

<div>Form 5500-SF</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Short Form Annual Return/Report of Small Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
B	This return/report is <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C	Check box if filing under: <input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)
D	If the plan is a collectively-bargained plan, check here ▶ <input type="checkbox"/>
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ <input type="checkbox"/>

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan THE AMERICAN PSYCHOANALYTIC ASSOCIATION PENSION PLAN	1b Three-digit plan number (PN) ▶ 002
		1c Effective date of plan 03/01/1994
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE AMERICAN PSYCHOANALYTIC ASSOCIATION  309 EAST 49TH STREET NEW YORK, NY 10017-1601	2b Employer Identification Number (EIN) 13-1685533
		2c Sponsor's telephone number 212-752-0450
		2d Business code (see instructions) 813000
3a	Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	3b Administrator's EIN
		3c Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	4b EIN
		4d PN
5a	Total number of participants at the beginning of the plan year	5a 14
b	Total number of participants at the end of the plan year	5b 14
c(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1)
c(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2)
d(1)	Total number of active participants at the beginning of the plan year	5d(1) 6
d(2)	Total number of active participants at the end of the plan year	5d(2) 6
e	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e 0

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	04/18/2024	THOMAS NEWMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/18/2024	THOMAS NEWMAN
	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 503061. (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>	2108522	2457497
<b>b</b> Total plan liabilities .....	<b>7b</b>		
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	2108522	2457497
<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>	70000	
<b>(2)</b> Participants .....	<b>8a(2)</b>		
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>	0	
<b>b</b> Other income (loss) .....	<b>8b</b>	348585	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		418585
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	69610	
<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>		
<b>g</b> Other expenses .....	<b>8g</b>		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		69610
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		348975
<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 1I 3D
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**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? Continue to answer "Yes" for any prior year failures until fully corrected. (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		250000
<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>			
<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>			

**Part VI Pension Funding Compliance**

<b>11</b>	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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>a</b>	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	<b>11a</b> <span style="float: right;">0</span>
<b>b</b>	<b>PBGC missed contribution reporting requirements.</b> 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:	
	<input type="checkbox"/> Yes. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> No. Other. Provide explanation _____	

<b>12</b>	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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>a</b>	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 _____	
<b>If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.</b>		
<b>b</b>	Enter the minimum required contribution for this plan year	<b>12b</b>
<b>c</b>	Enter the amount contributed by the employer to the plan for this plan year	<b>12c</b>
<b>d</b>	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)	<b>12d</b>
<b>e</b>	Will the minimum funding amount reported on line 12d be met by the funding deadline?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**Part VII Plan Terminations and Transfers of Assets**

<b>13a</b>	Has a resolution to terminate the plan been adopted in any plan year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>a</b>	If "Yes," enter the amount of any plan assets that reverted to the employer this year	<b>13a</b> <span style="float: right;">0</span>
<b>b</b>	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>c</b>	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.)	
<b>13c(1)</b>	<b>13c(2)</b>	<b>13c(3)</b>
Name of plan(s):	EIN(s)	PN(s)

**Part VIII IRS Compliance Questions**

<b>14a</b>	Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>14b</b>	If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).	
	<input type="checkbox"/> Design-based safe harbor method <input type="checkbox"/> "Prior year" ADP test <input type="checkbox"/> "Current year" ADP test <input checked="" type="checkbox"/> N/A	
<b>15</b>	If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>03/30/2018</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>J501783A</u> .	

<div>SCHEDULE SB (Form 5500)  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan 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>2023</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
▶ 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 THE AMERICAN PSYCHOANALYTIC ASSOCIATION PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE AMERICAN PSYCHOANALYTIC ASSOCIATION	D Employer Identification Number (EIN) 13-1685533
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 2023			
2	Assets:			
a	Market value	2a	2108522	
b	Actuarial value	2b	2108522	
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	4	472188	472188
b	For terminated vested participants	4	530968	530968
c	For active participants	6	1085820	1085820
d	Total	14	2088976	2088976
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.26 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	5800	
c	Target normal cost	6c	5800	

**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.

<div>SIGN HERE</div>	<div>Signature of actuary</div> <div>DAVID M. LIPKIN, MSPA, FSA</div> <div>Type or print name of actuary</div> <div>METRO BENEFITS, INC.</div> <div>Firm name</div> <div>8150 PERRY HIGHWAY SUITE 311 PITTSBURGH, PA 15237-5232</div> <div>Address of the firm</div>	<div>04/17/2024</div> <div>Date</div> <div>23-03246</div> <div>Most recent enrollment number</div> <div>412-847-7600</div> <div>Telephone number (including area code)</div>
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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	574864
<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	574864
<b>10</b> Interest on line 9 using prior year's actual return of <u>-16.81</u> % .....	0	-96635
<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) .....		55594
<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>5.45</u> % .....		3030
<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 .....		58624
<b>d</b> Portion of (c) to be added to prefunding balance .....		58624
<b>12</b> Other reductions in balances due to elections or deemed elections .....	0	99644
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	437209

Part III Funding Percentages			
<b>14</b> Funding target attainment percentage .....	<b>14</b>	80.00 %	
<b>15</b> Adjusted funding target attainment percentage .....	<b>15</b>	100.93 %	
<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>	99.31 %	
<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 (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/04/2023	23000	0			
04/27/2023	12000	0			
07/05/2023	9000	0			
08/03/2023	26000	0			
<b>Totals ►</b>			<b>18(b)</b>	70000	<b>18(c)</b> 0

<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>	68794
<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

<b>Part V</b>	<b>Assumptions Used to Determine Funding Target and Target Normal Cost</b>		
<b>21</b>	Discount rate:		
<b>a</b>	Segment rates:	<div style="display: flex; justify-content: space-around;"> <div>1st segment: 4.75 %</div> <div>2nd segment: 5.00 %</div> <div>3rd segment: 5.74 %</div> </div>	<input type="checkbox"/> N/A, full yield curve used
<b>b</b>	Applicable month (enter code).....	<b>21b</b>	2
<b>22</b>	Weighted average retirement age .....	<b>22</b>	65
<b>23</b>	Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute		
<b>Part VI</b>	<b>Miscellaneous Items</b>		
<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>	
<b>Part VII</b>	<b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>		
<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
<b>Part VIII</b>	<b>Minimum Required Contribution For Current Year</b>		
<b>31</b>	Target normal cost and excess assets (see instructions):		
<b>a</b>	Target normal cost (line 6c).....	<b>31a</b>	5800
<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 .....	0	0
<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>
			5800
<b>35</b>	Balances elected for use to offset funding requirement .....	0	0
<b>36</b>	Additional cash requirement (line 34 minus line 35).....		<b>36</b>
			5800
<b>37</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		<b>37</b>
			68794
<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>
			62994
<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
<b>Part IX</b>	<b>Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>		
<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 type="checkbox"/> 2021		



## Form 5500-SF

Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty CorporationShort Form Annual Return/Report of Small Employee  
Benefit PlanThis form is required to be filed under sections 104 and 4065 of the Employee Retirement  
Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal  
Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110  
1210-0089

2023

This Form is Open to  
Public Inspection**Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023



- A** This return/report is for: ☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Pension plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
- B** This return/report is: ☐ the first return/report ☐ the final return/report  
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ DFVC program  
☐ special extension (enter description)
- D** If the plan is a collectively-bargain plan, check here ☐
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

**Part II Basic Plan Information** --- enter all requested information

<b>1a</b> Name of plan The American Psychoanalytic Association Pension Plan		<b>1b</b> Three-digit plan number (PN) ▶ 002
		<b>1c</b> Effective date of plan 03/01/1994
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) The American Psychoanalytic Association  309 EAST 49TH STREET  US NEW YORK NY 10017-1601		<b>2b</b> Employer Identification Number (EIN) 13-1685533
		<b>2c</b> Sponsor's telephone number (212) 752-0450
		<b>2d</b> Business code (see instructions) 813000
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		<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. <b>a</b> Sponsor's name <b>c</b> Plan Name		<b>4b</b> EIN
		<b>4d</b> PN
<b>5a</b> Total number of participants at the beginning of the plan year	14	<b>5a</b>
<b>b</b> Total number of participants at the end of the plan year	14	<b>5b</b>
<b>c(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)		<b>5c(1)</b>
<b>c(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		<b>5c(2)</b>
<b>d(1)</b> Total number of active participants at the beginning of the plan year	6	<b>5d(1)</b>
<b>d(2)</b> Total number of active participants at the end of the plan year	6	<b>5d(2)</b>
<b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	0	<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>		4/18/2024	<b>Thomas Newman</b>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		4/18/2024	<b>Thomas Newman</b>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

Form 5500-SF (2023)  
v. 230728

# E-SIGNATURE AUTHORIZATION

for

**The American Psychoanalytic Association Pension Plan**

**13-1685533/002**

**For Plan Year 01/01/2023 through 12/31/2023**

I/We, the undersigned, understand that a 5500 Series filing for the plan listed above must be prepared, electronically signed and electronically transmitted to the EBSA Electronic Filing Acceptance System (EFAST).

I/We authorize Metro Benefits, Inc. to electronically sign the 5500 Series filing on my/our behalf and to transmit that signed form to EFAST on or before the filing due date.

I/We understand that by granting this authority:

- A manually signed and dated Form 5500-SF that has been provided must be returned to Metro Benefits, Inc. before they can begin the electronic filing process. I/We will retain a copy of this manually signed form and any schedules and attachments in the plan records.
- Metro Benefits, Inc. will not be responsible for any late filing penalty assessed under ERISA should I/we not return the manually signed and dated Form 5500-SF prior to the filing due date.
- An electronic copy of the manually signed and dated Form 5500-SF showing my/our signatures will be included in the electronic filing and will be posted by the EBSA to the Internet for public disclosure.
- Metro Benefits, Inc. will maintain a copy of this written authorization in its records.
- Metro Benefits, Inc. will notify all signers about any inquiries and correspondence it receives about this filing from EFAST, EBSA, IRS or PBGC.
- Metro Benefits, Inc. shall not be deemed to be a plan fiduciary with respect to this plan solely on account of providing the electronic signature and filing of the 5500-SF for the plan year listed above.



Plan Administrator

April 18, 2024  
Date



Plan Sponsor

April 18, 2024  
Date



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[illegible]

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

**The American Psychoanalytic Association Pension Plan**

**13-1685533 / 002**

**For the plan year 01/01/2023 through 12/31/2023**

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The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

# Schedule SB, line 19 - Discounted Employer Contributions

**The American Psychoanalytic Association Pension Plan**

**13-1685533 / 002**

**For the plan year 01/01/2023 through 12/31/2023**

**Valuation Date: 01/01/2023**

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
<b>Deposited Contribution</b>	<b>01/04/2023</b>	<b>\$23,000</b>					
Applied to Additional Contribution	01/01/2023	17,196	17,189	0	0	5.26	0.00
Applied to MRC	01/01/2023	755	755	0	0	5.26	0.00
Applied to Quarterly Contribution	04/15/2023	1,287	1,286	0	1,287	5.26	0.00
Applied to Quarterly Contribution	07/15/2023	1,270	1,269	0	1,270	5.26	0.00
Applied to Quarterly Contribution	10/15/2023	1,254	1,253	0	1,254	5.26	0.00
Applied to Quarterly Contribution	01/15/2024	1,238	1,237	0	1,238	5.26	0.00
<b>Deposited Contribution</b>	<b>04/27/2023</b>	<b>\$12,000</b>					
Applied to Additional Contribution	01/01/2023	12,000	11,806	0	0	5.26	0.00
<b>Deposited Contribution</b>	<b>07/05/2023</b>	<b>\$9,000</b>					
Applied to Additional Contribution	01/01/2023	9,000	8,769	0	0	5.26	0.00
<b>Deposited Contribution</b>	<b>08/03/2023</b>	<b>\$26,000</b>					
Applied to Additional Contribution	01/01/2023	26,000	25,230	0	0	5.26	0.00
Totals for Deposited Contribution		\$70,000	\$68,794	\$0	\$5,049		

# Schedule SB, Part V

## Statement of Actuarial Assumptions/Methods

### The American Psychoanalytic Association Pension Plan

13-1685533 / 002

For the plan year 01/01/2023 through 12/31/2023

**Valuation Date:** 01/01/2023

**Funding Method:** As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at nearest birthday

New participants are not included in current year's valuation

Retrospective Compensation - Highest 5 consecutive years of the last 10 years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Interest Rates -

Segment rates for the Second Month Prior to Val Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	1.76
Segment 2	6 - 20	3.36
Segment 3	> 20	3.76

Segment rates as of September 30, 2022 As permitted under IRC 430(h)(2)(C)(iv)(II) - ARP

Segment #	Year	Rate %
Segment 1	0 - 5	4.75
Segment 2	6 - 20	5.00
Segment 3	> 20	5.74

Pre-Retirement - Mortality Table - None

Early Retirement Table - None

Turnover Table - None

Disability Table - None

Salary Scale - 3.5%

Expense Load - \$5,800

Ancillary Ben Load - None

Post-Retirement - Mortality Table - 23C - 2023 Combined

Cost of Living - None

Lump Sum - G83F - 1983 Group Annuity (female) at 7%  
or  
23E - 2023 Applicable Mortality Table for 417(e) (unisex)

**Asset Valuation Method:** Fair market value of assets adjusted for contributions under IRC 430(g)(4)

#### **Discrimination Test Assumptions:**

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

# Schedule SB, Part V

## Statement of Actuarial Assumptions/Methods

### The American Psychoanalytic Association Pension Plan

13-1685533 / 002

For the plan year 01/01/2023 through 12/31/2023

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#### 410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 7%

Post-Retirement - Interest - 7%

Mortality Table - G83F - 1983 Group Annuity (female)

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

#### 401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

# Schedule SB, Part V

## Summary of Plan Provisions

### The American Psychoanalytic Association Pension Plan

13-1685533 / 002

For the plan year 01/01/2023 through 12/31/2023

**Employer:** The American Psychoanalytic Association  
Type of Entity - C Corporation  
EIN: 13-1685533 TIN: 22-3328160 Plan #: 002 Plan Type: Defined Benefit

**Dates:** Effective - 03/01/1994 Valuation - 01/01/2023

**Eligibility:** All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12  
Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000  
Plan Entry - Anniversary date nearest eligibility satisfaction

**Retirement:** Normal - First of month coincident with or next following attainment of age 65  
Early - Attainment of age 55 and completion of 10 years of service

**Average Compensation:** Highest 5 consecutive years of the last 10 years of service  
Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

**Plan Benefits:** Retirement - Frozen benefit formula

Accrued Benefit - Frozen accrued benefit as of 06/01/2019

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Early Retirement - Accrued Benefit actuarially reduced for early commencement

Death Benefit - Present Value of Accrued Benefit

Disability Benefit - None

**Top Heavy Minimum:** None

**IRS Limitations:** 415 Limits - Percent: 100 Dollar: \$225,000  
Maximum 401(a)(17) compensation - \$330,000

**PBGC:** Plan is covered by Pension Benefit Guaranty Corporation

**Normal Form:** Life Annuity Guaranteed for 5 Years

**Optional Forms:** Life Annuity  
Life Annuity Guaranteed for 5 or 10 Years  
Joint with 50%, 66.67%, 75% or 100% Survivor Benefit

**Vesting Schedule:** 100% vested in 3 years.  
Service is calculated using all years of service

**Present Value of Accrued Benefit:** Based on the greater of 417(e) or Actuarial Equivalence

**417(e):**

Interest Rates -

Second Month Prior to Plan Yr Beg		
Segment #	Years	Rate %
Segment 1	0 - 5	5.09
Segment 2	6 - 20	5.60
Segment 3	> 20	5.41

Mortality Table - 23E - 2023 Applicable Mortality Table for 417(e) (unisex)



# Schedule SB, Part V

## Summary of Plan Provisions

### The American Psychoanalytic Association Pension Plan

13-1685533 / 002

For the plan year 01/01/2023 through 12/31/2023

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#### Actuarial Equivalence:

Pre-Retirement -	Interest -	7%
	Mortality Table -	None
Post-Retirement -	Interest -	7%
	Mortality Table -	G83F - 1983 Group Annuity (female)

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

**2023**This Form is Open to Public  
Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ 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.

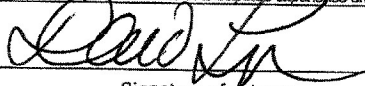
<b>A</b> Name of plan The American Psychoanalytic Association Pension Plan		<b>B</b> Three-digit plan number (PN) ▶ 002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF The American Psychoanalytic Association		<b>D</b> Employer Identification Number (EIN) 13-1685533
<b>E</b> Type 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

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month 01 Day 01 Year 2023			
<b>2</b> Assets:			
<b>a</b> Market value .....		<b>2a</b>	2,108,522
<b>b</b> Actuarial value .....		<b>2b</b>	2,108,522
<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	4	472,188	472,188
<b>b</b> For terminated vested participants	4	530,968	530,968
<b>c</b> For active participants	6	1,085,820	1,085,820
<b>d</b> Total	14	2,088,976	2,088,976
<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>	5.26 %
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals		<b>6a</b>	0
<b>b</b> Expected plan-related expenses		<b>6b</b>	5,800
<b>c</b> Target normal cost		<b>6c</b>	5,800

**Statement by Enrolled Actuary**

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

**SIGN  
HERE**

Signature of actuary

David M. Lipkin, MSPA, FSA

Type or print name of actuary

Metro Benefits, Inc.

Firm name

8150 Perry Highway  
Suite 311

US Pittsburgh

PA 15237-5232

Address of the firm

4-17-24

Date

23-03246

Most recent enrollment number

(412) 847-7600

Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2023

**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	574,864
<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	574,864
<b>10</b> Interest on line 9 using prior year's actual return of <u>-16.81</u> % .....	0	(96,635)
<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) .....		55,594
<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>5.45</u> % ...		3,030
<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 .....		58,624
<b>d</b> Portion of (c) to be added to prefunding balance .....		58,624
<b>12</b> Other reductions in balances due to elections or deemed elections .....	0	99,644
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) ....	0	437,209

**Part III Funding Percentages**

<b>14</b> Funding target attainment percentage .....	<b>14</b>	80.00 %
<b>15</b> Adjusted funding target attainment percentage .....	<b>15</b>	100.93 %
<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>	99.31 %
<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 (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/04/2023	23,000				
04/27/2023	12,000	0			
07/05/2023	9,000				
08/03/2023	26,000				
<b>Totals ▶ 18(b)</b>				70,000	<b>18(c)</b> 0

<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>	68,794
<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	(4) 4th

**Part V Assumptions Used To Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
4.75 %2nd segment:  
5.00 %3rd segment:  
5.74 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

2

**22** Weighted average retirement age**22**

65

**23** Mortality table(s) (see instructions)☒ Prescribed - combined☐ Prescribed - separate☐ Substitute**Part VI Miscellaneous items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required

attachment

☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment☐ Yes ☒ No**26** Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment☒ Yes ☐ No**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment☐ Yes ☒ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28**

0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)**29**

0

**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29)**30**

0

**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c)**31a**

5,800

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

0

**32** Amortization installments:

Outstanding Balance

Installment

**a** Net shortfall amortization installment

0

0

**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**

5,800

Carryover balance

Prefunding Balance

Total balance

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

0

0

0

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

5,800

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

68,794

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

62,994

**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