

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500-SF</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Short Form Annual Return/Report of Small Employee Benefit Plan</b><br><br>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).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500-SF.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2022</div><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                    |                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I Annual Report Identification Information</b>                                                                             |                                                                                                                                                                                                                                                                |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                           |                                                                                                                                                                                                                                                                |
| <b>A</b> 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>B</b> This return/report is                                                                                                     | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                          |
| <b>C</b> Check box if filing under:                                                                                                | <input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                        |
| <b>D</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . <input type="checkbox"/> |                                                                                                                                                                                                                                                                |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |            |                                                          |          |                                                          |  |              |          |              |          |           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------|----------------------------------------------------------|----------|----------------------------------------------------------|--|--------------|----------|--------------|----------|-----------|--|
| <b>Part II Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |            |                                                          |          |                                                          |  |              |          |              |          |           |  |
| <b>1a</b> Name of plan<br><br><u>RETIREMENT PLAN FOR EMPLOYEES OF OSTEOPATHIC HERITAGE FOUNDATION</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"><b>1b</b> 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;"><b>1c</b> Effective date of plan<br/><u>03/01/1962</u></td> </tr> </table>                                                                                                                                                                                                                                                                             | <b>1b</b> Three-digit plan number (PN) ►                         | <u>001</u> | <b>1c</b> Effective date of plan<br><u>03/01/1962</u>    |          |                                                          |  |              |          |              |          |           |  |
| <b>1b</b> Three-digit plan number (PN) ►                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>001</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  |            |                                                          |          |                                                          |  |              |          |              |          |           |  |
| <b>1c</b> Effective date of plan<br><u>03/01/1962</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |            |                                                          |          |                                                          |  |              |          |              |          |           |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><br><u>OSTEOPATHIC HERITAGE FOUNDATION</u><br><br><u>6785 BOBCAT WAY, SUITE 200</u> <u>6785 BOBCAT WAY, SUITE 200</u><br><u>DUBLIN, OH 43016</u> <u>DUBLIN, OH 43016</u>                                                                                                                                                                                               | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"><b>2b</b> Employer Identification Number (EIN) <u>31-6056252</u></td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding: 5px;"><b>2c</b> Sponsor's telephone number <u>614-737-4370</u></td> <td></td> </tr> <tr> <td style="padding: 5px;"><b>2d</b> Business code (see instructions) <u>813000</u></td> <td></td> </tr> </table>                                                                                                                                                                                    | <b>2b</b> Employer Identification Number (EIN) <u>31-6056252</u> |            | <b>2c</b> Sponsor's telephone number <u>614-737-4370</u> |          | <b>2d</b> Business code (see instructions) <u>813000</u> |  |              |          |              |          |           |  |
| <b>2b</b> Employer Identification Number (EIN) <u>31-6056252</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |            |                                                          |          |                                                          |  |              |          |              |          |           |  |
| <b>2c</b> Sponsor's telephone number <u>614-737-4370</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |            |                                                          |          |                                                          |  |              |          |              |          |           |  |
| <b>2d</b> Business code (see instructions) <u>813000</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |            |                                                          |          |                                                          |  |              |          |              |          |           |  |
| <b>3a</b> 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%; padding: 5px;"><b>3b</b> Administrator's EIN</td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding: 5px;"><b>3c</b> Administrator's telephone number</td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN                                    |            | <b>3c</b> Administrator's telephone number               |          |                                                          |  |              |          |              |          |           |  |
| <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |            |                                                          |          |                                                          |  |              |          |              |          |           |  |
| <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |            |                                                          |          |                                                          |  |              |          |              |          |           |  |
| <b>4</b> 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.<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"><b>4b</b> EIN</td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding: 5px;"><b>4d</b> PN</td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN                                                    |            | <b>4d</b> PN                                             |          |                                                          |  |              |          |              |          |           |  |
| <b>4b</b> EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |            |                                                          |          |                                                          |  |              |          |              |          |           |  |
| <b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |            |                                                          |          |                                                          |  |              |          |              |          |           |  |
| <b>5a</b> Total number of participants at the beginning of the plan year.....<br><b>b</b> Total number of participants at the end of the plan year .....<br><b>c</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>d(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>d(2)</b> Total number of active participants at the end of the plan year.....<br><b>e</b> 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;"><b>5a</b></td> <td style="width: 40%; text-align: center;"><u>2</u></td> </tr> <tr> <td style="padding: 5px;"><b>5b</b></td> <td style="text-align: center;"><u>2</u></td> </tr> <tr> <td style="padding: 5px;"><b>5c</b></td> <td></td> </tr> <tr> <td style="padding: 5px;"><b>5d(1)</b></td> <td style="text-align: center;"><u>2</u></td> </tr> <tr> <td style="padding: 5px;"><b>5d(2)</b></td> <td style="text-align: center;"><u>2</u></td> </tr> <tr> <td style="padding: 5px;"><b>5e</b></td> <td></td> </tr> </table> | <b>5a</b>                                                        | <u>2</u>   | <b>5b</b>                                                | <u>2</u> | <b>5c</b>                                                |  | <b>5d(1)</b> | <u>2</u> | <b>5d(2)</b> | <u>2</u> | <b>5e</b> |  |
| <b>5a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                  |            |                                                          |          |                                                          |  |              |          |              |          |           |  |
| <b>5b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                  |            |                                                          |          |                                                          |  |              |          |              |          |           |  |
| <b>5c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |            |                                                          |          |                                                          |  |              |          |              |          |           |  |
| <b>5d(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                  |            |                                                          |          |                                                          |  |              |          |              |          |           |  |
| <b>5d(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                  |            |                                                          |          |                                                          |  |              |          |              |          |           |  |
| <b>5e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |            |                                                          |          |                                                          |  |              |          |              |          |           |  |

**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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 07/27/2023 | TERRI DONLIN HUESMAN                                         |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 07/27/2023 | TERRI DONLIN HUESMAN                                         |
|                  | 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 481759. (See instructions.)

**Part III Financial Information**

| <b>7 Plan Assets and Liabilities</b>                                                                |              | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
|-----------------------------------------------------------------------------------------------------|--------------|------------------------------|------------------------|
| <b>a</b> Total plan assets.....                                                                     | <b>7a</b>    | 1390096                      | 1134031                |
| <b>b</b> Total plan liabilities.....                                                                | <b>7b</b>    |                              |                        |
| <b>c</b> Net plan assets (subtract line 7b from line 7a).....                                       | <b>7c</b>    | 1390096                      | 1134031                |
| <b>8 Income, Expenses, and Transfers for this Plan Year</b>                                         |              | <b>(a) Amount</b>            | <b>(b) Total</b>       |
| <b>a</b> Contributions received or receivable from:                                                 |              |                              |                        |
| <b>(1)</b> Employers.....                                                                           | <b>8a(1)</b> | 39275                        |                        |
| <b>(2)</b> Participants.....                                                                        | <b>8a(2)</b> |                              |                        |
| <b>(3)</b> Others (including rollovers).....                                                        | <b>8a(3)</b> |                              |                        |
| <b>b</b> Other income (loss).....                                                                   | <b>8b</b>    | -287890                      |                        |
| <b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....                                  | <b>8c</b>    |                              | -248615                |
| <b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... | <b>8d</b>    |                              |                        |
| <b>e</b> Certain deemed and/or corrective distributions (see instructions).....                     | <b>8e</b>    |                              |                        |
| <b>f</b> Administrative service providers (salaries, fees, commissions).....                        | <b>8f</b>    | 7450                         |                        |
| <b>g</b> Other expenses.....                                                                        | <b>8g</b>    |                              |                        |
| <b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g).....                                         | <b>8h</b>    |                              | 7450                   |
| <b>i</b> Net income (loss) (subtract line 8h from line 8c).....                                     | <b>8i</b>    |                              | -256065                |
| <b>j</b> Transfers to (from) the plan (see instructions).....                                       | <b>8j</b>    |                              |                        |

**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
- 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**

| <b>10 During the plan year:</b>                                                                                                                                                                                                          |            | <b>Yes</b> | <b>No</b> | <b>Amount</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|-----------|---------------|
| <b>a</b> 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).....                       | <b>10a</b> |            | X         |               |
| <b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....                                                                                                      | <b>10b</b> |            | X         |               |
| <b>c</b> Was the plan covered by a fidelity bond?.....                                                                                                                                                                                   | <b>10c</b> | X          |           | 5000000       |
| <b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?.....                                                                                                   | <b>10d</b> |            | X         |               |
| <b>e</b> 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.)..... | <b>10e</b> |            | X         |               |
| <b>f</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                                        | <b>10f</b> |            | X         |               |
| <b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.).....                                                                                                                                          | <b>10g</b> |            | X         |               |
| <b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                              | <b>10h</b> |            | X         |               |
| <b>i</b> 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.....                                                       | <b>10i</b> |            | X         |               |

**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 11 blank and complete 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? (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. ☐ Yes ☐ No

**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**

**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) |
|-------------------------|---------------|--------------|
|                         |               |              |

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                                       |            |            |            |
|-----------------------------------------------------------------------------------------------------------------------|------------|------------|------------|
| For calendar plan year 2022 or fiscal plan year beginning                                                             | 01/01/2022 | and ending | 12/31/2022 |
| 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<br>RETIREMENT PLAN FOR EMPLOYEES OF OSTEOPATHIC HERITAGE FOUNDATION                   |                                                                                                                    | B Three-digit plan number (PN)                       | 001                                                                                                                      |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>OSTEOPATHIC HERITAGE FOUNDATION |                                                                                                                    | D Employer Identification Number (EIN)<br>31-6056252 |                                                                                                                          |
| 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 01 Day 01 Year 2022                                                                                                                                              |                            |                           |                          |
| 2 Assets:                                                                                                                                                                                          |                            |                           |                          |
| a Market value                                                                                                                                                                                     | 2a                         | 1428991                   |                          |
| b Actuarial value                                                                                                                                                                                  | 2b                         | 1428991                   |                          |
| 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                                                                                                                                                               | 0                          | 0                         | 0                        |
| c For active participants                                                                                                                                                                          | 2                          | 1275182                   | 1275182                  |
| d Total                                                                                                                                                                                            | 2                          | 1275182                   | 1275182                  |
| 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                          | 5.18 %                    |                          |
| 6 Target normal cost                                                                                                                                                                               |                            |                           |                          |
| a Present value of current plan year accruals                                                                                                                                                      | 6a                         | 133266                    |                          |
| b Expected plan-related expenses                                                                                                                                                                   | 6b                         | 0                         |                          |
| c Total (line 6a + line 6b)                                                                                                                                                                        | 6c                         | 133266                    |                          |

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<br>HERE                                       | Signature of actuary          | 07/20/2023                             |
|                                                    | BROOKE L. GREENE              | Date                                   |
|                                                    | Type or print name of actuary | 23-07807                               |
|                                                    | DELOITTE CONSULTING LLP       | Most recent enrollment number          |
|                                                    | Firm name                     | 479-312-4972                           |
| 6100 S. YALE AVE, STE 2010<br>TULSA, OK 74136-1918 |                               | Telephone number (including area code) |
| Address of the firm                                |                               |                                        |

| Part II Beginning of Year Carryover and Prefunding Balances                                                                                                         |                       |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                             |                       | 204846                 |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                         |                       |                        |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                               |                       | 204846                 |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>3.74</u> % .....                                                                                |                       | 7661                   |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                      |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year).....                                                                                      |                       | 214                    |
| <b>b(1)</b> 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>5.36</u> %..... |                       | 11                     |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                |                       |                        |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                                                        |                       | 225                    |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                   |                       |                        |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                                                         | 0                     | 212507                 |

| Part III Funding Percentages                                                                                                                                              |           |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                      | <b>14</b> | 95.39 %  |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                             | <b>15</b> | 104.16 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 101.66 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                       | <b>17</b> | %        |

| Part IV Contributions and Liquidity Shortfalls                                           |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 04/20/2023                                                                               | 148351                            |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 | <b>Totals ►</b>          | <b>18(b)</b>                      | <b>18(c)</b>                    |
|                                                                                          |                                   |                                 |                          | 148351                            |                                 |

|                                                                                                                                                                            |            |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                       |            |         |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                                                                        | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date. ....                                                                                         | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date. ....                                                    | <b>19c</b> | 138983  |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                |            |         |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |            |         |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <input type="checkbox"/> Yes <input type="checkbox"/> No |            |         |
| <b>c</b> 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 |
| 0                                                                                                                                                                          | 0          | 0       |
|                                                                                                                                                                            |            | (4) 4th |
|                                                                                                                                                                            |            | 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:  
5.18 %3rd segment:  
5.92 %☐ 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)

Prescribed - combined



Prescribed - separate



Substitute

**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**26** Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... ☐ Yes ☒ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years.....**28****29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) .....**29****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**

133266

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

0

**32** Amortization installments:**a** Net shortfall amortization installment .....

Outstanding Balance

Installment

58698

5424

**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**

138690

**35** Balances elected for use to offset funding requirement.....

0

0

0

**36** Additional cash requirement (line 34 minus line 35) .....**36**

138690

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....**37**

138983

**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) .....**38a**

293

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....**38b**

0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....**39**

0

**40** Unpaid minimum required contributions for all years.....**40**

0

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)****41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

**Schedule SB, Part V – Summary of Plan Provisions****EIN/PN 31-6056252/001****Retirement Plan for Employees of Osteopathic Heritage Foundation****Plan Provisions Summary**

|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>Effective Date of the Plan</b> | March 1, 1962 as amended and restated as of January 1, 2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |
| <b>Plan Year</b>                  | January 1 to December 31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        |
| <b>Eligibility to Participate</b> | <p>An employee will become eligible to participate on the first day of the plan year nearest completion of 12 months of participation service and attainment of age 21.</p> <p>Notwithstanding the foregoing, no Employee hired on or after January 1, 2017 shall become a Participant in the Plan.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                        |
| <b>Participation Service</b>      | Completed days from date of hire to date of termination.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        |
| <b>Vesting Service</b>            | Beginning at the participant's date of participation, the participant will be given one year of participation service for each year the participant completes 1,000 or more hours of service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        |
| <b>Vesting</b>                    | <u>Years of Participation Service</u><br>0 – 3<br>3 or more                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>Vested Percentage</u><br>0%<br>100% |
| <b>Normal Retirement Date</b>     | Eligible the first day of the month coincident with or next following attainment of age 65, or the participant's fifth anniversary of plan participation, if later.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |
| <b>Normal Retirement Benefit</b>  | <p>The monthly pension benefit is equal to the greater of (A) and (B):</p> <p>(A) sum of (1), (2) and (3) below:</p> <p>(1) The accrued benefit under the Plan in effect on December 31, 1991.</p> <p>(2) 0.80% of average monthly compensation multiplied by years of participation service after January 1, 1992.</p> <p>(3) 0.60% of average monthly compensation in excess of the current Social Security Covered Compensation Table I multiplied by years of participation service after January 1, 1992.</p> <p>Total years of participation service cannot exceed 35 years.</p> <p>(B) The participant's normal retirement pension as determined as follows:</p> <p>(1) For Prior Plan Participants, the retirement benefit in the normal form shall equal the greater of (a) the Participant's Accrued Benefit as of January 1, 1999, or (b) such percentage (not greater than 100%) of Final Average Compensation that equals 60% of the Prior Plan Participant's Final Average Compensation (computed without regard to the limitation on Compensation under Code Section 401(a)(17)), reduced as follows:</p> <p>(a) by subtracting from the yearly benefit amount, in the normal form, that is the Actuarial Equivalent of the supplemental retirement benefit lump sum payment made to the Prior Plan Participant in 1995 (net of the portion of said payment equal to a partial gross-up of tax payments expected to be owed by the Prior Plan Participant), based on an interest rate of 6.85% and the 1983 Group Annuity Mortality (GAM) blended mortality table (50% male, 50% female), and</p> |                                        |

**Schedule SB, Part V – Summary of Plan Provisions****EIN/PN 31-6056252/001****Retirement Plan for Employees of Osteopathic Heritage Foundation****Plan Provisions Summary**

|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                           | <p>(b) for a Prior Plan Participant with less than ten (10) years of service earned after December 31, 1991, the foregoing benefit shall be multiplied by a fraction, not greater than one, the numerator of which is the participant's years of Participation service earned after December 31, 1991, and the denominator of which is ten (10).</p> <p>(2) For a Participant who is not a Prior Plan Participant, the retirement benefit in the normal form shall equal the greater of:</p> <p>(a) The Participant's Accrued Benefit as of January 1, 1999, or</p> <p>(b) an annual retirement benefit of \$6,300 per year, or, if greater, 2.00% of Final Average Compensation multiplied by the Participant's Years of Participation earned after December 31, 1991. The Committee shall determine the normal retirement pension under this paragraph by taking into account no more than 35 Years of Participation under the Plan.</p> |
| <b>Early Retirement</b>                   | The participant is eligible to receive a monthly benefit equal to the participant's accrued benefit actuarially reduced when the participant attains age 55 with at least 5 years of participation service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Late Retirement</b>                    | <p>If a participant continues working beyond his Normal Retirement Date, he will be entitled to a monthly pension benefit beginning on his actual late retirement date.</p> <p>The monthly pension benefit is equal to the greater of the benefit the participant would have received if he had retired on his Normal Retirement Date adjusted for Cost-of-Living and actuarially increased or his benefit as of the Late Retirement Date.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Early Retirement Reduction Factors</b> | <p>For participants with benefits accrued before January 1, 1999, a participant's early retirement pension shall be the Actuarial Equivalent of the benefits accrued and payable on the participant's Normal Retirement Date.</p> <p>For participants with benefits accrued on or after January 1, 1999, the Early Retirement Reduction Factor is equal to 5/9th of 1% for each of the first 60 months' payments beginning before age 65 and 5/18th of 1% for each of the next 60 months' payments beginning before age 65. Participants whose age plus years of service equal or exceed 72 receive no reduction for early retirement at age 62.</p>                                                                                                                                                                                                                                                                                       |
| <b>Cost of Living Adjustment</b>          | For participants who elected a monthly life annuity, their monthly benefit adjustment for each plan year shall be 2.3%.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Normal Form of Benefit</b>             | <p>The normal form of payment is a monthly life annuity with a modified cash refund death benefit for employees who made the pre-1992 mandatory contributions.</p> <p>Unless the participant makes a valid waiver election, the benefit will be paid in the form of a qualified joint and survivor annuity.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Optional Forms</b>                     | Lump Sum, Life Annuity, Joint and Surviving Spouse Annuities, and Social Security Adjustment Option.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Vesting Eligibility</b>                | If a vested participant leaves the Company for any reason other than retirement or death, he shall be entitled to receive a monthly pension benefit equal to his accrued benefit beginning at his Normal Retirement Date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

**Schedule SB, Part V – Summary of Plan Provisions****EIN/PN 31-6056252/001****Retirement Plan for Employees of Osteopathic Heritage Foundation****Plan Provisions Summary**

|                                        |                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Vesting Benefit</b>                 | The accrued normal retirement benefit based on Participation Service and the Benefit Formula as of the date of termination with payments beginning on the Normal Retirement Date.                                                                                                                                                |
| <b>Death Benefit before Retirement</b> | If a Participant dies on or after January 1, 1999, but prior to his Annuity Starting Date, the Participant's surviving spouse or other named Beneficiary shall receive a death benefit equal to the Actuarially Equivalent Present Value of 100% of the Participant's Accrued Benefit as of the date of the Participant's death. |
| <b>Death Benefit after Retirement</b>  | No death benefits are provided in this Plan except to the extent the participant selects an alternative benefit annuity form, which has the effect of providing a benefit payable after the Participant's death.                                                                                                                 |
| <b>Employee Contributions</b>          | No current contributions are required.                                                                                                                                                                                                                                                                                           |
| <b>Employer Contributions</b>          | The Company will make such payments or contributions as shall be sufficient to maintain the fund on a sound actuarial basis.                                                                                                                                                                                                     |
| <b>Changes Since Prior Valuation</b>   | None.                                                                                                                                                                                                                                                                                                                            |

**Schedule SB, Line 26a – Schedule of Active Participants**

**EIN/PN 31-6056252/001**

**Retirement Plan for Employees of Osteopathic Heritage Foundation**

| Service Group    |            |            |            |            |            |            |              |            |              |            |              |            |              |            |              |            |              |            |            |            |              |
|------------------|------------|------------|------------|------------|------------|------------|--------------|------------|--------------|------------|--------------|------------|--------------|------------|--------------|------------|--------------|------------|------------|------------|--------------|
| <u>Age Group</u> | <u>≤ 1</u> |            | <u>1-4</u> |            | <u>5-9</u> |            | <u>10-14</u> |            | <u>15-19</u> |            | <u>20-24</u> |            | <u>25-29</u> |            | <u>30-34</u> |            | <u>35-39</u> |            | <u>40+</u> |            | <u>Total</u> |
|                  | No.        | Avg. Comp. | No.        | Avg. Comp. | No.        | Avg. Comp. | No.          | Avg. Comp. | No.          | Avg. Comp. | No.          | Avg. Comp. | No.          | Avg. Comp. | No.          | Avg. Comp. | No.          | Avg. Comp. | No.        | Avg. Comp. |              |
| <b>0 - 24</b>    | 0          | N/A        | 0          | N/A        | 0          | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0          | N/A        | <b>0</b>     |
| <b>24 - 29</b>   | 0          | N/A        | 0          | N/A        | 0          | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0          | N/A        | <b>0</b>     |
| <b>30 - 34</b>   | 0          | N/A        | 0          | N/A        | 0          | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0          | N/A        | <b>0</b>     |
| <b>35 - 39</b>   | 0          | N/A        | 0          | N/A        | 0          | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0          | N/A        | <b>0</b>     |
| <b>40 - 44</b>   | 0          | N/A        | 0          | N/A        | 0          | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0          | N/A        | <b>0</b>     |
| <b>45 - 49</b>   | 0          | N/A        | 0          | N/A        | 0          | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0          | N/A        | <b>0</b>     |
| <b>50 - 54</b>   | 0          | N/A        | 0          | N/A        | 0          | N/A        | 0            | N/A        | 0            | N/A        | 1            | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0          | N/A        | <b>1</b>     |
| <b>55 - 59</b>   | 0          | N/A        | 0          | N/A        | 1          | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0          | N/A        | <b>1</b>     |
| <b>60 - 64</b>   | 0          | N/A        | 0          | N/A        | 0          | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0          | N/A        | <b>0</b>     |
| <b>65 - 69</b>   | 0          | N/A        | 0          | N/A        | 0          | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0          | N/A        | <b>0</b>     |
| <b>70+</b>       | 0          | N/A        | 0          | N/A        | 0          | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0            | N/A        | 0          | N/A        | <b>0</b>     |
| <b>Total</b>     | <b>0</b>   |            | <b>0</b>   |            | <b>1</b>   |            | <b>0</b>     |            | <b>0</b>     |            | <b>1</b>     |            | <b>0</b>     |            | <b>0</b>     |            | <b>0</b>     |            | <b>0</b>   |            | <b>2</b>     |

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

**EIN/PN 31-6056252/001**

**Retirement Plan for Employees of Osteopathic Heritage Foundation**

**Actuarial Methods for Funding and Present Value of Accrued Benefits**

**Liability Valuation Method**

**Funding Target and Target Normal Cost as Defined in PPA**

The Funding Target is defined to be the present value of the benefits accrued or earned at the valuation date. The earned benefits include retirement-type benefits and ancillary benefits (1.430(d)-1(c)(1)(i)). If the amount of a benefit that is expected to be paid is neither a function of the accrued benefit at the time the benefit is expected to be paid nor a function of the participant's service at that time, then the portion of the benefit taken into account for purposes of determining the Funding Target for a plan year is based on the proportion of a participant's service as of the first day of the plan year relative to the service the participant will have when the participant decrements. The portion of the benefit that is taken into account in the Target Normal Cost is the increase in the proportional benefit for the plan year (1.430(d)-1(c)(1)(ii)(C)). The determination of the Funding Target and Target Normal Cost of a plan for a plan year is not permitted to take into account any limitations or anticipated limitations under section 436 (1.430(d)-1(c)(1)(iii)).

The Target Normal Cost is the present value of all the benefits expected to accrue or to be earned during the year (benefits attributable to services performed in a prior year that are increased by reason of a compensation increase in the current year are treated as having accrued during the current year). Plan administrative expenses paid (or expected to be paid) from Actuarial Value of Assets for a plan year are not reflected in the determination of a plan's Funding Target for that plan year (1.430(d)-1(c)(2)), but are reflected in the determination of a plan's Target Normal Cost.

Generally if insurance contracts are held by the Plan, they are included in Actuarial Value of Assets and the related benefits are included in the liability. In the case of benefits that are funded through insurance contracts purchased from an insurance company licensed under the laws of a State, the Plan is permitted to exclude the benefits from the liability and the insurance policy from the assets, but only to the extent that the right to receive benefits is an irrevocable contractual right based on premiums paid prior to the valuation date (1.430(d)-1(c)(3)).

The determination of a plan's Funding Target and Target Normal Cost for a plan year is based on plan provisions that are adopted no later than the valuation date for the plan year and that become effective during that plan year. Section 412(d)(2) applies for purposes of determining whether a plan amendment is treated as having been adopted on the first day of the plan year (including a plan amendment adopted within two and one half months after the close of the plan year) (1.430(d)-1(d)).

For maximum deductible purposes, the cushion amount is equal to the sum of 50 percent of the Funding Target for the plan year and the amount the Funding Target for the plan year would increase if the Plan were to take into account increases in compensation which are expected to occur in succeeding plan years. If the Plan does not base benefits for service to date on compensation, increases in benefits which are expected to occur in succeeding plan years (determined on the basis of the average annual increase in benefits over the six preceding plan years) are taken into account in lieu of expected increases in compensation. For plans that have less than 100 participants, increases in benefits for highly compensated employees as a result of plan amendments within the last two years are excluded from the calculation of the cushion amount.

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

**EIN/PN 31-6056252/001**

**Retirement Plan for Employees of Osteopathic Heritage Foundation**

**Actuarial Methods for Funding and Present Value of Accrued Benefits**

**Asset Valuation Method**

Actuarial Value of Assets are equal to the Market Value of Assets plus receivable contributions discounted at the appropriate interest rate to the valuation date.

**Procedures**

Financial and census data: Financial data was submitted by the Trustee and census data was submitted by the Plan Sponsor. Information provided was reviewed for internal consistency and we have no reason to doubt its substantial accuracy.

No benefits of materiality were excluded from the valuation of the liabilities.

The limitations of the Internal Revenue Code 415(b) and 401(a)(17) have been incorporated into our calculations.

No liability is included for participants who terminated without vesting in their benefit prior to the valuation date.

The Plan Sponsor provided us with the data on its employees as of the valuation date, but only those employees who have completed the Plan's eligibility requirements are included in the valuation of liabilities.

**Model Use**

Actuarial Standard of Practice No. 56 – Modeling requires disclosure of certain information regarding the actuary's use of models when issuing actuarial reports for work performed on or after October 1, 2020. For this valuation, the liability calculations were determined using industry-leading defined benefit valuation software developed and maintained by a third party vendor. The model was designed specifically for the measurement of defined benefit pension plan liabilities and the actuary has updated the applicable parameters for the specific plan provisions and assumptions selected for this valuation.

**Method Changes Since Last Year**

There were no method changes since the prior valuation.

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

**EIN/PN 31-6056252/001**

**Retirement Plan for Employees of Osteopathic Heritage Foundation**

**Actuarial Assumptions**

| Interest Rates            |                                                                                                                                                                                                                                                                                                                                                                    | Pre-MAP-21<br>Segment Rates <sup>1</sup> | 25-Year Average<br>Segment Rates | ARP/IIJA                    |                            |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------|-----------------------------|----------------------------|
|                           |                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                  | 2022 Corridor<br>(95%-105%) | Segment Rates <sup>2</sup> |
|                           | Lookback Month                                                                                                                                                                                                                                                                                                                                                     | January                                  | N/A                              | N/A                         | N/A                        |
|                           | First Segment<br>Rate                                                                                                                                                                                                                                                                                                                                              | 0.88%                                    | 5.00% <sup>3</sup>               | 4.75% - 5.25%               | 4.75%                      |
|                           | Second Segment<br>Rate                                                                                                                                                                                                                                                                                                                                             | 2.61%                                    | 5.45%                            | 5.18% - 5.72%               | 5.18%                      |
|                           | Third Segment<br>Rate                                                                                                                                                                                                                                                                                                                                              | 3.27%                                    | 6.23%                            | 5.92% - 6.54%               | 5.92%                      |
|                           | Effective Rate                                                                                                                                                                                                                                                                                                                                                     | 2.61%                                    | N/A                              | N/A                         | 5.18%                      |
|                           | <sup>1</sup> Used for Maximum Deductible, PBGC Method for Variable-Rate Premium, ERISA §4010 reporting \$15M underfunded and 80% threshold, and excess assets for §420 transfers.<br><sup>2</sup> Used for minimum funding and benefit restrictions<br><sup>3</sup> Actual rate of 3.69% was limited to a floor of 5.00% per the provisions of ARP.                |                                          |                                  |                             |                            |
| Mortality                 | As defined in §1.430(h)(3)-1(b)(2). This table is based on the small plan annuitant/nonannuitant-combined static mortality rates for 2022 from IRS §1.430(h)(3)-1(e).                                                                                                                                                                                              |                                          |                                  |                             |                            |
| Salary Growth             | 4.00%                                                                                                                                                                                                                                                                                                                                                              |                                          |                                  |                             |                            |
| Retirement                | It is assumed all active participants will retire at age 62 and all deferred vested participants will retire at age 65.                                                                                                                                                                                                                                            |                                          |                                  |                             |                            |
| Withdrawal                | None assumed.                                                                                                                                                                                                                                                                                                                                                      |                                          |                                  |                             |                            |
| Cost of Living Adjustment | Assumed to be 2.30%.                                                                                                                                                                                                                                                                                                                                               |                                          |                                  |                             |                            |
| Expenses                  | None assumed.                                                                                                                                                                                                                                                                                                                                                      |                                          |                                  |                             |                            |
| Marriage Percentage       | 100% of participants are assumed to be married.                                                                                                                                                                                                                                                                                                                    |                                          |                                  |                             |                            |
| Data                      | This actuarial valuation has been prepared based upon participant data provided by the employer. We have checked the data for reasonableness, but have not independently audited the data. We have no reason to believe the data is not complete and accurate, and know of no further information that is essential to the preparation of the actuarial valuation. |                                          |                                  |                             |                            |
| Lump Sum Basis            | Based on 2022 Applicable Mortality and ARP/IIJA Segment Rates.                                                                                                                                                                                                                                                                                                     |                                          |                                  |                             |                            |

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

**EIN/PN 31-6056252/001**

**Retirement Plan for Employees of Osteopathic Heritage Foundation**

**Actuarial Assumptions**

|                                           |                                                                                                                                                                        |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Lump Sum Election Rate</b>             | Active participants are assumed to elect a lump sum form of payment. Other participants not yet in payment are assumed to elect a single life annuity form of payment. |
| <b>Assumption Changes Since Last Year</b> | The interest rates and mortality assumptions were updated per IRS requirements.                                                                                        |

**Schedule SB, Line 32 Schedule of Amortization Bases**

**EIN/PN 31-6056252/001**

**Retirement Plan for Employees of Osteopathic Heritage Foundation**

| Date Established | Amortization Base Type | Remaining Number of Years | Annual Funding Shortfall Amortization Installment | Present Value of Remaining Amortization Installments as of January 1, 2022 |
|------------------|------------------------|---------------------------|---------------------------------------------------|----------------------------------------------------------------------------|
| January 1, 2022  | Funding Shortfall      | 15                        | \$ 5,424                                          | \$ 58,698                                                                  |

**Schedule SB, line 22 – Description of Weighted Average Retirement Age**

| <u>Age</u> | Percentage of<br>Eligible<br>Participants<br><u>Assumed to Retire</u> |
|------------|-----------------------------------------------------------------------|
| 62         | 100.00%                                                               |

Weighted Average Retirement Age = 62

For each active participant, an expected retirement age was calculated, weighted in proportion to the probability that the individual would remain an active participant to each age and then retire at that age. The plan's weighted average retirement age (shown above) is the arithmetic average of the expected retirement ages of all such participants on the valuation date.

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>Retirement Plan for Employees of Osteopathic Heritage Foundation                                                 | <b>B</b> Three-digit plan number (PN) ▶<br><br>001                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>Osteopathic Heritage Foundation                               | <b>D</b> Employer Identification Number (EIN)<br><br>31-6056252                                                                                         |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                |                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                  | <b>Basic Information</b>                                                      |
| <b>1</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2022</u>                                                                                                                                |                                                                               |
| <b>2</b> Assets:                                                                                                                                                                                               |                                                                               |
| <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b> 1,428,991                                                           |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b> 1,428,991                                                           |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                            |                                                                               |
|                                                                                                                                                                                                                | (1) Number of participants (2) Vested Funding Target (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | 0 0 0                                                                         |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | 0 0 0                                                                         |
| <b>c</b> For active participants .....                                                                                                                                                                         | 2 1,275,182 1,275,182                                                         |
| <b>d</b> Total.....                                                                                                                                                                                            | 2 1,275,182 1,275,182                                                         |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                                                                               |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                                                                     |
| <b>b</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..... | <b>4b</b>                                                                     |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         | <b>5</b> 5.18 %                                                               |
| <b>6</b> Target normal cost.....                                                                                                                                                                               |                                                                               |
| <b>a</b> Present value of current plan year accruals.....                                                                                                                                                      | <b>6a</b> 133,266                                                             |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                  | <b>6b</b> 0                                                                   |
| <b>c</b> Total (line 6a + line 6b) .....                                                                                                                                                                       | <b>6c</b> 133,266                                                             |

**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.

|                              |                                                                                                      |                                        |
|------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>             | Brooke L. Greene  | 07/20/2023                             |
|                              | Signature of actuary                                                                                 | Date                                   |
| Brooke L. Greene             | Type or print name of actuary                                                                        | 23-07807                               |
| Deloitte Consulting LLP      | Firm name                                                                                            | Most recent enrollment number          |
| 6100 S. Yale Ave, Suite 2010 |                                                                                                      | (479)312-4972                          |
| Tulsa                        | OK 74136-1918                                                                                        | Telephone number (including area code) |
|                              | 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) 2022**  
**v. 220413**

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 204,846                |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 204,846                |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>3.74</u> % .....                                                                                 | 0                     | 7,661                  |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 214                    |
| <b>b(1)</b> 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>5.36</u> % ..... |                       | 11                     |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 225                    |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    |                       | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 212,507                |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 95.39%  |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 104.16% |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 101.66% |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 04/20/2023               | 148,351                           |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>          |                                   |                                 | <b>18(b)</b>             | 148,351                           | <b>18(c)</b> 0                  |

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

|                                                                                                                         |            |         |
|-------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 138,983 |

**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**

|                                                 |                                                                                                                                              |                        |                        |                                                     |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                                                                                                              |                        |                        |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>4.75 %                                                                                                                       | 2nd segment:<br>5.18 % | 3rd segment:<br>5.92 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....    |                                                                                                                                              |                        |                        | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age ..... |                                                                                                                                              |                        |                        | <b>22</b> 62                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> 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 |
| <b>25</b> 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 |
| <b>26</b> Demographic and benefit information                                                                                                                          |                                                                     |
| <b>a</b> 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 |
| <b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. ....                                   | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c) .....                                                                                                                                          | <b>31a</b>          | 133,266            |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 58,698              | 5,424              |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                         | <b>34</b>           | 138,690            |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 138,690            |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 138,983            |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 293                |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

|                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|