

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed 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-SF.	OMB Nos. 1210-0110 1210-0089 2020 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2020 or fiscal plan year beginning <u>12/31/2018</u> and ending <u>12/30/2019</u>	
A This return/report is for:	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input checked="" type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)

Part II Basic Plan Information —enter all requested information													
1a Name of plan <u>MARTIN'S GROUP HOME, INC. DEFINED BENEFIT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 40%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>12/31/2014</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>12/31/2014</u>									
1b Three-digit plan number (PN) ▶	<u>001</u>												
1c Effective date of plan <u>12/31/2014</u>													
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) <u>MARTINS GROUP HOME, INC.</u> <u>12550 SW 219 STREET</u> <u>MIAMI, FL 33170</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">2b Employer Identification Number (EIN) <u>42-1647713</u></td> <td style="width: 40%;"></td> </tr> <tr> <td>2c Sponsor's telephone number <u>786-302-7389</u></td> <td></td> </tr> <tr> <td>2d Business code (see instructions) <u>624100</u></td> <td></td> </tr> </table>	2b Employer Identification Number (EIN) <u>42-1647713</u>		2c Sponsor's telephone number <u>786-302-7389</u>		2d Business code (see instructions) <u>624100</u>							
2b Employer Identification Number (EIN) <u>42-1647713</u>													
2c Sponsor's telephone number <u>786-302-7389</u>													
2d Business code (see instructions) <u>624100</u>													
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">3b Administrator's EIN</td> <td style="width: 40%;"></td> </tr> <tr> <td>3c Administrator's telephone number</td> <td></td> </tr> </table>	3b Administrator's EIN		3c Administrator's telephone number									
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. a Sponsor's name c Plan Name	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">4b EIN</td> <td style="width: 40%;"></td> </tr> <tr> <td>4d PN</td> <td></td> </tr> </table>	4b EIN		4d PN									
4b EIN													
4d PN													
5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... d(1) Total number of active participants at the beginning of the plan year d(2) Total number of active participants at the end of the plan year e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">5a</td> <td style="width: 40%; text-align: center;"><u>10</u></td> </tr> <tr> <td>5b</td> <td style="text-align: center;"><u>10</u></td> </tr> <tr> <td>5c</td> <td></td> </tr> <tr> <td>5d(1)</td> <td style="text-align: center;"><u>6</u></td> </tr> <tr> <td>5d(2)</td> <td style="text-align: center;"><u>6</u></td> </tr> <tr> <td>5e</td> <td style="text-align: center;"><u>0</u></td> </tr> </table>	5a	<u>10</u>	5b	<u>10</u>	5c		5d(1)	<u>6</u>	5d(2)	<u>6</u>	5e	<u>0</u>
5a	<u>10</u>												
5b	<u>10</u>												
5c													
5d(1)	<u>6</u>												
5d(2)	<u>6</u>												
5e	<u>0</u>												

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	10/07/2021	ALTHEA MARTIN
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2020)
v.200204

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4240540. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	316576	366187
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	316576	366187
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	41001	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	8610	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		49611
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
e Certain deemed and/or corrective distributions (see instructions) .	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
i Net income (loss) (subtract line 8h from line 8c)	8i		49611
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1I 3D
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:
4B

Part V Compliance Questions

10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c		X	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X		769
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 12 below..... ☒ Yes ☐ No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 4377

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? ☒ Yes ☐ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** 0

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Martin's Group Home Inc. Defined Benefit Plan
Schedule SB, line 26 - Schedule of Active Participant Data

Age	Years of Credited Service																			
	< 1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 34		35 - 39		40+	
	Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.	
	#	Comp.	#	Comp.	#	Comp.	#	Comp.	#	Comp.	#	Comp.	#	Comp.	#	Comp.	#	Comp.	#	Comp.
<25																				
25-29																				
30-34																				
35-39					1															
40-44																				
45-49					1															
50-54					1		1													
55-59																				
60-64					1		1													
65-69																				
70+																				

Age is attained age as of the valuation date.

indicates the number of active participants in an age and service category.

Martin's Group Home Inc. Defined Benefit Plan
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Normal Retirement Benefit

Actuarial Cost Method: PPA06 Funding Rules

IRC430 Funding Yield Curve Segmented Rates

First Segment: 3.92%

Second Segment: 5.52%

Third Segment: 6.29%

IRC404 Funding Yield Curve Segmented Rates

First Segment: 2.5%

Second Segment: 3.92%

Third Segment: 4.5%

PBGC Segmented Rates

First Segment: 3.43%

Second Segment: 4.46%

Third Segment: 4.88%

Pre-Retirement Valuation Assumptions

Mortality Table 2018 430 Optional Combined TD9826

Retirement Valuation Assumptions

Mortality Table 2018 430 Optional Combined TD9826

IRC417(e)(3) Interest Assumption

Same as the Funding Yield Curve Segmented Rates

IRC417(e)(3) Pre-retirement Mortality

Mortality Table NONE

IRC417(e)(3) Retirement Mortality

Mortality Table 2018 417 Applicable Mortality Table N2017-60

Retirement Benefit Optional Forms Assumption

5% of participants will elect the Plan Normal Form

90% of participants will elect a Lump Sum (single payment)

5% of participants will elect a 50% Joint & Contingent annuity

Pre-Retirement Death Benefit

Liability funded on a reserve basis with Normal Retirement Benefit

Mortality Table 2018 430 Optional Combined TD9826

Pre-Retirement Actuarial Equivalence Assumptions

Martin's Group Home Inc. Defined Benefit Plan
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Investment Earnings	5.5% Effective annual rate
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Retirement Actuarial Equivalence Assumptions

Investment Earnings	5.5% Effective annual rate
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Mortality Table	1994 GAR PROJ 2002
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Assumptions for IRC415 Maximum Benefit Actuarial Adjustments

Investment Earnings	5% Effective annual rate
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Mortality Table	2018 417 Applicable Mortality Table N2017-60
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Retirement Protection Act of 1994 Interest Rate for non-life annuities

Investment Earnings	5.5% Effective annual rate
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SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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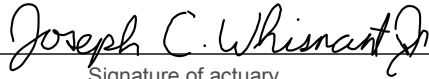
For calendar plan year 2018 or fiscal plan year beginning 12/31/2018 and ending 12/30/2019

▶ **Round off amounts to nearest dollar.**
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Martin's Group Home, Inc. Defined Benefit Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Martins Group Home, Inc.	D Employer Identification Number (EIN) 42-1647713
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I	Basic Information
1 Enter the valuation date: Month 12 Day 31 Year 2018	
2 Assets:	
a Market value.....	2a 316,242
b Actuarial value	2b 316,242
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
b For terminated vested participants	0 0 0
c For active participants	4 7,341 7,341
d Total	6 166,929 319,179
	10 174,270 326,520
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 5.84%
6 Target normal cost	6 0

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

SIGN HERE	 Signature of actuary	01/21/2021 Date
Joseph C. Whisnant, Jr.	Type or print name of actuary	2004782 Most recent enrollment number
Pentegra Retirement Services	Firm name	704-714-3887 Telephone number (including area code)
5350 77 Center Dr Ste 200	Address of the firm	
Charlotte NC 28217		

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8).....	0	0
10 Interest on line 9 using prior year's actual return of <u>-13.48%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.81%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	96.85%
15 Adjusted funding target attainment percentage.....	15	96.85%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.95%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/14/2019	2,563	0	04/13/2020	2,444	0
10/01/2019	118	0	05/01/2020	118	0
10/14/2019	2,444	0	05/12/2020	2,444	0
11/01/2019	118	0	06/01/2020	118	0
11/12/2019	2,444	0	06/12/2020	2,444	0
12/02/2019	118	0	07/01/2020	118	0
12/12/2019	2,444	0	07/13/2020	2,444	0
01/02/2020	118	0	08/03/2020	118	0
01/13/2020	2,444	0	08/12/2020	2,444	0
02/03/2020	118	0	09/01/2020	118	0
02/12/2020	2,444	0	09/14/2020	2,444	0
03/02/2020	118	0	10/01/2020	118	0
03/12/2020	2,444	0	10/12/2020	2,444	0
04/01/2020	118	0	11/02/2020	118	0
Totals ▶			18(b)	35,987	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	31,476
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	267

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21	Discount rate:			
a	Segment rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %
		<input type="checkbox"/> N/A, full yield curve used		
b	Applicable month (enter code).....	21b	0	
22	Weighted average retirement age	22	62	
23	Mortality table(s) (see instructions)	Prior regulation:	<input type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate
		Current regulation:	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate
			<input type="checkbox"/> Substitute	<input type="checkbox"/> Substitute

Part VI Miscellaneous Items

24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28	Unpaid minimum required contributions for all prior years	28	31,476
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	31,476
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6)	31a	0
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	10,278	4,644
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	4,644
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35)	36	4,644
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	267
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	0
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	4,377
40	Unpaid minimum required contributions for all years	40	4,377

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41	If an election was made to use PRA 2010 funding relief for this plan:	
a	Schedule elected	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years
b	Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011

Martin's Group Home Inc. Defined Benefit Plan
Schedule SB, line 22 - Description of Weighted Average Retirement Age

The weighted average retirement age of 62 is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% as of the participant's assumed retirement age.

Schedule SB, line 18 -

Contributions made to the plan for the plan year

Martin's Group Home, Inc. Defined Benefit Plan

EIN: 42-1647713 / PN: 001

For the plan year December 31, 2018 through December 30, 2019

Shown on Schedule SB

(a) Date	(b) Amount paid by employer	(c) Amount paid by employee
	\$35,987	\$0

Additional contributions for the plan year:

11/12/2020	\$2,444	\$0
12/01/2020	118	0
12/14/2020	2,444	0
Totals	\$40,993	\$0

Martin's Group Home Inc. Defined Benefit Plan
Schedule SB, line 19
Discounted Employer Contributions for the Plan Year Beginning: 12/31/2018

Date	Total	Allocated	Plan Year				Effective	Value at DOV
	Amount	Amount	BOPY	EOPY	DOV	Type	Interest	
09/14/2019	2,562.57	2,562.57	12/31/2015	12/30/2016	12/31/2015	Prior	5.8900%	2,072.73
Contribution allocated to minimum required contribution								
-1353 days [09/14/2019-12/31/2015] 5.8900%								
10/01/2019	118.40	118.40	12/31/2015	12/30/2016	12/31/2015	Prior	5.8900%	95.51
Contribution allocated to minimum required contribution								
-1370 days [10/01/2019-12/31/2015] 5.8900%								
10/14/2019	2,444.17	2,444.17	12/31/2015	12/30/2016	12/31/2015	Prior	5.8900%	1,967.68
Contribution allocated to minimum required contribution								
-1383 days [10/14/2019-12/31/2015] 5.8900%								
11/01/2019	118.40	118.40	12/31/2015	12/30/2016	12/31/2015	Prior	5.8900%	95.05
Contribution allocated to minimum required contribution								
-1401 days [11/01/2019-12/31/2015] 5.8900%								
11/12/2019	2,444.17	2,444.18	12/31/2015	12/30/2016	12/31/2015	Prior	5.8900%	1,958.76
Contribution allocated to minimum required contribution								
-1412 days [11/12/2019-12/31/2015] 5.8900%								
12/02/2019	118.40	118.40	12/31/2015	12/30/2016	12/31/2015	Prior	5.8900%	94.59
Contribution allocated to minimum required contribution								
-1432 days [12/02/2019-12/31/2015] 5.8900%								
12/12/2019	2,444.17	2,444.17	12/31/2015	12/30/2016	12/31/2015	Prior	5.8900%	1,949.56
Contribution allocated to minimum required contribution								
-1442 days [12/12/2019-12/31/2015] 5.8900%								
01/02/2020	118.40	118.40	12/31/2015	12/30/2016	12/31/2015	Prior	5.8900%	94.13
Contribution allocated to minimum required contribution								
-1463 days [01/02/2020-12/31/2015] 5.8900%								
01/13/2020	2,444.17	2,444.18	12/31/2015	12/30/2016	12/31/2015	Prior	5.8900%	1,939.81
Contribution allocated to minimum required contribution								
-1474 days [01/13/2020-12/31/2015] 5.8900%								
02/03/2020	118.40	118.40	12/31/2015	12/30/2016	12/31/2015	Prior	5.8900%	93.66
Contribution allocated to minimum required contribution								
-1495 days [02/03/2020-12/31/2015] 5.8900%								
02/12/2020	2,444.17	2,444.17	12/31/2015	12/30/2016	12/31/2015	Prior	5.8900%	1,930.70
Contribution allocated to minimum required contribution								
-1504 days [02/12/2020-12/31/2015] 5.8900%								
03/02/2020	118.40	118.40	12/31/2015	12/30/2016	12/31/2015	Prior	5.8900%	93.25
Contribution allocated to minimum required contribution								
-1523 days [03/02/2020-12/31/2015] 5.8900%								
03/12/2020	2,444.17	2,444.17	12/31/2015	12/30/2016	12/31/2015	Prior	5.8900%	1,921.94
Contribution allocated to minimum required contribution								
-1533 days [03/12/2020-12/31/2015] 5.8900%								
04/01/2020	118.40	118.40	12/31/2015	12/30/2016	12/31/2015	Prior	5.8900%	92.81
Contribution allocated to minimum required contribution								
-1553 days [04/01/2020-12/31/2015] 5.8900%								
04/13/2020	2,444.17	1,877.64	12/31/2015	12/30/2016	12/31/2015	Prior	5.8900%	1,469.07

Martin's Group Home Inc. Defined Benefit Plan
Schedule SB, line 19
Discounted Employer Contributions for the Plan Year Beginning: 12/31/2018

Date	Total Amount	Allocated Amount	BOPY	EOPY	Plan Year DOV	Type	Effective Interest	Value at DOV
Contribution allocated to minimum required contribution								
-1565 days [04/13/2020-12/31/2015] 5.8900%								
04/13/2020	2,444.17	566.53	12/31/2016	12/30/2017	12/31/2016	Prior	5.9300%	408.27
Contribution satisfying quarterly installment allocated to minimum required contribution								
-1095 days [04/13/2020-04/14/2017] 10.9300% & -104 days [04/14/2017-12/31/2016] 5.9300%								
05/01/2020	118.40	118.40	12/31/2016	12/30/2017	12/31/2016	Prior	5.9300%	84.89
Contribution satisfying quarterly installment allocated to minimum required contribution								
-1113 days [05/01/2020-04/14/2017] 10.9300% & -104 days [04/14/2017-12/31/2016] 5.9300%								
05/12/2020	2,444.17	2,260.07	12/31/2016	12/30/2017	12/31/2016	Prior	5.9300%	1,615.35
Contribution satisfying quarterly installment allocated to minimum required contribution								
-1124 days [05/12/2020-04/14/2017] 10.9300% & -104 days [04/14/2017-12/31/2016] 5.9300%								
05/12/2020	2,444.17	184.10	12/31/2016	12/30/2017	12/31/2016	Prior	5.9300%	133.10
Contribution satisfying quarterly installment allocated to minimum required contribution								
-1033 days [05/12/2020-07/14/2017] 10.9300% & -195 days [07/14/2017-12/31/2016] 5.9300%								
06/01/2020	118.40	118.40	12/31/2016	12/30/2017	12/31/2016	Prior	5.9300%	85.12
Contribution satisfying quarterly installment allocated to minimum required contribution								
-1053 days [06/01/2020-07/14/2017] 10.9300% & -195 days [07/14/2017-12/31/2016] 5.9300%								
06/12/2020	2,444.17	2,444.17	12/31/2016	12/30/2017	12/31/2016	Prior	5.9300%	1,751.64
Contribution satisfying quarterly installment allocated to minimum required contribution								
-1064 days [06/12/2020-07/14/2017] 10.9300% & -195 days [07/14/2017-12/31/2016] 5.9300%								
07/01/2020	118.40	118.40	12/31/2016	12/30/2017	12/31/2016	Prior	5.9300%	84.40
Contribution satisfying quarterly installment allocated to minimum required contribution								
-1083 days [07/01/2020-07/14/2017] 10.9300% & -195 days [07/14/2017-12/31/2016] 5.9300%								
07/13/2020	2,444.17	79.93	12/31/2016	12/30/2017	12/31/2016	Prior	5.9300%	56.78
Contribution satisfying quarterly installment allocated to minimum required contribution								
-1095 days [07/13/2020-07/14/2017] 10.9300% & -195 days [07/14/2017-12/31/2016] 5.9300%								
07/13/2020	2,444.17	2,364.24	12/31/2016	12/30/2017	12/31/2016	Prior	5.9300%	1,699.13
Contribution satisfying quarterly installment allocated to minimum required contribution								
-1003 days [07/13/2020-10/14/2017] 10.9300% & -287 days [10/14/2017-12/31/2016] 5.9300%								
08/03/2020	118.40	118.40	12/31/2016	12/30/2017	12/31/2016	Prior	5.9300%	84.59
Contribution satisfying quarterly installment allocated to minimum required contribution								
-1024 days [08/03/2020-10/14/2017] 10.9300% & -287 days [10/14/2017-12/31/2016] 5.9300%								
08/12/2020	2,444.17	462.36	12/31/2016	12/30/2017	12/31/2016	Prior	5.9300%	329.47
Contribution satisfying quarterly installment allocated to minimum required contribution								
-1033 days [08/12/2020-10/14/2017] 10.9300% & -287 days [10/14/2017-12/31/2016] 5.9300%								
08/12/2020	2,444.17	1,981.81	12/31/2016	12/30/2017	12/31/2016	Prior	5.9300%	1,428.71
Contribution satisfying quarterly installment allocated to minimum required contribution								
-941 days [08/12/2020-01/14/2018] 10.9300% & -379 days [01/14/2018-12/31/2016] 5.9300%								
09/01/2020	118.40	118.40	12/31/2016	12/30/2017	12/31/2016	Prior	5.9300%	84.87
Contribution satisfying quarterly installment allocated to minimum required contribution								
-961 days [09/01/2020-01/14/2018] 10.9300% & -379 days [01/14/2018-12/31/2016] 5.9300%								
09/14/2020	2,444.17	844.79	12/31/2016	12/30/2017	12/31/2016	Prior	5.9300%	603.33
Contribution satisfying quarterly installment allocated to minimum required contribution								

Martin's Group Home Inc. Defined Benefit Plan
Schedule SB, line 19
Discounted Employer Contributions for the Plan Year Beginning: 12/31/2018

Date	Total Amount	Allocated Amount	BOPY	Plan Year EOPY	DOV	Type	Effective Interest	Value at DOV
-974 days [09/14/2020-01/14/2018] 10.9300% & -379 days [01/14/2018-12/31/2016] 5.9300%								
09/14/2020	2,444.17	1,599.37	12/31/2016	12/30/2017	12/31/2016	Prior	5.9300%	1,291.84
Contribution allocated to minimum required contribution								
-1353 days [09/14/2020-12/31/2016] 5.9300%								
10/01/2020	118.40	118.40	12/31/2016	12/30/2017	12/31/2016	Prior	5.9300%	95.38
Contribution allocated to minimum required contribution								
-1370 days [10/01/2020-12/31/2016] 5.9300%								
10/12/2020	2,444.17	2,444.17	12/31/2016	12/30/2017	12/31/2016	Prior	5.9300%	1,965.49
Contribution allocated to minimum required contribution								
-1381 days [10/12/2020-12/31/2016] 5.9300%								
11/02/2020	118.40	118.40	12/31/2016	12/30/2017	12/31/2016	Prior	5.9300%	94.90
Contribution allocated to minimum required contribution								
-1402 days [11/02/2020-12/31/2016] 5.9300%								
11/12/2020	2,444.17	1,486.75	12/31/2016	12/30/2017	12/31/2016	Prior	5.9300%	1,189.74
Contribution allocated to minimum required contribution								
-1412 days [11/12/2020-12/31/2016] 5.9300%								
09/14/2020	2,444.17	0.01	12/31/2017	12/30/2018	12/31/2017	Prior	5.8100%	0.01
Contribution satisfying quarterly installment allocated to minimum required contribution								
-884 days [09/14/2020-04/14/2018] 10.8100% & -104 days [04/14/2018-12/31/2017] 5.8100%								
11/12/2020	2,444.17	566.99	12/31/2017	12/30/2018	12/31/2017	Prior	5.8100%	427.97
Contribution satisfying quarterly installment allocated to minimum required contribution								
-943 days [11/12/2020-04/14/2018] 10.8100% & -104 days [04/14/2018-12/31/2017] 5.8100%								
11/12/2020	2,444.17	390.43	12/31/2017	12/30/2018	12/31/2017	Prior	5.8100%	298.11
Contribution satisfying quarterly installment allocated to minimum required contribution								
-852 days [11/12/2020-07/14/2018] 10.8100% & -195 days [07/14/2018-12/31/2017] 5.8100%								
12/01/2020	118.40	118.40	12/31/2017	12/30/2018	12/31/2017	Prior	5.8100%	89.92
Contribution satisfying quarterly installment allocated to minimum required contribution								
-871 days [12/01/2020-07/14/2018] 10.8100% & -195 days [07/14/2018-12/31/2017] 5.8100%								
12/14/2020	2,444.17	58.17	12/31/2017	12/30/2018	12/31/2017	Prior	5.8100%	44.02
Contribution satisfying quarterly installment allocated to minimum required contribution								
-884 days [12/14/2020-07/14/2018] 10.8100% & -195 days [07/14/2018-12/31/2017] 5.8100%								
12/14/2020	2,444.17	567.00	12/31/2017	12/30/2018	12/31/2017	Prior	5.8100%	434.08
Contribution satisfying quarterly installment allocated to minimum required contribution								
-792 days [12/14/2020-10/14/2018] 10.8100% & -287 days [10/14/2018-12/31/2017] 5.8100%								
12/14/2020	2,444.17	567.00	12/31/2017	12/30/2018	12/31/2017	Prior	5.8100%	439.16
Contribution satisfying quarterly installment allocated to minimum required contribution								
-700 days [12/14/2020-01/14/2019] 10.8100% & -379 days [01/14/2019-12/31/2017] 5.8100%								
12/14/2020	2,444.17	929.67	12/31/2017	12/30/2018	12/31/2017	Prior	5.8100%	786.73
Contribution allocated to minimum required contribution								
-1079 days [12/14/2020-12/31/2017] 5.8100%								
12/14/2020	2,444.17	322.33	12/31/2018	12/30/2019	12/31/2018	Current	5.8400%	267.04
Contribution satisfying quarterly installment allocated to minimum required contribution								
-610 days [12/14/2020-04/14/2019] 10.8400% & -104 days [04/14/2019-12/31/2018] 5.8400%								

Martin's Group Home Inc. Defined Benefit Plan
Schedule SB, line 19
Discounted Employer Contributions for the Plan Year Beginning: 12/31/2018

Discounted Employer Contributions Allocated to Minimum Required Contributions

Plan Year Type	Amount
Prior Plan Years	31476
Current Plan Year	267

BOPY	EOPY	Effective Interest%
12/31/2020	12/30/2021	5.9400%
12/31/2019	12/30/2020	5.9400%

Positive number of days indicates interest accumulation. Negative number of days indicates interest discounting.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 12/31/2018 and ending 12/30/2019

▶ **Round off amounts to nearest dollar.**
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Martin's Group Home, Inc. Defined Benefit Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Martins Group Home, Inc.	D Employer Identification Number (EIN) 42-1647713
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I Basic Information			
1 Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2018</u>			
2 Assets:			
a Market value.....		2a	316,242
b Actuarial value		2b	316,242
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	4	7,341	7,341
c For active participants	6	166,929	319,179
d Total	10	174,270	326,520
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate.....		5	5.84%
6 Target normal cost		6	0

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

SIGN HERE		01/21/2021
Signature of actuary		Date
Joseph C. Whisnant, Jr.		2004782
Type or print name of actuary		Most recent enrollment number
Pentegra Retirement Services		704-714-3887
Firm name		Telephone number (including area code)
5350 77 Center Dr Ste 200		
Charlotte NC 28217		
Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8).....	0	0
10 Interest on line 9 using prior year's actual return of <u>-13.48%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.81%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	96.85%
15 Adjusted funding target attainment percentage.....	15	96.85%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.95%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/14/2019	2,563	0	04/13/2020	2,444	0
10/01/2019	118	0	05/01/2020	118	0
10/14/2019	2,444	0	05/12/2020	2,444	0
11/01/2019	118	0	06/01/2020	118	0
11/12/2019	2,444	0	06/12/2020	2,444	0
12/02/2019	118	0	07/01/2020	118	0
12/12/2019	2,444	0	07/13/2020	2,444	0
01/02/2020	118	0	08/03/2020	118	0
01/13/2020	2,444	0	08/12/2020	2,444	0
02/03/2020	118	0	09/01/2020	118	0
02/12/2020	2,444	0	09/14/2020	2,444	0
03/02/2020	118	0	10/01/2020	118	0
03/12/2020	2,444	0	10/12/2020	2,444	0
04/01/2020	118	0	11/02/2020	118	0
Totals ▶			18(b)	35,987	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	31,476
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	267

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	Prior regulation:	<input type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute
	Current regulation:	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	31,476
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	31,476
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	0	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	10,278	4,644	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	4,644	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	4,644	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	267	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	4,377	
40 Unpaid minimum required contributions for all years	40	4,377	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:				
a Schedule elected	<input type="checkbox"/> 2 plus 7 years	<input type="checkbox"/> 15 years		
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008	<input type="checkbox"/> 2009	<input type="checkbox"/> 2010	<input type="checkbox"/> 2011

Martin's Group Home Inc. Defined Benefit Plan
Schedule SB, Part V - Summary of Plan Provisions

Plan Effective Date	December 31, 2014
Plan Anniversary Date	December 31, 2018
Participation Eligibility	Minimum age: 21 and Minimum months of service: 12 Excluded Classes: See plan document
Plan Entry Date	12/31 or 06/30 coincident with or following the satisfaction of the requirements
Normal Retirement Date	Plan anniversary nearest age 62 and plan anniversary nearest 5 years of participation
Normal Form of Benefit	Single Life Annuity (Qualified Joint and Survivor annuity is the required standard option)
Retirement Benefit Optional Forms	Lump Sum (single payment) 50% Monthly Joint and Contingent Annuity
Normal Retirement Benefit	0% of compensation Total retirement benefit reduced by 1/25 for each year of accrual service less than 25 Maximum years of past service: 0 IRC415 maximum annual benefit: \$225,000 Actuarially adjusted under IRC415(b) for benefit commencement age and benefit form Benefit limited to 100% of compensation
Compensation Definition	Highest consecutive 3 year average salary over all service Annual salary up to \$275,000 considered
Pre-Retirement Death Benefit	Lump sum payable on death of participant
Benefit Amount	Benefit supported by 33.33% theoretical ILP cost of retirement benefit (RR74-307) plus theoretical ILP auxiliary fund reserve Premium mode for increases: Annual
Vested Retirement Benefit	Vesting Schedule: 20% a year after 2 years (100% after 6 years) Exclude service before effective date Computation Period: Plan Years Based on Hours Worked Records
Accrued Retirement Benefit	Pro-rated on participation The accrued benefit is the greater of the accrued benefit as of 12/31/2016 and the accruals under the current plan formula to the benefit determination date

Martin's Group Home Inc. Defined Benefit Plan
Schedule SB, line 32 - Schedule of Amortization Bases

Type of Base	Present Value	Date Established	Years Remaining	Amount of Installment
Shortfall Base	11,137	12/31/2014	3	3,856
Shortfall Base	-1,742	12/31/2015	4	-461
Shortfall Base	44,898	12/31/2016	5	9,683
Shortfall Base	-57,031	12/31/2017	6	-10,559
Shortfall Base	13,016	12/31/2018	7	2,125
Total	10,278			4,644