchased	(11,845,427)
Net (decrease) increase	(7,274,174)
Actuarial present value of accumulated plan benefits - end of year	$ 34,472,679

4. CERTIFIED INFORMATION

The following information was certified as complete and accurate by Wilmington Trust, the trustee, as of and for the years ended December 31, 2025 and 2024, and is included in the financial statements and accompanying supplemental schedules:

	2025	2024
Investments, at fair value	$ 2,703	$ 21,854,236
Net appreciation in fair value of investments	$ 404,014	$ 2,523,832
Interest and dividend income	$ 329,296	$ 678,914
Accrued income receivable	$ -	$ 2,071
Schedule of Assets (Held at End of Year)	Schedule I	
Schedule of Reportable Transactions	Schedule II	

All remaining investments and investment income are held and transacted by Charles Schwab Institutional, an asset custodian of the Plan, and have not been certified in accordance with 29 CFR 2520.103-5.

5. FAIR VALUE MEASUREMENTS

The Plan's assets at fair value, within the fair value hierarchy, were as follows at December 31, 2025:

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 2,703	$ -	$ -	$ 2,703

The Plan's assets at fair value, within the fair value hierarchy, were as follows at December 31, 2024:

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 209,036	$ -	$ -	$ 209,036
Mutual funds	37,904,944	-	-	37,904,944
	$ 38,113,980	$ -	$ -	$ 38,113,980

6. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Wilmington Trust and Charles Schwab Institutional. Wilmington Trust is the trustee of the Plan and Charles Schwab Institutional is a custodian for a portion of the Plan assets. As such, transactions involving these parties are considered to be party-in-interest transactions.

7. TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated November 20, 2017, that the Plan and related trust are designed in accordance with applicable sections of the IRC. The plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes the Plan is qualified and the related trust is tax-exempt.

8. RECONCILIATION TO FORM 5500

Certain items have been classified differently between the financial statements and Form 5500. The following table reconciles the Plan's net assets available for benefits per the financial statements to Form 5500 for the years ended December 31:

	2025	2024
Net assets available for benefits, per the financial statements	$ -	$ 38,968,757
Additional contribution receivable, per the financial statements:	-	(852,706)
Additional liability, per the financial statements:	2,703	-
Additional receivable, per Form 5500:	70	-
Net assets available for benefits, per Form 5500	$ 2,773	$ 38,116,051

The following table reconciles the Plan's change in net assets available for benefits per the financial statements to Form 5500 for the years ended December 31:

	2025	2024
Change in net assets available for benefits, per the financial statements	$(38,719,624)	$ (7,038,444)
Additional contribution, per the financial statements:	-	(717,036)
Additional contribution, per Form 5500:	606,275	-
Additional income, per Form 5500:	71	-
Change in net assets available for benefits, per Form 5500	$(38,113,278)	$ (7,755,480)

9. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 14, 2026, which is the date the financial statements were available to be issued.

ATTACHMENT TO 2025 SCHEDULE SB
PLAN: ST. ANN'S HOME FOR THE AGED PENSION PLAN
EIN/PN: 16-0743146 / 001

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Actuarial Cost Method:

Traditional Unit Credit

The actuarial cost method used in the valuation was the traditional unit credit cost method.

The normal cost is the sum of all the individual normal costs for each participant. For active participants, the individual normal cost is the present value of the benefit earned during the year being valued. The normal cost is zero for active participants whose credited service equals or exceeds the plan maximum, and for non-active participants.

The actuarial accrued liability is the sum of the individual accrued liabilities for all participants. The individual accrued liability for an active participant is the present value of the accrued benefit as of the valuation date. For non-active participants, the individual accrued liability is the present value at the current age of future benefits. The unfunded liability is the actuarial accrued liability less the valuation assets.

The total annual cost of the plan is the normal cost plus an amount to amortize the shortfall amount.

Asset Valuation Method:

The actuarial value of the assets is determined by using the average value of the fair market value of the plan's assets at the valuation date over a 24 month period adjusted for contributions, distributions, expected earnings, and including discounted contributions receivable. The asset value determined under this method is adjusted to be no greater than 110% and no less than 90% of the fair market value of assets.

Participants included in valuation:

All employees who are eligible to participate as of December 31, 2012, plus retirees, beneficiaries and terminated participants entitled to current or future benefits. Any terminated vested individual who cannot be located and is older than 85 is assumed to be deceased.

Discount Rates:	*PPA basis*	Segment rates published for September, 2024 (5.07% / 5.33% / 5.36%).
	ARPA basis	Interest rate basis for the 2025 valuation is 5.07% / 5.31% / 5.50%. The Plan's effective rate, based on the segment rates, is 5.36% for 2025.
Expected Rate of Return on Plan Assets:	The expected return assumption is the applicable 3rd segment rate as detailed in Notice 2009-22 (5.50% for 2025).	
Mortality:	Generational mortality table described in IRS Section 1.430(h)(3)-1 and IRS Notice 2024-42, combined annuitant and non-annuitant tables, using the modified improvement scale MP-2021.	

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods (continued)

Turnover: 170% of the Table T-6 rates of withdrawal from the Pension Actuaries Handbook plus selected rates below

Table of Select Rates

Service (yrs.)	Rate	Service (yrs.)	Rate
1	12%	10-11	6%
2	11%	12	5%
3	10%	13	4%
4-5	9%	14	3%
6-7	8%	15	2%
8-9	7%	over 15 or after eligible for early retirement	0%

Retirement Rates: Employees were assumed to retire in accordance with the rates below:

Age	Rate	Age	Rate
55	10%	63	20%
56-60	6%	64	10%
61	15%	65	100%
62	40%		

Salary Scale: N/A. Plan benefits are frozen.

Percent married: Men: 80%
Women: 60%
Males assumed to be 3 years older than their spouses.

Disability: None assumed.

Administrative expenses: Administrative expenses are estimated based on the prior year's actual expenses, or $669,000. Investment return is assumed to be net of investment expenses.

At Risk Assumptions: Retirement Assumption: All active and inactive participants who are eligible to elect benefits during the current and next 10 years and not allowed to retire on the valuation date are assumed to retire at the earliest date under the plan, but not before the end of the current plan year.

Most Valuable Form of Payment: All participants not yet in pay status are assumed to elect the benefit form that results in the highest present value of benefits.

ATTACHMENT TO 2025 SCHEDULE SB
PLAN: ST. ANN'S HOME FOR THE AGED PENSION PLAN
EIN/PN: 16-0743146 / 001

Schedule SB, Line 26 - Schedule of Participant Data

Attained Age	Years of Credited Service										Total Number
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	1	0	0	0	0	0	0	0	0	0	1
35 to 39	4	6	2	0	0	0	0	0	0	0	12
40 to 44	1	8	6	0	0	0	0	0	0	0	15
45 to 49	1	7	6	3	1	0	0	0	0	0	18
50 to 54	2	7	7	7	4	1	0	0	0	0	28
55 to 59	2	4	7	12	3	1	2	0	0	0	31
60 to 64	1	3	11	4	4	2	5	2	0	0	32
65 to 69	0	4	1	0	0	0	1	0	0	0	6
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	12	39	40	26	12	4	8	2	0	0	143

ATTACHMENT TO 2025 SCHEDULE SB
PLAN: ST. ANN'S HOME FOR THE AGED PENSION PLAN
EIN/PN: 16-0743146 / 001

Schedule SB, Line 32 – Schedule of Amortization Bases

Type of Amortization Base	Present Value of Remaining Installments	Date Established	Remaining Years	Amortization Installment
Shortfall	1,840,388	01/01/25	15	171,599
Surplus	(385,384)	01/01/24	14	(37,634)
Shortfall	3,567,673	01/01/23	13	366,670
Total	$ 5,022,677			$ 500,635

ATTACHMENT TO 2025 SCHEDULE SB
PLAN: ST. ANN'S HOME FOR THE AGED PENSION PLAN
EIN/PN: 16-0743146 / 001

Schedule SB, Part V – Summary of Plan Provisions

History

The plan was adopted on December 1, 1958 and was most recently restated effective January 1, 2007. Effective December 31, 2012, accruals under the plan were frozen. Effective January 1, 2020, the plan was amended to raise the limit for lump sum distributions from $40,000 to $100,000. Effective May 31, 2025, the plan is being terminated.

Eligibility

All employees enter on the first day of the plan year in which they complete one year of service and attain age 21. No individuals will be eligible to become a participant after December 31, 2012.

Benefit Service

Prior to January 1, 1997, Credited Service equals the total years and months of service as a participant. Effective January 1, 1997, Credited Service is earned for each Plan Year during which a participant completes at least 1,000 hours. No service will be accrued after December 31, 2012.

Final Average Earnings

Prior to January 1, 1995, sum of highest 36 consecutive months of service out of the last 120 months of service divided by 3.

After January 1, 1995, sum of the highest 3 consecutive calendar years of service out of the last 10 years of service, divided by 3.

For Employees hired on or after January 1, 2005, sum of the highest 5 consecutive calendar years of service out of the last 10 years of service, divided by 5.

Normal Retirement

Eligibility
Age 65 and 5 years of participation

Amount of Benefit
1.75% of final average compensation (1.25% for an employee hired on or after January 1, 2005 and before January 1, 2007; 1.10% for an employee hired on or after January 1, 2007; 0.85% for an employee hired on or after April 1, 2010) times years of service, plus 0.5% of average compensation in excess of covered compensation times service up to a maximum of 25 years.

Early Retirement

Eligibility
Attainment of age 55 and 5 years of service.

Amount of Benefit
Accrued normal retirement benefit reduced 6.0% for each of the first 5 years and 3% for each of the next five years that retirement precedes age 65. However, if the participant was hired before January 1, 2005 and has completed 20 years of credited service upon early retirement, the accrued normal retirement benefit will be reduced by 6% for each of the first five years and 4% for each of the next two years that retirement proceeds age 62.

Late Retirement

Eligibility
Members can postpone retirement beyond age 65.

Amount of Benefit
Greater of: (1) benefit calculated as for normal retirement, based on credited service at actual retirement date; and (2) actuarial equivalent of accrued benefit at normal retirement date.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Disability

Benefit
None, Disability Benefit was eliminated December 31, 1996.

Death Benefit

Eligibility
5 years of service

Amount of Benefit
The amount payable to the surviving spouse is one-half of the benefit that would have been paid if the participant had retired the day before he died under the joint and survivor option. Benefits are paid at the participant's early retirement age, had he survived.

Vesting

Eligibility
All benefits are 100% vested upon 5 years of service

Amount of Benefit
Accrued benefit payable at normal retirement date or early retirement date. If paid at early retirement, the benefit is reduced 6.0% for each of the first 5 years and 3% for each of the next five years that retirement precedes age 65. However, if the participant was hired before January 1, 2005 and had completed 20 years of credited service upon termination, the accrued normal retirement benefit will be reduced by 6% for each of the first five years and 4% for each of the next two years that retirement proceeds age 62.

Normal Form of Payment

If married, benefits are paid in the form of a 50% joint and survivor annuity. If not married, benefits are payable for the life of the participant.

Optional Forms of Payment

The plan provides the following forms of payment: Life annuity, Joint and Survivor (50%, 66 2/3%, 75% or 100%), 10-year certain and life, and a lump sum, if less than $100,000. During the plan termination process, the Lump Sum limit is lifted.

Assumptions for Optional Forms of Payment

Optional forms of payment are actuarially equivalent to the normal form of payment for single participants, i.e. the life annuity option. The conversion factors are calculated using actuarial equivalence.

Actuarial Equivalence

Actuarial equivalence for non-single sum payments is based on the 1994 Group Annuity Mortality Table, (static) for males set back four years for participants and one year for beneficiaries. The interest rate is an annual rate of 7.00%. In no event will the monthly benefit be less than the accrued benefit as of December 31, 2004 under the prior actuarial equivalence. The actuarial equivalence for lump sum payments uses the 417(e) interest rate basis for November preceding the plan year and mortality as prescribed by regulations.

Contributions

The employer pays the total cost of the plan.

ATTACHMENT TO 2025 SCHEDULE SB
PLAN: ST. ANN'S HOME FOR THE AGED PENSION PLAN
EIN/PN: 16-0743146 / 001

Schedule SB, Line 20(b) – Discounted Employer Contributions

Date Contribution Paid	Contribution Amount	Applicable Plan Year	Effective Interest Rate	Interest Rate On Late Installments	Interest-Adjusted Contribution
12/08/25	50,000	2025	5.36%	10.36%	46,207
12/09/25	25,000	2025	5.36%	10.36%	23,097
12/12/25	71,610	2025	5.36%	10.36%	66,107
12/12/25	146,610	2025	5.36%	10.36%	136,916
12/12/25	146,610	2025	5.36%	10.36%	138,526
12/12/25	146,610	2025	5.36%	N/A	139,550
12/12/25	94,835	2025	5.36%	N/A	90,268
Total	681,275				640,671

ATTACHMENT TO 2025 SCHEDULE SB
PLAN: ST. ANN'S HOME FOR THE AGED PENSION PLAN
EIN/PN: 16-0743146 / 001

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

(A) RETIREMENT AGE	(B) RETIREMENT PERCENT	(C) NOT RETIRED	(A)x(B)x(C) PRODUCT
55	10.0%	1,000.00	5,500.00
56	6.0	900.00	3,024.00
57	6.0	846.00	2,893.32
58	6.0	795.24	2,767.44
59	6.0	747.53	2,646.24
60	6.0	702.67	2,529.63
61	15.0	660.51	6,043.70
62	40.0	561.44	13,923.63
63	20.0	336.86	4,244.46
64	10.0	269.49	1,724.73
65	100.0	242.54	15,765.14
		Weighted average retirement age	61.06
		Nearest age	61.00

ST. ANN'S HOME FOR THE AGED PENSION PLAN

EMPLOYER IDENTIFICATION NUMBER 16-0743146
PLAN NUMBER 001
SCHEDULE H, LINE 4i; SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025 (IN LIQUIDATION)

(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
	MUTUAL FUNDS:			
*	Wilmington US Treasury Money Market Class INST	Mutual fund	-	$ 2,703
	Total investments held at end of year			$ 2,703

* Denotes party-in-interest

The accompanying notes are an integral part of this schedule.

ST. ANN'S HOME FOR THE AGED PENSION PLAN Schedule II

EMPLOYER IDENTIFICATION NUMBER 16-0743146
PLAN NUMBER 001
SCHEDULE H, LINE 4j; SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2025 (IN LIQUIDATION)

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
I. Individual 5% Transactions						
Vanguard Long-term Investment Grade Adm	Mutual Fund	$ -	$ 7,563,284	$ 7,264,257	$ 7,563,284	$ 299,027
Wilmington US Treasury Money Market Class Admn	Mutual Fund	$ 9,630,801	$ -	$ 9,630,801	$ 9,630,801	$ -
Wilmington US Treasury Money Market Class Admn	Mutual Fund	$ 11,979,564	$ -	$ 11,979,564	$ 11,979,564	$ -
Wilmington US Treasury Money Market Class Admn	Mutual Fund	$ -	$ 11,721,639	$ 11,721,639	$ 11,721,639	$ -
Wilmington US Treasury Money Market Class Admn	Mutual Fund	$ -	$ 9,310,674	$ 9,310,674	$ 9,310,674	$ -
Wilmington US Treasury Money Market Class Admn	Mutual Fund	$ -	$ 9,633,023	$ 9,633,023	$ 9,633,023	$ -
II. Series of Transactions, Not Involving Securities, with the Same Person						
None						
III. Series of Transactions Involving Securities of the Same Issue						
IShares Core MSCI International ETF	Mutual Fund	$ 3,677,562	$ 3,815,653	$ 3,677,562	$ 3,815,653	$ 138,091
Vanguard Total Market ET Index Admiral	Mutual Fund	$ 8,750,000	$ -	$ 8,750,000	$ 8,750,000	$ -
Vanguard Total Market ET Index Admiral	Mutual Fund	$ -	$ 6,422,665	$ 6,403,521	$ 6,422,665	$ 19,144
Vanguard Total Bond Market ET Index I	Mutual Fund	$ 6,350,000	$ -	$ 6,350,000	$ 6,350,000	$ -
Vanguard Total Bond Market ET Index I	Mutual Fund	$ -	$ 9,570,338	$ 9,570,338	$ 9,570,338	$ -
Wilmington US Treasury Money Market Class Admn	Mutual Fund	$ 35,323,739	$ -	$ 35,323,739	$ 35,323,739	$ -
Wilmington US Treasury Money Market Class Admn	Mutual Fund	$ 31,906,266	$ -	$ 31,906,266	$ 31,906,266	$ -
Wilmington US Treasury Money Market Class Admn	Mutual Fund	$ -	$ 35,321,036	$ 35,321,036	$ 35,321,036	$ -
Wilmington US Treasury Money Market Class Admn	Mutual Fund	$ -	$ 32,487,698	$ 32,487,698	$ 32,487,698	$ -
IV. Series of Transactions with a Single Person						
None						

The accompanying notes are an integral part of this schedule.

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. ANN'S HOME FOR THE AGED PENSION 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. ANN'S HOME FOR THE AGED

D Employer Identification Number (EIN)
16-0743146

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	38116052
	b Actuarial value	2b	35275739

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	111	22823700	22823700
b For terminated vested participants	167	8735718	8735718
c For active participants	143	8182927	8397712
d Total	421	39742345	39957130

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	5.36 %
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	443000
	c Target normal cost	6c	443000

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

Michael Carney MC
Signature of actuary

09/25/2026
Date

MICHAEL CARNEY
Type or print name of actuary

26-05647
Most recent enrollment number

USI CONSULTING GROUP
Firm name

585-624-5500
Telephone number (including area code)

300 MERIDIAN CENTRE
SUITE 100
ROCHESTER, NY 14618
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	1037049
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	728416
9	Amount remaining (line 7 minus line 8)	0	308633
10	Interest on line 9 using prior year's actual return of 10.58 %	0	32653
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.11 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	341286

Part III Funding Percentages

14	Funding target attainment percentage	14	87.42%
15	Adjusted funding target attainment percentage	15	91.31%
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	93.08%
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
09/30/2024	50000				
12/09/2025	25000				
12/12/2025	606275				
			Totals ► 18(b)	681275	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	640671

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:	
5.07%	5.31%	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	61

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**	443000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	5022677	208598
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	651598

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	10927	10927

36 Additional cash requirement (line 34 minus line 35)	**36**	640671
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	640671
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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