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
- [X] 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
LCB SENIOR LIVING LLC 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2014

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)
LCB SENIOR LIVING, LLC

315 NORWOOD PARK SOUTH
NORWOOD, MA 02062

2b Employer Identification Number (EIN)
38-3900044

2c Plan Sponsor's telephone number
781-619-9339

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	TAMMY LOPEZ DEL MORAL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

5	Total number of participants at the beginning of the plan year	**5**	3741
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)**	2887
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2768
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	1021
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3791
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	7
f	Total. Add lines **6d** and **6e**.	**6f**	3798
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)**	3554
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)**	3677
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	232
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2S 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
LCB SENIOR LIVING LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LCB SENIOR LIVING, LLC

D Employer Identification Number (EIN)
38-3900044

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

1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
84-0467907	68322	517375-01	1316	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	236959
5	Current value of plan's interest under this contract in separate accounts at year end	5	74053

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	154936
c	Additions: (1) Contributions deposited during the year	7c(1)	40653		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	2777		
	(4) Transferred from separate account	7c(4)	55946		
	(5) Other (specify below)	7c(5)	68416		
	▶ LOAN PAYMENTS				
	(6)Total additions			7c(6)	167792
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	322728
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	14884		
	(2) Administration charge made by carrier	7e(2)	1763		
	(3) Transferred to separate account	7e(3)	69121		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	85768
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	236960

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan
LCB SENIOR LIVING LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LCB SENIOR LIVING, LLC

D Employer Identification Number (EIN)
38-3900044

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

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

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

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

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

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

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

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

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

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

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

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	228279	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

WHALEROCK POINT PARTNERS LLC

1 TURKS HEAD PL STE 1400
PROVIDENCE RI
PROVIDENCE, RI 02903

(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?
27	INVESTMENT ADVISOR	110568	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
28	INVESTMENT MGMT	9204	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
LCB SENIOR LIVING LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
LCB SENIOR LIVING, LLC

D Employer Identification Number (EIN)
38-3900044

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE:	PUTNAM RETIREMENT ADVANTAGE TRST 20		
b Name of sponsor of entity listed in (a):	PUTNAM INVESTMENTS CIT		
c EIN-PN 27-3616920-273	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	897303
a Name of MTIA, CCT, PSA, or 103-12 IE:	PUTNAM RETIREMENT ADVANTAGE TRST MA		
b Name of sponsor of entity listed in (a):	PUTNAM INVESTMENTS CIT		
c EIN-PN 26-0788428-268	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3977659
a Name of MTIA, CCT, PSA, or 103-12 IE:	PUTNAM RETIREMENT ADVANTAGE TRST 20		
b Name of sponsor of entity listed in (a):	PUTNAM INVESTMENTS CIT		
c EIN-PN 26-0787670-258	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2284498
a Name of MTIA, CCT, PSA, or 103-12 IE:	BLACKROCK U.S. DEBT INDEX FD R		
b Name of sponsor of entity listed in (a):	GREAT GRAY		
c EIN-PN 20-3802445-010	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	224012
a Name of MTIA, CCT, PSA, or 103-12 IE:	PUTNAM RETIREMENT ADVANTAGE TRST 20		
b Name of sponsor of entity listed in (a):	PUTNAM INVESTMENTS CIT		
c EIN-PN 26-0788428-268	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	PUTNAM RETIREMENT ADVANTAGE TRST 20		
b Name of sponsor of entity listed in (a):	PUTNAM INVESTMENTS CIT		
c EIN-PN 85-3582370-274	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	628184
a Name of MTIA, CCT, PSA, or 103-12 IE:	PUTNAM RETIREMENT ADVANTAGE TRST 20		
b Name of sponsor of entity listed in (a):	PUTNAM INVESTMENTS CIT		
c EIN-PN 26-1384398-260	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3343801

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADVANTAGE TRST 20

b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS CIT

c EIN-PN 26-1208510-259	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3781732

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADVANTAGE TRST 20

b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS CIT

c EIN-PN 26-0787670-272	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2076678

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADVANTAGE TRST 20

b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS CIT

c EIN-PN 26-0788040-262	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2967333

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADVANTAGE TRST 20

b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS CIT

c EIN-PN 26-0787945-261	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5305473

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

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
LCB SENIOR LIVING LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LCB SENIOR LIVING, LLC

D Employer Identification Number (EIN)
38-3900044

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	457982	641196
(9) Value of interest in common/collective trusts	1c(9)	20124679	25486673
(10) Value of interest in pooled separate accounts	1c(10)	0	74053
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2512336	3469928
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	154936	236959
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	23249933	29908809
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h		
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
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	23249933	29908809

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)	557096	
(B) Participants	2a(1)(B)	5657086	
(C) Others (including rollovers)	2a(1)(C)	721728	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		6935910
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	45043	
(F) Other	2b(1)(F)	2771	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		47814
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	104446	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		104446
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		3371682
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		5013
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		391942
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		10856807
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3791364	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		3791364
f Corrective distributions (see instructions)	2f		28819
g Certain deemed distributions of participant loans (see instructions)	2g		29697
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	228279	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	119772	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		348051
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4197931
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6658876
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: GRAY, GRAY, & GRAY, LLP **(2)** EIN: 04-2088368

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
LCB SENIOR LIVING LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LCB SENIOR LIVING, LLC

D Employer Identification Number (EIN)
38-3900044

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): 84-1455663

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 11 / 14 / 2022 (MM/DD/YYYY) and the Opinion Letter serial number Q702518A .

LCB SENIOR LIVING, LLC
401(k) PROFIT SHARING PLAN

Financial Statements and Supplemental Schedules
with Independent Auditor's Report

December 31, 2025

g³ray™

LCB SENIOR LIVING, LLC 401(k) PROFIT SHARING PLAN

TABLE OF CONTENTS

Page

INDEPENDENT AUDITOR'S REPORT 1

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS 5

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS 6

NOTES TO FINANCIAL STATEMENTS 7

SUPPLEMENTAL SCHEDULE

SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR) 17

SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS 18

Note: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) have been omitted because they are not applicable.

THE POWER OF MORE

INDEPENDENT AUDITOR'S REPORT

To the Trustees
LCB Senior Living, LLC 401(k) Profit Sharing Plan

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

We have performed audits of the accompanying financial statements of **LCB Senior Living, LLC 401(k) Profit Sharing Plan**, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of **LCB Senior Living, LLC 401(k) Profit Sharing Plan**'s financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of **LCB Senior Living, LLC 401(k) Profit Sharing Plan** and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about **LCB Senior Living, LLC 401(k) Profit Sharing Plan**'s ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of **LCB Senior Living, LLC 401(k) Profit Sharing Plan**'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about **LCB Senior Living, LLC 401(k) Profit Sharing Plan**'s ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

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

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its 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, is 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).

GRAY, GRAY & GRAY, LLP

Gray, Gray & Gray, LLP

Canton, MA
October 12, 2026

LCB SENIOR LIVING, LLC 401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments, at fair value		
Mutual funds	**$ 3,469,928**	$ 2,512,336
Investment contract, non benefit-responsive	**236,959**	154,936
Common/collective trusts	**25,486,673**	20,124,679
Pooled separate account	**74,053**	-
TOTAL INVESTMENTS, AT FAIR VALUE	**29,267,613**	22,791,951
Receivables		
Notes receivable from participants	**641,196**	457,982
Employer contributions receivable	**653,110**	558,031
TOTAL RECEIVABLES	**1,294,306**	1,016,013
TOTAL ASSETS	**30,561,919**	23,807,964
LIABILITIES		
Excess contributions refundable	**38,373**	24,929
NET ASSETS AVAILABLE FOR BENEFITS	**$ 30,523,546**	$ 23,783,035

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

LCB SENIOR LIVING, LLC 401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2025

ADDITIONS	
Additions to net assets attributed to:	
Investment income	
Net appreciation in fair value of investments	**$ 3,768,637**
Interest and dividend income	**107,217**
TOTAL INVESTMENT INCOME	**3,875,854**
Interest earned on notes receivable from participants	**45,043**
Contributions	
Participant contributions	**5,643,642**
Participant rollover contributions	**721,728**
Employer contributions	**652,175**
TOTAL CONTRIBUTIONS	**7,017,545**
TOTAL ADDITIONS	**10,938,442**
DEDUCTIONS	
Deductions from net assets attributed to:	
Benefit payments to participants	**3,849,880**
Administrative expenses	**348,051**
TOTAL DEDUCTIONS	**4,197,931**
NET INCREASE	**6,740,511**
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	**23,783,035**
End of year	**$ 30,523,546**

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

NOTE 1: DESCRIPTION OF PLAN

The following description of the LCB Senior Living, LLC 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined-contribution plan established on January 1, 2014, covering substantially all employees of LCB Senior Living, LLC (the "Company") communities and corporate offices who have completed two consecutive full calendar months of employment and are 21 years of age or older. Once an employee has met the eligibility requirements, they are enrolled in the Plan the first day of the following calendar month. Participants do not become eligible to receive discretionary matching contributions or employer discretionary contributions from the Company until they have completed a year of service and worked at least 1,000 hours in that period. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Participant Contributions: Each year, participants may contribute an amount up to a certain percentage of pretax annual compensation, as defined in the Plan, subject to limits set by the Internal Revenue Code ("IRC"). Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Effective January 1, 2025, the Plan adopted the "super catch-up" contribution provisions of the SECURE 2.0 Act of 2022. Participants between the ages of 60 and 63 are permitted to make elevated catch-up contributions up to the statutory limit of $11,250 for the year ended December 31, 2025. Participants may also contribute amounts received from any other retirement plan which satisfy the tax rules for rollovers. Unless instructed otherwise by the participant, upon becoming eligible to participate in the Plan, 2% of the participant's eligible compensation will be contributed to the Plan and invested in a designated fund until changed by the participant. Participants may designate a portion, or all, of their deferred contributions as Roth contributions, which are includable in the participant's gross income. Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

Employer Contributions: The Company may make discretionary employer contributions for those who were eligible to participate in the Plan during the Plan year based on a pro rata allocation as a uniform percentage of Plan compensation or as a uniform dollar amount. For the years ended December 31, 2025 and 2024, the Company made a discretionary employer match contribution equal to 25% of participants' contributions up to 4% of a participant's eligible compensation which amounted to $653,110 and $558,031, respectively.

Participant Accounts: Each participant's account is credited with the participant's contributions, the Company's contributions, and allocations of Plan earnings or losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations of earnings or losses are based on account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

NOTE 1: DESCRIPTION OF PLAN (CONTINUED)

Vesting: Participants are immediately 100% vested in their voluntary contributions and rollover contributions, plus the investment earnings arising from these contributions. Company discretionary matching contributions and related earnings are subject to a vesting schedule based on the number of years of continuous service as follows:

Years of Service	Vested Percentage
Less than 2 years	0%
2 years but less than 3	20%
3 years but less than 4	40%
4 years but less than 5	60%
5 years but less than 6	80%
6 years or more	100%

Notes Receivable from Participants: Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the participant notes receivable fund. Notes receivable terms range from one to five years, or up to ten years for the purchase of a primary residence. Loans are secured by the balances in the participants' accounts and the interest rates charged on loans outstanding at December 31, 2025, were between 4.16% and 9.50%. Principal and interest are paid ratably usually through payroll deductions but must be paid on a quarterly basis.

Payment of Benefits: Upon termination of service due to death, disability, retirement, or attainment of age 70½, a participant will receive a lump sum amount equal to the value of the participants vested interest in his or her account. In-service distributions are also allowed at the attainment of age 59½. In-service distributions will be permitted if a participant is 100% vested in amounts being withdrawn and the minimum distribution is $1,000. Withdrawals are also permitted for certain events that result in financial hardship for the participant. The Plan also allows for participants to be forced out if their account balance is under $7,000.

Investment Options: Participants direct the investment of contributions into various investment options offered by the Plan.

Forfeited Accounts: At December 31, 2025 and 2024, the forfeited non-vested accounts totaled $61,583 and $45,479 respectively. This account may be used to reduce future discretionary employer matching contributions and to pay Plan administrative expenses. For the year ended December 31, 2025, $65,562 of the forfeitures were used to reduce employer matching contributions and to pay Plan administrative expenses.

NOTE 1: DESCRIPTION OF PLAN (CONTINUED)

Unallocated Assets: The Plan holds assets in an unallocated account which receives contributions as a result of a revenue sharing agreement with WhaleRock Point Partners LLC. During 2025, contributions to the account totaled $110,568 which is included in net appreciation in fair value of investments in the statement of changes in net assets available for benefits. Funds in the account are used to pay qualified Plan expenses. During 2025, $110,568 was used to pay Plan expenses. There were no amounts held in the unallocated account at December 31, 2025 and 2024.

NOTE 2: SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP"). The financial statements and supplemental schedules have been prepared to satisfy the reporting and disclosure requirements of ERISA.

Use of Estimates: The preparation of financial statements in conformity with GAAP requires Plan Management to make estimates and assumptions that affect the reported amounts of Plan assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition: 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. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment advisers, trustees and other parties involved with the Plan. See Note 3 for discussion of fair value measurements.

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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Administrative Expenses: Certain expenses for maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Excess Contributions Refundable: Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions.

Payment of Benefits: Benefit payments to participants are recorded when paid.

NOTE 2: SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis, related fees are recorded as administrative expenses and are expensed when incurred. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. No allowance for credit losses has been recorded as of December 31, 2025 and 2024.

Risks and Uncertainties: The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statements of net assets available for benefits.

Uncertain Tax Positions: GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2022.

NOTE 3: FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, "*Fair Value Measurement and Disclosures*", provides the framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

NOTE 3: FAIR VALUE MEASUREMENTS (CONTINUED)

Level 2 - inputs to the valuation methodology include:

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

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

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

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

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

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common/collective trusts: Valued at the NAV of units of a collective trust. The NAV, as provided by the fund manager, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV.

Investment contract, non benefit-responsive: The Plan has a contract with Empower Trust Company, LLC. Under the contract, which is considered non benefit-responsive, deposits of contributions received are invested in the contract. The contract is included in the financial statement at fair value using a discounted cash flow methodology where the interest rate for the portfolio investment contract is reset at least as frequently as annually. Fair value of the investment contract, prior to contract termination, equals the contract value.

Pooled separate account: Valued at the daily closing price as reported by the fund. The pooled separate account held by the Plan is an open-end mutual fund that is registered with the Securities and Exchange Commission. This fund is required to publish its daily NAV and to transact at that price. The pooled separate account held by the Plan is deemed to be actively traded.

NOTE 3: FAIR VALUE MEASUREMENTS (CONTINUED)

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	2025			
	Level 1	Level 2	Level 3	Total
Investments measured at fair value:				
Mutual funds	**$ 3,469,928**	**$ -**	**$ -**	**$ 3,469,928**
Investment contract, non benefit-responsive	**-**	**236,959**	**-**	**236,959**
Pooled separate account	**74,053**	**-**	**-**	**74,053**
Total assets in the fair value hierarchy	**$ 3,543,981**	**$ 236,959**	**$ -**	**3,780,940**
Investments measured at NAV (a):				
Common/collective trusts				**25,486,673**
Total investments, at fair value				**$ 29,267,613**

	2024			
	Level 1	Level 2	Level 3	Total
Investments measured at fair value:				
Mutual funds	$ 2,512,336	$ -	$ -	$ 2,512,336
Investment contract, non benefit-responsive	-	154,936	-	154,936
Total assets in the fair value hierarchy	$ 2,512,336	$ 154,936	$ -	2,667,272
Investments measured at NAV (a):				
Common/collective trusts				20,124,679
Total investments, at fair value				$ 22,791,951

(a) In accordance with Subtopic 820-10, the common/collective trusts that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

NOTE 3: FAIR VALUE MEASUREMENTS (CONTINUED)

Fair Value of Investments in Entities that Use NAV: The following tables summarize investments measured at fair value based on NAV per share as of December 31:

	2025				
Investment	Fair Value	Unfunded Commitments	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Blackrock U.S. Debt Index Fd R	**$ 224,012**	**None**	**Daily**	**None**	*
Putnam Retirement Advantage Trst Mat X	**$ 3,977,659**	**None**	**Daily**	**None**	**
Putnam Retirement Advantage Trst 2030 X	**$ 2,967,333**	**None**	**Daily**	**None**	**
Putnam Retirement Advantage Trst 2035 X	**$ 5,305,473**	**None**	**Daily**	**None**	**
Putnam Retirement Advantage Trst 2040 X	**$ 3,343,801**	**None**	**Daily**	**None**	**
Putnam Retirement Advantage Trst 2045 X	**$ 3,781,732**	**None**	**Daily**	**None**	**
Putnam Retirement Advantage Trst 2050 X	**$ 2,284,498**	**None**	**Daily**	**None**	**
Putnam Retirement Advantage Trst 2055 X	**$ 2,076,678**	**None**	**Daily**	**None**	**
Putnam Retirement Advantage Trst 2060 X	**$ 897,303**	**None**	**Daily**	**None**	**
Putnam Retirement Advantage Trst 2065 X	**$ 628,184**	**None**	**Daily**	**None**	**

	2024				
Investment	Fair Value	Unfunded Commitments	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Blackrock U.S. Debt Index Fd R	$ 230,138	None	Daily	None	*
Putnam Retirement Advantage Trst Mat X	$ 883,163	None	Daily	None	**
Putnam Retirement Advantage Trst 2025 X	$ 3,267,064	None	Daily	None	**
Putnam Retirement Advantage Trst 2030 X	$ 2,294,218	None	Daily	None	**
Putnam Retirement Advantage Trst 2035 X	$ 4,068,893	None	Daily	None	**
Putnam Retirement Advantage Trst 2040 X	$ 2,372,943	None	Daily	None	**
Putnam Retirement Advantage Trst 2045 X	$ 2,857,483	None	Daily	None	**
Putnam Retirement Advantage Trst 2050 X	$ 1,724,602	None	Daily	None	**
Putnam Retirement Advantage Trst 2055 X	$ 1,507,714	None	Daily	None	**
Putnam Retirement Advantage Trst 2060 X	$ 584,253	None	Daily	None	**
Putnam Retirement Advantage Trst 2065 X	$ 334,208	None	Daily	None	**

* 5 day notice is required for redemptions in excess of $1,000,000
** 5 day notice for Plan-level redemptions

NOTE 4: PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate it at any time subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE 5: RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

The Plan's investments are held primarily in mutual funds, common/collective trusts, a pooled separate account, and a non-benefit investment contract offered by Empower Trust Company, LLC and Empower Annuity Insurance Company of America, the Trustees as defined by the Plan. The Plan also utilizes WhaleRock Point Partners LLC for investment advisory services. Transactions with these entities qualify as exempt party-in-interest transactions.

NOTE 6: TAX STATUS

The Plan has adopted a prototype standardized profit sharing plan which received a letter dated June 30, 2020, stating that the prototype plan is acceptable under Section 401(a) of the IRC for use by employers for the benefit of their employees. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 7: CERTIFICATION OF TRUSTEES

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Empower Trust Company, LLC and Empower Annuity Insurance Company of America, the Trustees, certified that the following data included in the accompanying financial statements and supplemental schedule of assets (held at end of year) are complete and accurate.

	December 31, 2025	December 31, 2024
Mutual funds	**$ 3,469,928**	$ 2,512,336
Common/collective trusts	**$ 25,486,673**	$ 20,124,679
Investment contract, non benefit-responsive	**$ 236,959**	$ 154,936
Pooled separate account	**$ 74,053**	$ -
Notes receivable from participants	**$ 641,196**	$ 457,982

	Year Ended December 31, 2025
Net appreciation in fair value of investments	**$ 3,768,637**
Interest and dividend income	**$ 107,217**
Interest earned on notes receivable from participants	**$ 45,043**

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule of assets (held at end of year).

NOTE 8: RECONCILIATION TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at December 31:

	2025	2024
Net assets available for benefits per the financial statements	**$ 30,523,546**	$ 23,783,035
Less: employer contributions receivable	**(653,110)**	(558,031)
Add: excess contributions refundable	**38,373**	24,929
Net assets per Form 5500	**$ 29,908,809**	$ 23,249,933

The following is a reconciliation of the net increase per the financial statements to net income reported in the Form 5500 for the year ended December 31, 2025:

Net increase per the financial statements	**$ 6,740,511**
Change in employer contributions receivable	**(95,079)**
Change in excess contributions refundable	**13,444**
Net income per Form 5500	**$ 6,658,876**

NOTE 9: SUBSEQUENT EVENTS

The date to which events occurring after December 31, 2025, the date of the most recent statement of financial position, have been evaluated for possible adjustment to the financial statements or disclosure is October 12, 2026, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

LCB SENIOR LIVING, LLC 401(k) PROFIT SHARING PLAN
SUPPLEMENTAL SCHEDULE REQUIRED BY ERISA AND THE DEPARTMENT OF LABOR
December 31, 2025
PLAN NUMBER: 001 EIN: 38-3900044

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor or similar party	Description of asset including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Putnam Retirement Advantage Trst 2035 X	Common/collective trusts	**	$ 5,305,473
	Putnam Retirement Advantage Trst Mat X	Common/collective trusts	**	$ 3,977,659
	Putnam Retirement Advantage Trst 2045 X	Common/collective trusts	**	$ 3,781,732
	Putnam Retirement Advantage Trst 2040 X	Common/collective trusts	**	$ 3,343,801
	Putnam Retirement Advantage Trst 2030 X	Common/collective trusts	**	$ 2,967,333
	Putnam Retirement Advantage Trst 2050 X	Common/collective trusts	**	$ 2,284,498
	Putnam Retirement Advantage Trst 2055 X	Common/collective trusts	**	$ 2,076,678
	T Rowe Price Equity Index 500 I	Mutual funds	**	$ 1,006,509
	Putnam Retirement Advantage Trst 2060 X	Common/collective trusts	**	$ 897,303
	Putnam Retirement Advantage Trst 2065 X	Common/collective trusts	**	$ 628,184
	Ishares Msci Total International Index K	Mutual funds	**	$ 545,822
	Fidelity Large Cap Growth Index	Mutual funds	**	$ 355,594
	Ei Fixed Account - Series Class I	Investment contract, non benefit-responsive	**	$ 236,959
	Blackrock U.S. Debt Index Fd R	Common/collective trusts	**	$ 224,012
	Fidelity Large Cap Value Index	Mutual funds	**	$ 192,522
	Fidelity Mid Cap Index	Mutual funds	**	$ 183,435
	Blackrock Balanced K	Mutual funds	**	$ 114,712
	Ishares Russell Small/Mid-Cap Index K	Mutual funds	**	$ 110,939
	Pimco Income Instl	Mutual funds	**	$ 108,684
	Fidelity Inflation Protected Bond Index	Mutual funds	**	$ 107,570
	DFA Real Estate Securities I	Mutual funds	**	$ 104,648
	Fidelity Emerging Markets Index	Mutual funds	**	$ 103,684
	Fidelity Advisor Technology Z	Mutual funds	**	$ 96,638
	Pimco Rae Us Small Instl	Mutual funds	**	$ 78,910
	American Century Mid Cap Val	Pooled separate account	**	$ 74,053
	American Century Small Cap Growth R6	Mutual funds	**	$ 62,629
	American Century Focused Intl Gr R6	Mutual funds	**	$ 62,027
	Blackrock Strategic Global Bond K	Mutual funds	**	$ 62,002
	MFS Mid Cap Growth R6	Mutual funds	**	$ 61,992
	Blackrock High Yield Bond Portfolio K	Mutual funds	**	$ 49,394
	American Century Ultra R6	Mutual funds	**	$ 45,198
	MFS Blended Research Mid Cap Eq R6	Mutual funds	**	$ 17,019
*	Participant loans	Interest ranging from 4.16% - 9.50% maturing through 2035	$ -	$ 641,196

* Party-in-interest to the Plan

** Cost omitted for participant-directed investments

LCB SENIOR LIVING, LLC 401(k) PROFIT SHARING PLAN
SUPPLEMENTAL SCHEDULE REQUIRED BY ERISA AND THE DEPARTMENT OF LABOR
December 31, 2025
PLAN NUMBER: 001 EIN: 38-3900044

Schedule H, Line 4(j) - Schedule of Reportable Transactions

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Cost of assets	Current value of assets on transaction date	Net gain (loss)
Putnam Retirement Advantage Trst Mat X	Common/collective trust	$ 3,311,978	$ -	$ 3,311,978	$ 3,311,978	$ -
Putnam Retirement Advantage Trst 2025 X	Common/collective trust	$ -	$ 3,301,695	$ 2,747,065	$ 3,301,695	$ 554,630

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

LCB Senior Living LLC 401(k) Profit Sharing Plan

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
3GWAQ35	64,077.00	0.000000	355	(48,570.84)	0.000000	34	(48,570.84)	SERIES
4GWAQ35	1.06	0.000000	3	(2.06)	0.000000	23	(2.06)	SERIES
1MKCPX	145,777.14	5,348.731993	6997	(31,423.72)	(1,166.727695)	3679	(31,089.13)	SERIES
1PTRX25	366,656.55	17,479.056590	3512	(3,802,793.37)	(174,927.927489)	2196	(3,165,655.96)	SERIES
1PTRX30	880,643.54	34,981.720596	7719	(497,286.58)	(20,056.314133)	2877	(420,432.60)	SERIES
1PTRX35	1,246,846.23	43,819.243092	9016	(670,294.40)	(23,309.159629)	3319	(548,523.36)	SERIES
1PTRX40	886,734.04	28,880.166335	9119	(375,246.37)	(11,982.150367)	3121	(314,733.96)	SERIES
1PTRX45	778,744.54	24,041.599401	8548	(429,860.53)	(13,001.935033)	2871	(334,139.29)	SERIES
1PTRX50	622,085.97	18,231.456844	7706	(422,240.55)	(12,237.267975)	2832	(328,414.20)	SERIES
1PTRX55	474,988.35	10,668.962952	6527	(237,960.53)	(5,326.334603)	2562	(194,928.16)	SERIES
1PTRX60	364,621.04	11,570.302620	6271	(194,165.49)	(6,143.831290)	2235	(153,960.56)	SERIES
1PTRX65	312,698.51	18,958.027017	7116	(116,342.16)	(6,923.043493)	2278	(98,330.52)	SERIES
1PTRXMT	3,807,814.08	181,196.147085	6361	(981,679.03)	(45,643.095563)	2011	(938,189.05)	SERIES
1AFCMX	55,326.95	2,963.345079	6037	(27,212.50)	(1,526.055387)	3578	(26,460.73)	SERIES
1BDOKX	302,558.14	25,876.935152	5431	(215,864.11)	(18,020.347428)	8242	(186,151.74)	SERIES
1FPADX	70,755.62	5,703.372881	5654	(32,538.57)	(2,521.895294)	4501	(27,239.39)	SERIES
1DFREX	46,308.37	1,145.182293	7336	(21,858.30)	(538.259537)	3663	(21,330.57)	SERIES
1FFOTX	98,013.34	2,340.205152	160	(316.73)	(7.637569)	1	(317.84)	SERIES
1FIKHX	49,362.17	357.239393	499	(98,820.81)	(639.518089)	195	(83,856.39)	SERIES
1ANODX	44,994.55	1,905.345945	3554	(55,125.27)	(2,312.859079)	2071	(43,607.41)	SERIES
1BDBKX	3,886.25	160.617720	298	(81,515.32)	(3,224.740588)	551	(75,312.61)	SERIES
1BSMKX	184,040.86	10,684.541600	7077	(84,215.59)	(4,615.657765)	5447	(79,296.87)	SERIES
1PMJIX	47,758.94	4,362.457800	6643	(17,954.48)	(1,568.503644)	3118	(16,916.47)	SERIES
1AMDVX	532.54	34.410329	22	(61,760.00)	(3,884.580527)	46	(62,176.23)	SERIES
1FSMDX	113,064.22	3,228.433405	7157	(71,079.28)	(1,948.308708)	4256	(62,007.72)	SERIES
1BMSYX	21,693.74	1,500.164128	4425	(10,541.21)	(718.225776)	1049	(10,617.38)	SERIES
1OTCKX	59,395.67	1,854.558062	6006	(20,454.28)	(653.839227)	2058	(21,045.78)	SERIES
1H0065A	84,464.99	6,803.091014	577	(15,425.67)	(1,193.406726)	145	(14,735.22)	SERIES
1AULDX	35,137.03	323.787562	2167	(94,129.75)	(917.737273)	112	(72,297.38)	SERIES
1FSPGX	109,559.19	2,686.740144	5107	(161,677.85)	(3,975.130346)	7590	(143,544.35)	SERIES
1FLCOX	87,850.69	4,582.907828	5116	(108,640.40)	(5,567.248145)	6419	(95,038.86)	SERIES
1PRUIX	543,991.73	3,380.893316	8798	(376,882.34)	(2,337.230099)	4365	(295,481.09)	SERIES
1BRHYX	31,217.86	4,352.441537	4610	(9,460.44)	(1,317.317546)	1167	(9,371.20)	SERIES
1MKWIX	40,970.01	7,644.666684	5541	(23,491.73)	(4,452.453671)	2414	(23,664.27)	SERIES
1WTIGBR	132,189.80	749.444599	3194	(155,843.74)	(873.225195)	5036	(148,182.46)	SERIES
1FIPDX	69,994.14	7,607.646437	6215	(48,687.93)	(5,293.376903)	4653	(48,268.98)	SERIES
1PIMIX	71,252.63	6,597.897307	4482	(14,138.88)	(1,317.822841)	1672	(14,032.48)	SERIES
1GWAQ35	100,937.43	0.000000	7420	(37,195.51)	0.000000	4637	(37,195.51)	SERIES
5% TRANSACTIONS								
1PTRX25	0.00	0.000000	0	(3,301,695.00)	(151,187.584850)	485	(2,747,064.84)	25-JUL-25
1PTRXMT	3,311,977.50	157,863.560536	619	0.00	0.000000	0	0.00	25-JUL-25

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

LCB Senior Living LLC 401(k) Profit Sharing Plan

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1MKCPX			114,688.89	114,712.32
1PTRX30			2,390,104.54	2,967,332.55
1PTRX35			4,003,484.59	5,305,472.75
1PTRX40			2,455,584.76	3,343,801.30
1PTRX45			2,632,316.21	3,781,732.41
1PTRX50			1,606,522.44	2,284,497.78
1PTRX55			1,420,987.99	2,076,677.69
1PTRX60			669,667.08	897,303.30
1PTRX65			495,909.02	628,184.33
1PTRXMT			3,634,864.70	3,977,659.37
1AFCMX			59,402.70	62,026.60
1BDOKX			449,165.80	545,822.20
1FPADX			88,404.67	103,684.42
1DFREX			101,612.69	104,647.96
1FFOTX			97,695.50	96,638.26
1ANODX			60,286.96	62,628.71
1BSMKX			104,744.76	110,939.24
1PMJIX			69,762.20	78,909.97
1FSMDX			165,918.41	183,434.55
1BMSYX			16,459.68	17,019.25
1OTCKX			68,941.24	61,992.39
1H0065A			69,729.77	74,052.59
1AULDX			44,801.90	45,198.42
1FSPGX			243,213.09	355,593.77
1FLCOX			160,067.48	192,522.35
1PRUIX			813,140.05	1,006,508.58
1BRHYX			48,305.09	49,393.93
1MKWIX			61,452.77	62,002.06
1WTIGBR			209,018.37	224,011.91
1FIPDX			108,202.72	107,569.88
1PIMIX			105,720.41	108,683.58
1GWAQ35		1.450	171,624.22	175,376.41
			22,741,800.70	**29,206,030.83**
PARTICIPANT LOANS	VARIOUS	4.160-9.500	641,002.70	641,196.16
FORFEITURES			59,954.11	61,582.78

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 38-3900044

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

LCB Senior Living LLC 401(k) Profit Sharing Plan

01-JAN-25 to 31-DEC-25

16-JAN-26 03:48:05

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1MKCPX	BlackRock Balanced K
1PTRX35	Putnam Retirement Advantage Trst 2035 X
1PTRX45	Putnam Retirement Advantage Trst 2045 X
1PTRX55	Putnam Retirement Advantage Trst 2055 X
1PTRX65	Putnam Retirement Advantage Trst 2065 X
1AFCMX	American Century Focused Intl Gr R6
1FPADX	Fidelity Emerging Markets Index
1FFOTX	Fidelity Advisor Technology Z
1BSMKX	iShares Russell Small/Mid-Cap Index K
1FSMDX	Fidelity Mid Cap Index
1OTCKX	MFS Mid Cap Growth R6
1AULDX	American Century Ultra R6
1FLCOX	Fidelity Large Cap Value Index
1BRHYX	BlackRock High Yield K
1WTIGBR	BlackRock U.S. Debt Index Fd R
1PIMIX	PIMCO Income Instl
1PTRX30	Putnam Retirement Advantage Trst 2030 X
1PTRX40	Putnam Retirement Advantage Trst 2040 X
1PTRX50	Putnam Retirement Advantage Trst 2050 X
1PTRX60	Putnam Retirement Advantage Trst 2060 X
1PTRXMT	Putnam Retirement Advantage Trst Mat X
1BDOKX	iShares MSCI Total International Index K
1DFREX	DFA Real Estate Securities I
1ANODX	American Century Small Cap Growth R6
1PMJIX	PIMCO RAE US Small Instl
1BMSYX	MFS Blended Research Mid Cap Eq R6
1H0065A	American Century Mid Cap Val (IS Pltfrm)
1FSPGX	Fidelity Large Cap Growth Index
1PRUIX	T Rowe Price Equity Index 500 I
1MKWIX	BlackRock Strategic Global Bond K
1FIPDX	Fidelity Inflation Protected Bond Index
1GWAQ35	EI Fixed Account - Series Class I

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year