

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 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>10/31/2021</u>	
A This return/report is for:	☒ a single-employer plan ☐ 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	☐ the first return/report ☒ the final return/report ☐ an amended return/report ☒ a short plan year return/report (less than 12 months)
C Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)
D 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 <u>DEFINED BENEFIT PLAN OF FAMILY AND CHILDRENS SERVICE</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">1b Three-digit plan number (PN) ▶</td> <td style="width: 40%; padding: 5px; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2" style="padding: 5px;">1c Effective date of plan <u>07/01/1976</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1976</u>									
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1c Effective date of plan <u>07/01/1976</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>THE FAMILY PARTNERSHIP</u> <u>414 SOUTH EIGHTH STREET</u> <u>MINNEAPOLIS, MN 55404-1801</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">2b Employer Identification Number (EIN) <u>41-0693858</u></td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding: 5px;">2c Sponsor's telephone number <u>612-339-9101</u></td> <td></td> </tr> <tr> <td style="padding: 5px;">2d Business code (see instructions) <u>624100</u></td> <td></td> </tr> </table>	2b Employer Identification Number (EIN) <u>41-0693858</u>		2c Sponsor's telephone number <u>612-339-9101</u>		2d Business code (see instructions) <u>624100</u>							
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3a Plan administrator's name and address ☒ Same as Plan Sponsor.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">3b Administrator's EIN</td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding: 5px;">3c Administrator's telephone number</td> <td></td> </tr> </table>	3b Administrator's EIN		3c Administrator's telephone number									
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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%; padding: 5px;">4b EIN</td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding: 5px;">4d PN</td> <td></td> </tr> </table>	4b EIN		4d PN									
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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%; padding: 5px;">5a</td> <td style="width: 40%; text-align: center; padding: 5px;"><u>76</u></td> </tr> <tr> <td style="padding: 5px;">5b</td> <td style="text-align: center; padding: 5px;"><u>0</u></td> </tr> <tr> <td style="padding: 5px;">5c</td> <td></td> </tr> <tr> <td style="padding: 5px;">5d(1)</td> <td style="text-align: center; padding: 5px;"><u>5</u></td> </tr> <tr> <td style="padding: 5px;">5d(2)</td> <td style="text-align: center; padding: 5px;"><u>0</u></td> </tr> <tr> <td style="padding: 5px;">5e</td> <td style="text-align: center; padding: 5px;"><u>0</u></td> </tr> </table>	5a	<u>76</u>	5b	<u>0</u>	5c		5d(1)	<u>5</u>	5d(2)	<u>0</u>	5e	<u>0</u>
5a	<u>76</u>												
5b	<u>0</u>												
5c													
5d(1)	<u>5</u>												
5d(2)	<u>0</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.	06/14/2022	MOLLY GREENMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 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 427921. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	3492444	0
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	3492444	0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	404390	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	291722	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		696112
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4128512	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	60044	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		4188556
i Net income (loss) (subtract line 8h from line 8c)	8i		-3492444
j Transfers to (from) the plan (see instructions)	8j		

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 1D 1I
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

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		☒	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		☒	
c Was the plan covered by a fidelity bond?	10c	☒		400000
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		☒	
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		☒	
f Has the plan failed to provide any benefit when due under the plan?	10f		☒	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		☒	
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** 0

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)

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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 10/31/2021

▶ **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 <u>DEFINED BENEFIT PLAN OF FAMILY AND CHILDRENS SERVICE</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE FAMILY PARTNERSHIP</u>	D Employer Identification Number (EIN) <u>41-0693858</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>	
2 Assets:	
a Market value	2a <u>3486353</u>
b Actuarial value	2b <u>3194825</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>14</u> (2) Vested Funding Target <u>877722</u> (3) Total Funding Target <u>877722</u>
b For terminated vested participants.....	<u>56</u> <u>1567732</u> <u>1567732</u>
c For active participants	<u>5</u> <u>574717</u> <u>574717</u>
d Total.....	<u>75</u> <u>3020171</u> <u>3020171</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>5.30</u> %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a <u>0</u>
b Expected plan-related expenses	6b <u>19000</u>
c Total (line 6a + line 6b)	6c <u>19000</u>

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		<u>06/13/2022</u> Date
Signature of actuary		
<u>MICHAEL J. BORN</u> Type or print name of actuary		<u>20-06795</u> Most recent enrollment number
<u>HILDI INC., A DIVISION OF USI C.G.</u> Firm name		<u>952-934-5554</u> Telephone number (including area code)
<u>8000 NORMAN CENTER DRIVE SUITE 400 BLOOMINGTON, MN 55437</u> 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 ☐

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

Schedule SB (Form 5500) 2021
v. 201209

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 _____ %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		98456
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>4.97</u> %		4893
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		103349
d Portion of (c) to be added to prefunding balance		
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	105.78 %
15 Adjusted funding target attainment percentage	15	105.78 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	98.86 %
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
10/08/2021	404390	0			
Totals ►			18(b)	404390	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	388683

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
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6c).....	31a	19000										
b Excess assets, if applicable, but not greater than line 31a	31b	19000										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td></td> <td></td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	0	0	b Waiver amortization installment		
	Outstanding Balance	Installment										
a Net shortfall amortization installment	0	0										
b Waiver amortization installment												
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement			0									
36 Additional cash requirement (line 34 minus line 35)	36	0										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	388683										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	388683										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0										
40 Unpaid minimum required contributions for all years	40	0										

Part IX Pension Funding Relief Under 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	☐ 2 plus 7 years ☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	

Attachment to 2021 Form 5500 Schedule SB
 Defined Benefit Plan of Family and Children's Service
 EIN: 41-0693858 P/N: 001

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

Weighted Average Retirement Age				
(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
62	3.0000	1.0000	3.0000	186.0000
63		1.0000		
64		1.0000		
65		1.0000		
66	1.0000	1.0000	1.0000	66.0000
67		1.0000		
68	1.0000	1.0000	1.0000	68.0000
Total			5.0000	320.0000
Average				64.0000

Attachment to 2021 Form 5500 Schedule SB
 Defined Benefit Plan of Family and Children's Service
 EIN: 41-0693858 P/N: 001

Schedule SB, Line 26 – Schedule of Active Participant Data

Attained Age	Years of credited service:										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0	0	0	0	0	0
50 to 54	1	0	0	0	0	0	0	0	0	0	1
55 to 59	0	1	1	0	0	0	0	0	0	0	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 69	0	1	0	0	1	0	0	0	0	0	2
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	1	2	1	0	1	0	0	0	0	0	5

Attachment to 2021 Form 5500 Schedule SB
Defined Benefit Plan of Family and Children's Service
EIN: 41-0693858 P/N: 001

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

Summary of Methods	
Valuation Date	January 1, 2021
Funding Method	Unit credit
Market Assets	Trustee value plus prior year accrued contributions discounted at the plan's effective interest rate to the Valuation Date
Actuarial Assets	2-Year Smoothed Assets: Gains and losses during the prior 2 years are spread over 3 years (gains and losses are based on expected return versus actual return). Expected returns for the prior year and the 2 nd prior year are 5.94% and 6.00% respectively. Actuarial Assets may not be less than 90% or more than 110% of Market Assets.
Segment Rate Basis	24-month average with look back of 0 months

Economic Assumptions			
Segment Rates		<u>ARPA</u>	<u>Unstabilized</u>
	Segment 1: years 1-5	4.75%	1.75%
	Segment 2: years 5-20	5.36%	3.04%
	Segment 3: years 20+	6.11%	3.65%
Salary Increases	0.00%		
Lump Sums	Same as segment rates less 1.50%, but not less than 0		

Other Assumptions	
Mortality (pre-retirement)	None
Mortality (post-retirement)	IRS 2021 Optional Small Plan
Disability	None
Withdrawal	None
Expenses Paid from Trust	Current year PBGC premiums expected to be paid from the trust plus prior year actual administrative expenses, rounded to nearest \$1,000, if any
Retirement Age	Actives: Age 62. Terminated vested participants: 50% age 62 to 69, 100% at age 70.
Form of Payment	Lump Sum

Attachment to 2021 Form 5500 Schedule SB
Defined Benefit Plan of Family and Children's Service
EIN: 41-0693858 P/N: 001

Schedule SB, Part V – Summary of Plan Provisions

Key Plan Provisions	
EIN / Plan Number	41-0693858 / 001
Effective Date	January 1, 1970
Plan Year	January 1, 2021 to August 11, 2021 (Plan Termination Date)
Entry Date	First of the month coincident with or next following attainment of age 21 with 1 year of service. Years of service with an organization in the health and social services field, a public school or educational institution within three years prior to employment with this employer shall count towards service required for eligibility. The plan is frozen to new entrants effective 7/1/2005.
Benefit Accrual Service	Years and months of participation under this Plan or any prior plan of this Employer. Benefit Accrual Service shall also include participation under any other pension plan underwritten by Mutual of America. Benefit Accrual Service is frozen as of 7/1/2005.
Vesting	100% after 5 years of service or upon attaining age 55.
Final Average Earnings	The highest average monthly compensation for 36 consecutive months within the last consecutive 120 months of service.
Normal Retirement Date	First of the month coincident with or next following the attainment of age 65.
Accrued Monthly Benefit	$[1.25\% \times \text{Final Average Earnings} + 0.5\% \times (\text{Final Average Earnings in excess of the Social Security Average Monthly Wage})] \times \text{Benefit Accrual Service}$ not greater than 35 If the participant is not eligible for Retirement, the benefit is multiplied by Benefit Accrual Service at the determination date divided by years of Benefit Accrual Service at Normal Retirement. The benefit is frozen effective 7/1/2005.
Early Retirement	Eligibility: Age 55 with no service requirement Benefit: Accrued Benefit reduced 1/15 for each of the first 5 years prior to Normal Retirement Date and 1/30 for each of the next 5 years early. A Participant with 30 years of Benefit Accrual Service may retire at age 62 with an unreduced benefit, or reductions of 1/15 for each of the first 5 years and 1/30 for each of the next 2 years by which the Early Retirement Date precedes age 62.

Attachment to 2021 Form 5500 Schedule SB
Defined Benefit Plan of Family and Children's Service
EIN: 41-0693858 P/N: 001

Schedule SB, Part V – Summary of Plan Provisions *continued*

Late Retirement	Eligibility: Commencement after Normal Retirement Date Benefit: Accrued Benefit increased by 1% for each month late for the first 2 years and 1.5% for each month late for years after 2 years. Certain pre-1990 terminated employees have increases based on the plan's actuarial equivalence.
Pre-retirement Spouse Benefit	66 2/3% Qualified Pre-retirement Spouse Benefit
Actuarial Equivalence	Non 417(e): 8.5% and 1983 IAM Female 417(e) Basis: quarterly stability period, 2 month look back Lump Sums: 417(e) Basis less 1.5%
Normal Form of Payment	Single Life Annuity
Forms of Retirement Benefits	Many options including a Lump Sum.

Changes from prior year

None. The plan was terminated effective August 11, 2021.

Attachment to 2021 Form 5500 Schedule SB
 Defined Benefit Plan of Family and Children's Service
 EIN: 41-0693858 P/N: 001

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

Weighted Average Retirement Age				
(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
62	3.0000	1.0000	3.0000	186.0000
63		1.0000		
64		1.0000		
65		1.0000		
66	1.0000	1.0000	1.0000	66.0000
67		1.0000		
68	1.0000	1.0000	1.0000	68.0000
Total			5.0000	320.0000
Average				64.0000

Attachment to 2021 Form 5500 Schedule SB
 Defined Benefit Plan of Family and Children's Service
 EIN: 41-0693858 P/N: 001

Schedule SB, Line 26 – Schedule of Active Participant Data

Attained Age	Years of credited service:										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0	0	0	0	0	0
50 to 54	1	0	0	0	0	0	0	0	0	0	1
55 to 59	0	1	1	0	0	0	0	0	0	0	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 69	0	1	0	0	1	0	0	0	0	0	2
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	1	2	1	0	1	0	0	0	0	0	5

Attachment to 2021 Form 5500 Schedule SB
Defined Benefit Plan of Family and Children's Service
EIN: 41-0693858 P/N: 001

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

Summary of Methods	
Valuation Date	January 1, 2021
Funding Method	Unit credit
Market Assets	Trustee value plus prior year accrued contributions discounted at the plan's effective interest rate to the Valuation Date
Actuarial Assets	2-Year Smoothed Assets: Gains and losses during the prior 2 years are spread over 3 years (gains and losses are based on expected return versus actual return). Expected returns for the prior year and the 2 nd prior year are 5.94% and 6.00% respectively. Actuarial Assets may not be less than 90% or more than 110% of Market Assets.
Segment Rate Basis	24-month average with look back of 0 months

Economic Assumptions			
Segment Rates		<u>ARPA</u>	<u>Unstabilized</u>
	Segment 1: years 1-5	4.75%	1.75%
	Segment 2: years 5-20	5.36%	3.04%
	Segment 3: years 20+	6.11%	3.65%
Salary Increases	0.00%		
Lump Sums	Same as segment rates less 1.50%, but not less than 0		

Other Assumptions	
Mortality (pre-retirement)	None
Mortality (post-retirement)	IRS 2021 Optional Small Plan
Disability	None
Withdrawal	None
Expenses Paid from Trust	Current year PBGC premiums expected to be paid from the trust plus prior year actual administrative expenses, rounded to nearest \$1,000, if any
Retirement Age	Actives: Age 62. Terminated vested participants: 50% age 62 to 69, 100% at age 70.
Form of Payment	Lump Sum

Attachment to 2021 Form 5500 Schedule SB
Defined Benefit Plan of Family and Children's Service
EIN: 41-0693858 P/N: 001

Schedule SB, Part V – Summary of Plan Provisions

Key Plan Provisions	
EIN / Plan Number	41-0693858 / 001
Effective Date	January 1, 1970
Plan Year	January 1, 2021 to August 11, 2021 (Plan Termination Date)
Entry Date	First of the month coincident with or next following attainment of age 21 with 1 year of service. Years of service with an organization in the health and social services field, a public school or educational institution within three years prior to employment with this employer shall count towards service required for eligibility. The plan is frozen to new entrants effective 7/1/2005.
Benefit Accrual Service	Years and months of participation under this Plan or any prior plan of this Employer. Benefit Accrual Service shall also include participation under any other pension plan underwritten by Mutual of America. Benefit Accrual Service is frozen as of 7/1/2005.
Vesting	100% after 5 years of service or upon attaining age 55.
Final Average Earnings	The highest average monthly compensation for 36 consecutive months within the last consecutive 120 months of service.
Normal Retirement Date	First of the month coincident with or next following the attainment of age 65.
Accrued Monthly Benefit	$[1.25\% \times \text{Final Average Earnings} + 0.5\% \times (\text{Final Average Earnings in excess of the Social Security Average Monthly Wage})] \times \text{Benefit Accrual Service}$ not greater than 35 If the participant is not eligible for Retirement, the benefit is multiplied by Benefit Accrual Service at the determination date divided by years of Benefit Accrual Service at Normal Retirement. The benefit is frozen effective 7/1/2005.
Early Retirement	Eligibility: Age 55 with no service requirement Benefit: Accrued Benefit reduced 1/15 for each of the first 5 years prior to Normal Retirement Date and 1/30 for each of the next 5 years early. A Participant with 30 years of Benefit Accrual Service may retire at age 62 with an unreduced benefit, or reductions of 1/15 for each of the first 5 years and 1/30 for each of the next 2 years by which the Early Retirement Date precedes age 62.

Attachment to 2021 Form 5500 Schedule SB
Defined Benefit Plan of Family and Children's Service
EIN: 41-0693858 P/N: 001

Schedule SB, Part V – Summary of Plan Provisions *continued*

Late Retirement	Eligibility: Commencement after Normal Retirement Date Benefit: Accrued Benefit increased by 1% for each month late for the first 2 years and 1.5% for each month late for years after 2 years. Certain pre-1990 terminated employees have increases based on the plan's actuarial equivalence.
Pre-retirement Spouse Benefit	66 2/3% Qualified Pre-retirement Spouse Benefit
Actuarial Equivalence	Non 417(e): 8.5% and 1983 IAM Female 417(e) Basis: quarterly stability period, 2 month look back Lump Sums: 417(e) Basis less 1.5%
Normal Form of Payment	Single Life Annuity
Forms of Retirement Benefits	Many options including a Lump Sum.

Changes from prior year

None. The plan was terminated effective August 11, 2021.

Form 5500-SFDepartment of the Treasury
Internal Revenue ServiceDepartment 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**2021****This Form Is Open to
Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 10/31/2021

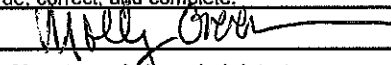
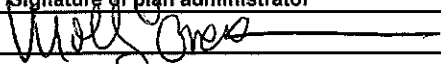
- A** This return/report is for: ☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- B** This return/report is: ☐ the first return/report ☒ the final return/report
☐ an amended return/report ☒ a short plan year return/report (less than 12 months)
- C** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ DFVC program
☐ special extension (enter description)
- D** 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 DEFINED BENEFIT PLAN OF FAMILY AND CHILDRENS SERVICE	1b Three-digit plan number (PN) ▶ 001	1c Effective date of plan 07/01/1976
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) The Family Partnership 414 SOUTH EIGHTH STREET MINNEAPOLIS MN 55404-1801	2b Employer Identification Number (EIN) 41-0693858 2c Sponsor's telephone number 612-339-9101 2d Business code (see instructions) 624100	
3a Plan administrator's name and address ☒ 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. a Sponsor's name c Plan Name	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	5a 76 5b 0 5c 5d(1) 5 5d(2) 0 5e 0	

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		6/14/22	Molly Greenman
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		6/14/22	Molly Greenman
	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 (2021)
v.201209

- 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 427921. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	3,492,444	0
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	3,492,444	0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	404,390	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	291,722	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		696,112
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4,128,512	
e Certain deemed and/or corrective distributions (see instructions) ..	8e		
f Administrative service providers (salaries, fees, commissions)	8f	60,044	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		4,188,556
i Net income (loss) (subtract line 8h from line 8c)	8i		-3,492,444
j Transfers to (from) the plan (see instructions)	8j		

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 1D 1I
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

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		400,000
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	
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			

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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 10/31/2021

▶ **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 Defined Benefit Plan of Family and Children's Service	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Family and Children's Service	D Employer Identification Number (EIN) 41-0693858
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>	
2 Assets:	
a Market value	2a 3,486,353
b Actuarial value	2b 3,194,825
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants 14 (2) Vested Funding Target 877,722 (3) Total Funding Target 877,722
b For terminated vested participants.....	56 1,567,732 1,567,732
c For active participants	5 574,717 574,717
d Total.....	75 3,020,171 3,020,171
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 5.30%
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a 0
b Expected plan-related expenses	6b 19,000
c Total (line 6a + line 6b)	6c 19,000

Statement by Enrolled Actuary

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

SIGN HERE		06/13/2022
Michael J. Born	Signature of actuary	Date
Hildi Inc., A Division of USI C.G.	Type or print name of actuary	2006795
8000 Norman Center Drive Suite 400	Firm name	Most recent enrollment number
Bloomington MN 55437	Address of the firm	952-934-5554
		Telephone number (including area code)

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 ☐

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

Schedule SB (Form 5500) 2021
v. 201209

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.36 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

0

22 Weighted average retirement age**22**

64

23 Mortality table(s) (see instructions)

Prescribed - combined



Prescribed - separate



Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c)..... **31a** 19,000**b** Excess assets, if applicable, but not greater than line 31a **31b** 19,000**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 0 Installment 0**b** Waiver amortization installment**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0

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

36 Additional cash requirement (line 34 minus line 35)..... **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 388,683**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 388,683**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0**40** Unpaid minimum required contributions for all years..... **40** 0**Part IX Pension Funding Relief Under 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 ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Attachment to 2021 Form 5500 Schedule SB
 Defined Benefit Plan of Family and Children's Service
 EIN: 41-0693858 P/N: 001

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

Weighted Average Retirement Age				
(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
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67		1.0000		
68	1.0000	1.0000	1.0000	68.0000
Total			5.0000	320.0000
Average				64.0000

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No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
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45 to 49	0	0	0	0	0	0	0	0	0	0	0
50 to 54	1	0	0	0	0	0	0	0	0	0	1
55 to 59	0	1	1	0	0	0	0	0	0	0	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 69	0	1	0	0	1	0	0	0	0	0	2
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	1	2	1	0	1	0	0	0	0	0	5

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Segment Rate Basis	24-month average with look back of 0 months

Economic Assumptions			
Segment Rates		<u>ARPA</u>	<u>Unstabilized</u>
	Segment 1: years 1-5	4.75%	1.75%
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	Segment 3: years 20+	6.11%	3.65%
Salary Increases	0.00%		
Lump Sums	Same as segment rates less 1.50%, but not less than 0		

Other Assumptions	
Mortality (pre-retirement)	None
Mortality (post-retirement)	IRS 2021 Optional Small Plan
Disability	None
Withdrawal	None
Expenses Paid from Trust	Current year PBGC premiums expected to be paid from the trust plus prior year actual administrative expenses, rounded to nearest \$1,000, if any
Retirement Age	Actives: Age 62. Terminated vested participants: 50% age 62 to 69, 100% at age 70.
Form of Payment	Lump Sum

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Benefit Accrual Service	Years and months of participation under this Plan or any prior plan of this Employer. Benefit Accrual Service shall also include participation under any other pension plan underwritten by Mutual of America. <i>Benefit Accrual Service is frozen as of 7/1/2005.</i>
Vesting	100% after 5 years of service or upon attaining age 55.
Final Average Earnings	The highest average monthly compensation for 36 consecutive months within the last consecutive 120 months of service.
Normal Retirement Date	First of the month coincident with or next following the attainment of age 65.
Accrued Monthly Benefit	$[1.25\% \times \text{Final Average Earnings} + 0.5\% \times (\text{Final Average Earnings in excess of the Social Security Average Monthly Wage})] \times \text{Benefit Accrual Service}$ not greater than 35 If the participant is not eligible for Retirement, the benefit is multiplied by Benefit Accrual Service at the determination date divided by years of Benefit Accrual Service at Normal Retirement. <i>The benefit is frozen effective 7/1/2005.</i>
Early Retirement	Eligibility: Age 55 with no service requirement Benefit: Accrued Benefit reduced 1/15 for each of the first 5 years prior to Normal Retirement Date and 1/30 for each of the next 5 years early. A Participant with 30 years of Benefit Accrual Service may retire at age 62 with an unreduced benefit, or reductions of 1/15 for each of the first 5 years and 1/30 for each of the next 2 years by which the Early Retirement Date precedes age 62.

Attachment to 2021 Form 5500 Schedule SB
Defined Benefit Plan of Family and Children's Service
EIN: 41-0693858 P/N: 001

Schedule SB, Part V – Summary of Plan Provisions *continued*

Late Retirement	Eligibility: Commencement after Normal Retirement Date Benefit: Accrued Benefit increased by 1% for each month late for the first 2 years and 1.5% for each month late for years after 2 years. Certain pre-1990 terminated employees have increases based on the plan's actuarial equivalence.
Pre-retirement Spouse Benefit	66 2/3% Qualified Pre-retirement Spouse Benefit
Actuarial Equivalence	Non 417(e): 8.5% and 1983 IAM Female 417(e) Basis: quarterly stability period, 2 month look back Lump Sums: 417(e) Basis less 1.5%
Normal Form of Payment	Single Life Annuity
Forms of Retirement Benefits	Many options including a Lump Sum.

Changes from prior year

None. The plan was terminated effective August 11, 2021.

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

Weighted Average Retirement Age				
(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
62	3.0000	1.0000	3.0000	186.0000
63		1.0000		
64		1.0000		
65		1.0000		
66	1.0000	1.0000	1.0000	66.0000
67		1.0000		
68	1.0000	1.0000	1.0000	68.0000
Total			5.0000	320.0000
Average				64.0000

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Schedule SB, Line 26 – Schedule of Active Participant Data

Attained Age	Years of credited service:										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0	0	0	0	0	0
50 to 54	1	0	0	0	0	0	0	0	0	0	1
55 to 59	0	1	1	0	0	0	0	0	0	0	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 69	0	1	0	0	1	0	0	0	0	0	2
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	1	2	1	0	1	0	0	0	0	0	5

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

Summary of Methods	
Valuation Date	January 1, 2021
Funding Method	Unit credit
Market Assets	Trustee value plus prior year accrued contributions discounted at the plan's effective interest rate to the Valuation Date
Actuarial Assets	2-Year Smoothed Assets: Gains and losses during the prior 2 years are spread over 3 years (gains and losses are based on expected return versus actual return). Expected returns for the prior year and the 2 nd prior year are 5.94% and 6.00% respectively. Actuarial Assets may not be less than 90% or more than 110% of Market Assets.
Segment Rate Basis	24-month average with look back of 0 months

Economic Assumptions			
Segment Rates		<u>ARPA</u>	<u>Unstabilized</u>
	Segment 1: years 1-5	4.75%	1.75%
	Segment 2: years 5-20	5.36%	3.04%
	Segment 3: years 20+	6.11%	3.65%
Salary Increases	0.00%		
Lump Sums	Same as segment rates less 1.50%, but not less than 0		

Other Assumptions	
Mortality (pre-retirement)	None
Mortality (post-retirement)	IRS 2021 Optional Small Plan
Disability	None
Withdrawal	None
Expenses Paid from Trust	Current year PBGC premiums expected to be paid from the trust plus prior year actual administrative expenses, rounded to nearest \$1,000, if any
Retirement Age	Actives: Age 62. Terminated vested participants: 50% age 62 to 69, 100% at age 70.
Form of Payment	Lump Sum

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Schedule SB, Part V – Summary of Plan Provisions

Key Plan Provisions	
EIN / Plan Number	41-0693858 / 001
Effective Date	January 1, 1970
Plan Year	January 1, 2021 to August 11, 2021 (Plan Termination Date)
Entry Date	First of the month coincident with or next following attainment of age 21 with 1 year of service. Years of service with an organization in the health and social services field, a public school or educational institution within three years prior to employment with this employer shall count towards service required for eligibility. The plan is frozen to new entrants effective 7/1/2005.
Benefit Accrual Service	Years and months of participation under this Plan or any prior plan of this Employer. Benefit Accrual Service shall also include participation under any other pension plan underwritten by Mutual of America. Benefit Accrual Service is frozen as of 7/1/2005.
Vesting	100% after 5 years of service or upon attaining age 55.
Final Average Earnings	The highest average monthly compensation for 36 consecutive months within the last consecutive 120 months of service.
Normal Retirement Date	First of the month coincident with or next following the attainment of age 65.
Accrued Monthly Benefit	$[1.25\% \times \text{Final Average Earnings} + 0.5\% \times (\text{Final Average Earnings in excess of the Social Security Average Monthly Wage})] \times \text{Benefit Accrual Service}$ not greater than 35 If the participant is not eligible for Retirement, the benefit is multiplied by Benefit Accrual Service at the determination date divided by years of Benefit Accrual Service at Normal Retirement. The benefit is frozen effective 7/1/2005.
Early Retirement	Eligibility: Age 55 with no service requirement Benefit: Accrued Benefit reduced 1/15 for each of the first 5 years prior to Normal Retirement Date and 1/30 for each of the next 5 years early. A Participant with 30 years of Benefit Accrual Service may retire at age 62 with an unreduced benefit, or reductions of 1/15 for each of the first 5 years and 1/30 for each of the next 2 years by which the Early Retirement Date precedes age 62.

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Schedule SB, Part V – Summary of Plan Provisions *continued*

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