

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2023</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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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: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

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 If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>MIRIAM OSBORN MEMORIAL HOME ASSOCIATION RETIREMENT INCOME PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MIRIAM OSBORN MEMORIAL HOME ASSOCIATION</u></p> <p><u>101 THEALL ROAD</u> <u>RYE, NY 10580</u></p>	<p>1c Effective date of plan <u>12/01/1955</u></p> <p>2b Employer Identification Number (EIN) <u>13-5562312</u></p> <p>2c Plan Sponsor's telephone number <u>914-925-8201</u></p> <p>2d Business code (see instructions) <u>623000</u></p>

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	08/01/2024	ELIZABETH ROSSI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/01/2024	ELIZABETH ROSSI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																																	
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																																	
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">514</td> </tr> </table>	5	514																															
5	514																																	
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h 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:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td style="text-align: center;"></td> <td style="text-align: right;">193</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td style="text-align: center;"></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: center;"></td> <td style="text-align: right;"></td> </tr> <tr> <td style="text-align: center;">6c</td> <td style="text-align: center;"></td> <td style="text-align: right;"></td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: center;"></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6e</td> <td style="text-align: center;"></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: center;"></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td style="text-align: center;"></td> <td style="text-align: right;">501</td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td style="text-align: center;"></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6h</td> <td style="text-align: center;"></td> <td style="text-align: right;"></td> </tr> </table>				6a(1)		193	6a(2)		0	6b			6c			6d		0	6e		0	6f		0	6g(1)		501	6g(2)		0	6h		
6a(1)		193																																
6a(2)		0																																
6b																																		
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6e		0																																
6f		0																																
6g(1)		501																																
6g(2)		0																																
6h																																		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="text-align: right;"></td> </tr> </table>	7																																
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 3H

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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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 <u>MIRIAM OSBORN MEMORIAL HOME ASSOCIATION RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MIRIAM OSBORN MEMORIAL HOME ASSOCIATION</u>	D Employer Identification Number (EIN) <u>13-5562312</u>	
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 type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>30970321</u>
	b Actuarial value	2b	<u>34067353</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>232</u>	<u>20939889</u>
	b For terminated vested participants	<u>106</u>	<u>4169911</u>
	c For active participants	<u>176</u>	<u>10525106</u>
	d Total	<u>514</u>	<u>35634906</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.19 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>31044</u>
	c Target normal cost	6c	<u>31044</u>

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

SIGN HERE Signature of actuary <u>BECKY CHILCOTE</u> Type or print name of actuary <u>WILLIS TOWERS WATSON US LLC</u> Firm name <u>775 YARD STREET FLOOR 2, SUITE 200 COLUMBUS, OH 43212</u> Address of the firm	<u>07/31/2024</u> Date <u>23-07514</u> Most recent enrollment number <u>614-457-7000</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		2036672
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		2036672
10	Interest on line 9 using prior year's actual return of <u>-15.91</u> %		-324035
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		2
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.36</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		2
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)		1712637

Part III Funding Percentages			
14	Funding target attainment percentage	14	90.66 %
15	Adjusted funding target attainment percentage	15	90.66 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	96.88 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
Totals ▶			18(b)	18(c)			

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a 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 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				
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 31044
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	3330944		305050	
b Waiver amortization installment				
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 336094
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement			374446	374446
36 Additional cash requirement (line 34 minus line 35).....				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan MIRIAM OSBORN MEMORIAL HOME ASSOCIATION RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MIRIAM OSBORN MEMORIAL HOME ASSOCIATION	D Employer Identification Number (EIN) 13-5562312	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	NONE	123618	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WELLS FARGO BANK, N.A.

56-1354495

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	33878	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BOLTON

1 W. PENNSYLVANIA AVENUE, SUITE 600
TOWSON, MD 21204

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	180470	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DIETRICH & ASSOCIATES, INC.

1000 GERMANTOWN PIKE SUITE K-1
PLYMOUTH MEETING, PA 19462

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13		72500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FIDUCIENT ADVISORS

500 WEST MADISON ST, STE 1700
CHICAGO, IL 60661

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13		7500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SMITH & DOWNEY

320 E. TOWSONTOWN BLVD. SUITE 1 E
BALTIMORE, MD 21286

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29		69157	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan MIRIAM OSBORN MEMORIAL HOME ASSOCIATION RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MIRIAM OSBORN MEMORIAL HOME ASSOCIATION	D Employer Identification Number (EIN) 13-5562312

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	2000000	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	483883	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	27575499	0
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	910939	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	30970321	0
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	30970321	0

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4100000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		4100000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	124400	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		124400
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	153820	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		153820
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1740650	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		6118870

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	35850674	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		35850674
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	80000	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees.....	2i(5)	214348	
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)	123618	
(8) Legal fees.....	2i(8)	69157	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	751394	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1238517
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		37089191

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-30970321
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: FORVIS MAZARS, LLP

(2) EIN: 44-0160260

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		4000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 464583.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 523506.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>MIRIAM OSBORN MEMORIAL HOME ASSOCIATION RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MIRIAM OSBORN MEMORIAL HOME ASSOCIATION</u>	D Employer Identification Number (EIN) <u>13-5562312</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>176</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	<u>0</u>
b Enter the amount contributed by the employer to the plan for this plan year	6b	<u>0</u>
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

<p>Structured Attachment</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Schedule SB, line 26a</p> <p>Schedule of Active Participant Data</p>	<p>2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Name of Plan	MIRIAM OSBORN MEMORIAL HOME ASSOCIATION RETIREMENT INCOME PLAN						
Plan Year Begin Date	01/01/2023	Plan Year End Date	12/31/2023	EIN	13-5562312	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	MIRIAM OSBORN MEMORIAL HOME ASSOCIATION RETIREMENT INCOME PLAN						
Plan Year Begin Date	01/01/2023	Plan Year End Date	12/31/2023	EIN	13-5562312	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	MIRIAM OSBORN MEMORIAL HOME ASSOCIATION RETIREMENT INCOME PLAN						
Plan Year Begin Date	01/01/2023	Plan Year End Date	12/31/2023	EIN	13-5562312	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						




Miriam Osborn Memorial Home Association Retirement Income Plan

EIN 13-5562312 PN 001

Independent Auditor's Report and Financial Statements

December 31, 2023 (in Liquidation) and December 31, 2022 (Ongoing)



Miriam Osborn Memorial Home Association Retirement Income Plan
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Independent Auditor's Report

Plan Trustees
Miriam Osborn Memorial Home Association Retirement Income Plan
Rye, New York

Opinion

We have audited the financial statements of Miriam Osborn Memorial Home Association Retirement Income Plan, an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Miriam Osborn Memorial Home Association Retirement Income Plan as of December 31, 2023 and 2022, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Miriam Osborn Memorial Home Association Retirement Income Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Emphasis of Matter – Plan Termination and Liquidation Basis of Accounting

As discussed in Note 1 to the financial statements, the Board of Trustees of Miriam Osborn Memorial Home Association, Inc., the Plan's sponsor, voted on March 21, 2023, to terminate the plan, and management determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from the going concern basis used in presenting the 2022 financial statements to the liquidation basis used in presenting the 2023 financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Miriam Osborn Memorial Home Association Retirement Income Plan's ability to continue as a going concern within one year after the date that these financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Miriam Osborn Memorial Home Association Retirement Income Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Miriam Osborn Memorial Home Association Retirement Income Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule listed in the table of contents is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Forvis Mazars, LLP

**New York, New York
August 1, 2024**

Federal Employer Identification Number: 44-0160260

Miriam Osborn Memorial Home Association Retirement Income Plan
Statements of Net Assets Available for Benefits
December 31, 2023 (in Liquidation) and December 31, 2022 (Ongoing)

	December 31, 2023 (Liquidation Basis)	December 31, 2022 (Ongoing Basis)
Assets		
Investments, at fair value	\$ -	\$ 28,970,321
Non-interest-bearing cash	-	2,000,000
Net Assets Available for Benefits	\$ -	\$ 30,970,321

Miriam Osborn Memorial Home Association Retirement Income Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2023 (in Liquidation) and December 31, 2022 (Ongoing)

	December 31, 2023 (Liquidation Basis)	December 31, 2022 (Ongoing Basis)
Additions		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	\$ 1,740,650	\$ (6,136,053)
Interest income	124,400	10,994
Dividend income	153,820	57,629
Net investment income (loss)	2,018,870	(6,067,430)
Contributions - employer	4,100,000	69,557
Total additions, net of investment loss	6,118,870	(5,997,873)
Deductions		
Benefits paid directly to participants	12,099,226	2,228,310
Administrative expenses	487,123	69,416
Refunds to Sponsor	464,583	-
Transfer to PBGC	286,811	-
Purchase of annuity contracts	23,751,448	-
Total deductions	37,089,191	2,297,726
Net Decrease	(30,970,321)	(8,295,599)
Net Assets Available for Benefits, Beginning of Year	30,970,321	39,265,920
Net Assets Available for Benefits, End of Year	\$ -	\$ 30,970,321

Miriam Osborn Memorial Home Association Retirement Income Plan
Notes to Financial Statements
December 31, 2023 and December 31, 2022

Note 1. Description of The Plan

General

The following brief description of the Miriam Osborn Memorial Home Association Retirement Income Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan document for more complete information.

The Plan was a noncontributory, defined benefit plan covering substantially all employees of the controlled group of Miriam Osborn Memorial Home Association (the Sponsor) and Sterling Home Care, Inc. dba Osborn Home Care. The Plan was subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA), as amended by subsequent legislation.

The Board of Trustees of the Sponsor voted, on March 21, 2023, to terminate the Plan, and management determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from the going concern basis used in presenting the 2022 financial statements to the liquidation basis used in presenting the 2023 financial statements.

Pension Benefits

Employees with five or more years of service were entitled to annual pension benefits beginning at normal retirement age (65) equal to the greater of 1.5% of Average Annual Compensation up to Covered Compensation; plus 2.0% of such Average Annual Compensation in excess of Covered Compensation, multiplied by Years of Credited Service limited to 30 years; or 1.5% of Average Annual Compensation for each year of service before 2004 plus 1.85% of Average Annual Compensation for each year of service after 2003. The Plan permitted early retirement (at age 55 with five years of service) at reduced benefits. Employees who terminated receive their vested benefits. Employees were able to elect to receive the value of their benefits based on one of the seven different forms of payment. As of December 31, 2008, accrued benefits were frozen under that formula.

Effective January 1, 2009, the Plan was amended to provide overall retirement benefits equal to 1.85% per year of total compensation.

Effective June 30, 2011, the Plan was amended and the benefit accruals were frozen for all participants.

Effective June 11, 2023, the Plan was amended to terminate the Plan.

Funding Policy

The Plan's funding policy was for the Sponsor to contribute an amount which would meet or exceed the annual ERISA minimum funding requirement. There was no required contribution for 2022. In 2023, an employer contribution of \$4,100,000 was made to the Plan to properly terminate the Plan and pay all obligations as required.

Death and Disability Benefits

A vested participant who was not retired and who died after the earliest retirement age was provided a pre-retirement survivor annuity for the spouse unless an election not to be covered by that annuity was made in accordance with the Plan. The spouse will receive the same benefit that would be payable if the participant had retired with an immediate 50% joint and survivor annuity on the day before their death. A vested participant who was not retired and who dies on or before the earliest retirement age will be provided a pre-retirement survivor annuity for the spouse. The spouse will receive the same benefit that would be payable if the participant had separated from service on the date of death, survived to the earliest retirement age, retired with an immediate 50% joint and survivor annuity at the earliest retirement age, and died on the day after the earliest retirement age.

Miriam Osborn Memorial Home Association Retirement Income Plan
Notes to Financial Statements
December 31, 2023 and December 31, 2022

Participants were eligible for disability benefits as a result of a medically determinable physical or mental impairment found by the Social Security Administration as eligible for disability payments. A participant will become entitled to receive a monthly pension benefit payable at the Early Retirement Date equal to the accrued normal retirement benefit determined at the date of termination and adjusted by the early retirement reduction.

Vesting

Upon completion of five years of vesting service but prior to becoming eligible for a normal retirement benefit, a participant was entitled to a deferred vested termination benefit equal to a percentage of their accrued retirement benefit. Eligible employees were fully vested upon completion of five years of vesting service.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

As a result of the Plan's termination (see Note 1), and in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP), the Plan's financial statements have been prepared on the liquidation basis of accounting for the year ended December 31, 2023 and on the accrual basis of accounting for the year ended December 31, 2022.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Certain administrative expenses are paid by the Plan Sponsor. Fees paid to Willis Towers Watson, Principal Custody Solutions, and to Smith and Downey, for the actuarial services, investment management services, and for legal advising services, respectively, are paid by the Plan (see Note 6).

Miriam Osborn Memorial Home Association Retirement Income Plan
Notes to Financial Statements
December 31, 2023 and December 31, 2022

Note 3. Disclosures About Fair Value of Plan Assets

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets
- Level 3** Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets

Recurring Measurements

The following tables present the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2022:

	<u>2022</u>	
	<u>Fair Value Measurements Using Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Total</u>
Investments reported in the fair value hierarchy		
Money market fund	\$ 483,883	
Mutual funds	910,939	
Total investments reported in the fair value hierarchy		\$ 1,394,822
Investments measured at NAV (a)		
Diversified investment partnership		27,575,499
Total investments		<u>\$ 28,970,321</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line item presented in the statements of net assets available for benefits.

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended December 31, 2022. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets measured at fair value on a nonrecurring basis.

Miriam Osborn Memorial Home Association Retirement Income Plan
Notes to Financial Statements
December 31, 2023 and December 31, 2022

The money market fund and mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year-end.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections, and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy.

TCG Balanced Fund, L.P., formerly known as New Providence Balanced Portfolio, L.P., allocates its assets among separately managed accounts, offshore funds and certain mutual funds, and domestic funds (together, the Portfolio Funds), each advised by independent investment managers. As such, it is designed to produce a consistent return with volatility comparable to a diversified fixed-income portfolio. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan. The partnership has redemption requirements as follows:

	<u>2023</u> <u>Fair Value</u>	<u>2022</u> <u>Fair Value</u>	<u>Unfunded</u> <u>Commitments</u>	<u>Redemption</u> <u>Frequency</u>	<u>Redemption</u> <u>Notice Period</u>
TCG Balanced Fund, L.P.	\$ -	\$ 27,575,499	None	Quarterly	60 days

Note 4. Actuarial Present Value of Accumulated Plan Benefits and Significant Actuarial Methods and Assumptions

Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by an actuary from Willis Towers Watson and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan’s provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees’ compensation, years of service, and retirement date. The accumulated plan benefits for active employees are based on a percentage of their compensation for the years ending on the date as of which the benefit information is presented. Benefits payable under all circumstances – retirement, death, and termination of employment – are included to the extent they are deemed attributable to employee service rendered to the valuation date.

Miriam Osborn Memorial Home Association Retirement Income Plan
Notes to Financial Statements
December 31, 2023 and December 31, 2022

The accumulated plan benefit information as of the end of the 2022 plan year was as follows:

	<u>2022</u>
Vested	
Active employees	\$ 8,009,286
Participants with deferred benefits	3,172,594
Participants receiving benefits	<u>17,285,518</u>
	28,467,398
Nonvested	<u>50,006</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 28,517,404</u>

Changes in the actuarial present value of accumulated plan benefits were as follows:

	<u>2022</u>
Actuarial present value of accumulated plan benefits, beginning of year	<u>\$ 31,544,671</u>
Increase (decrease) during the year attributable to	
Increase for interest due to decrease in the discount period	1,917,123
Benefits paid	(2,228,310)
Change in actuarial assumptions	(2,876,987)
Actuarial losses	<u>160,907</u>
Net decrease	<u>(3,027,267)</u>
Actuarial present value of accumulated plan benefits, end of year	<u>\$ 28,517,404</u>

At December 31, 2022, the Plan's net assets available for benefits exceeded the actuarial present value of accumulated plan benefits by \$2,452,917.

Miriam Osborn Memorial Home Association Retirement Income Plan
Notes to Financial Statements
December 31, 2023 and December 31, 2022

The significant actuarial assumptions used in the valuation for 2022 were as follows:

	<u>2022</u>		
Investment yield	7.50% annually		
Mortality	Pri-2012 and projected with MP-2021		
Retirement age	Assumed rates*		
	Age 55 to 59:		1%
	Age 60 to 61:		5%
	Age 62:		10%
	Age 63 to 64:		5%
	Age 65 and up:		100%

* Assumed rates are the percent of active participants assumed to retire upon reaching this age.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2023. Had the valuations been performed as of December 31, there would be no material differences.

Due to the termination of the Plan which culminated in the payment of all benefits during 2023 to participants, the Plan's accumulated benefits were measured on a liquidation basis and the actuarial present value of accumulated plan benefits as of December 31, 2023 is \$0.

Note 5. Risks and Uncertainties

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

Plan contributions were made and the actuarial present value of accumulated plan benefits were reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it was at least reasonably possible that changes in these estimates and assumptions in the near term would have been material to the financial statements.

Miriam Osborn Memorial Home Association Retirement Income Plan
Notes to Financial Statements
December 31, 2023 and December 31, 2022

Note 6. Related-Party and Party-in-Interest Transactions

Administrative expenses paid by the Plan are as follow:

<u>Parties</u>	<u>Description of Service</u>	<u>2023</u>	<u>2022</u>
Principal Bank	Investment management fees	\$ 33,878	\$ 33,776
Willis Tower Watson	Actuarial services	123,618	35,640
Bolton	Investment management fees	180,470	-
Kurt E. Dietrich	Administrative Fees	72,500	-
Fiducient Advisors	Administrative Fees	7,500	-
Smith and Downey	Professional fees	69,157	-
		<u>\$ 487,123</u>	<u>\$ 69,416</u>

These transactions qualify as party-in-interest transactions, which are deemed to be “exempt” from the Prohibited Transactions Rules, as defined by Department of Labor regulations. The Sponsor provides certain administrative services at no cost to the Plan.

Note 7. Plan Termination

As discussed in Note 1, the Plan Sponsor approved a resolution to terminate the Plan. The net assets of the Plan were allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Benefits attributable to employee contributions, taking into account those paid out before termination
- b. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination
- c. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations discussed below
- d. All other vested benefits (that is, vested benefits not insured by the PBGC)
- e. All nonvested benefits

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor’s pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan’s termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual’s monthly benefit that the PBGC guarantees.

Miriam Osborn Memorial Home Association Retirement Income Plan
Notes to Financial Statements
December 31, 2023 and December 31, 2022

Final calculations were made related to the plan termination, and as a result, the Plan purchased annuity contracts in the amount of \$24,445,348. In addition, the Plan paid PBGC \$286,811 related to Plan participants and/or beneficiaries who were unable to be located. After all payments were made, the Plan refunded \$464,583 to the Plan Sponsor.

Note 8. Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated December 27, 2000, stating that the Plan was in compliance with the applicable requirements of the Internal Revenue Code and therefore not subject to tax. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Note 9. Subsequent Events

Subsequent events have been evaluated through August 1, 2024, which is the date the financial statements were available to be issued.

Supplemental Schedule

Miriam Osborn Memorial Home Association Retirement Income Plan
EIN 13-5562312 PN 001
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2023 (in Liquidation)

Identity	Description	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Single Transactions > 5%								
TCG Balanced Fund LP	Partnership	\$ -	\$ 29,722,074	\$ -	\$ -	\$ 12,950,000	\$ 29,722,074	\$ 16,772,074
AllSpring Government Money Mkt FD	Government money market fund	14,000,000	-	-	-	14,000,000	-	-
AllSpring Government Money Mkt FD	Government money market fund	6,000,000	-	-	-	6,000,000	-	-
AllSpring Government Money Mkt FD	Government money market fund	-	13,921,376	-	-	13,921,376	-	-
AllSpring Government Money Mkt FD	Government money market fund	-	5,737,673	-	-	5,737,673	-	-
AllSpring Government Money Mkt FD	Government money market fund	7,500,000	-	-	-	7,500,000	-	-
AllSpring Government Money Mkt FD	Government money market fund	-	8,516,000	-	-	8,516,000	-	-
AllSpring Government Money Mkt FD	Government money market fund	1,722,074	-	-	-	1,722,074	-	-
AllSpring Government Money Mkt FD	Government money market fund	18,028,443	-	-	-	18,028,443	-	-
AllSpring Government Money Mkt FD	Government money market fund	-	20,445,393	-	-	20,445,393	-	-
AllSpring Government Money Mkt FD	Government money market fund	2,000,000	-	-	-	2,000,000	-	-
AllSpring Government Money Mkt FD	Government money market fund	7,500,000	-	-	-	7,500,000	-	-
AllSpring Government Money Mkt FD	Government money market fund	-	7,500,000	-	-	7,500,000	-	-
AllSpring Government Money Mkt FD	Government money market fund	8,516,000	-	-	-	8,516,000	-	-
AllSpring Government Money Mkt FD	Government money market fund	-	7,718,798	-	-	7,718,798	-	-
AllSpring Government Money Mkt FD	Government money market fund	-	1,956,487	-	-	1,956,487	-	-
AllSpring Government Money Mkt FD	Government money market fund	20,445,393	-	-	-	20,445,393	-	-
AllSpring Government Money Mkt FD	Government money market fund	-	20,321,086	-	-	20,321,086	-	-
Vanguard Short-Term Corp Bond ETF	Exchange Traded Fund	3,481,461	-	-	462	3,481,461	-	-
Vanguard Short-Term Corp Bond ETF	Exchange Traded Fund	-	4,472,249	-	630	4,483,957	4,472,249	(11,708)
Vanguard Long-Term Corp Bond ETF	Exchange Traded Fund	3,481,293	-	-	456	3,481,293	3,481,293	-
Vanguard Long-Term Corp Bond ETF	Exchange Traded Fund	-	4,828,531	-	689	4,997,004	4,828,531	(168,473)
Vanguard Long Term Treasury ETF	Exchange Traded Fund	2,088,346	-	-	339	2,088,346	2,088,346	-
Vanguard Long Term Treasury ETF	Exchange Traded Fund	-	2,834,376	-	508	3,000,530	2,834,376	(166,154)
Vanguard Intermediate - Term C	Exchange Traded Fund	4,165,276	-	-	535	4,165,276	4,165,276	-
Vanguard Intermediate - Term C	Exchange Traded Fund	1,805,918	-	-	228	1,805,918	1,805,918	-
Vanguard Intermediate-Term C	Exchange Traded Fund	-	5,893,288	-	810	5,971,195	5,893,288	(77,907)
Cash Held at Outside Fund	Cash	29,722,074	-	-	-	29,722,074	29,722,074	-
Cash Held at Outside Fund	Cash	-	27,500,000	-	-	27,500,000	27,500,000	-
Cash Held at Outside Fund	Cash	-	2,222,074	-	-	2,222,074	2,222,074	-
Series of Transactions > 5%								
TCG Balanced Fund LP	Partnership	\$ -	\$ 29,722,074	\$ -	\$ -	\$ 12,950,000	\$ 29,722,074	\$ 16,772,074
AllSpring Government Money Mkt FD	Government money market fund	90,492,028	-	-	-	90,492,028	90,492,028	-
AllSpring Government Money Mkt FD	Government money market fund	-	90,974,321	-	-	90,974,321	90,974,321	-
Vanguard Ultra S/T Bond - ADM	Ultra Short Bond	1,013,706	-	-	-	1,013,706	1,013,706	-
Vanguard Ultra S/T Bond - ADM	Ultra Short Bond	-	1,015,138	-	-	1,013,706	1,015,138	1,432
Vanguard S/T Corp Bond ETF	Exchange Traded Fund	4,985,320	-	-	660	4,985,320	4,985,320	-
Vanguard S/T Corp Bond ETF	Exchange Traded Fund	-	4,973,034	-	700	4,985,321	4,973,034	(12,287)
Vanguard Long Term Corp Bond ETF	Exchange Traded Fund	4,997,004	-	-	650	4,997,004	4,997,004	-
Vanguard Long Term Corp Bond ETF	Exchange Traded Fund	-	4,828,531	-	689	4,997,004	4,828,531	(168,473)
Vanguard Long Term Treasury ETF	Exchange Traded Fund	3,000,530	-	-	485	3,000,530	3,000,530	-
Vanguard Long Term Treasury ETF	Exchange Traded Fund	-	2,834,376	-	508	3,000,530	2,834,376	(166,154)
Vanguard Intermediate-Term C	Exchange Traded Fund	5,971,194	-	-	763	5,971,194	5,971,194	-
Vanguard Intermediate-Term C	Exchange Traded Fund	-	5,893,288	-	810	5,971,195	5,893,288	(77,907)
Cash Held at Outside Fund	Cash	29,722,074	-	-	-	29,722,074	29,722,074	-
Cash Held at Outside Fund	Cash	-	29,722,074	-	-	29,722,074	29,722,074	-

Form 5500 Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <hr/> 2023 <hr/> This Form is Open to Public Inspection
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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: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

B This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

1a Name of plan MIRIAM OSBORN MEMORIAL HOME ASSOCIATION RETIREMENT INCOME PLAN	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MIRIAM OSBORN MEMORIAL HOME ASSOCIATION 101 THEALL ROAD RYE, NY 10580	1c Effective date of plan <u>12/01/1955</u> 2b Employer Identification Number (EIN) <u>13-5562312</u> 2c Plan Sponsor's telephone number <u>914-925-8201</u> 2d Business code (see instructions) <u>623000</u>

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<i>Elizabeth Rossi</i>	8-1-24	ELIZABETH ROSSI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Elizabeth Rossi</i>	8-1-24	ELIZABETH ROSSI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> <hr/> 2023 <hr/> This Form is Open to Public Inspection
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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 Miriam Osborn Memorial Home Association Retirement Income Plan	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Miriam Osborn Memorial Home Association	D Employer Identification Number (EIN) 13-5562312	
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 type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2023</u>
2 Assets:			
a Market value.....	2a	30,970,321	
b Actuarial value	2b	34,067,353	
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	232	20,939,889	20,939,889
b For terminated vested participants.....	106	4,169,911	4,169,911
c For active participants.....	176	10,525,106	10,575,860
d Total	514	35,634,906	35,685,660
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	5.19%	
6 Target normal cost			
a Present value of current plan year accruals.....	6a	0	
b Expected plan-related expenses	6b	31,044	
c Target normal cost.....	6c	31,044	

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	<div style="text-align: center;"> </div> <p>Becky Chilcote Signature of actuary</p>	<p style="text-align: center;">Date 2307514</p> <hr/> <p style="text-align: center;">Most recent enrollment number 614-475-7000</p> <hr/> <p style="text-align: center;">Telephone number (including area code)</p>
	<p>Becky Chilcote Type or print name of actuary</p> <hr/> <p>Willis Towers Watson US LLC Firm name</p> <hr/> <p>775 Yard Street Floor 2, Suite 200 Columbus OH 43212 Address of the firm</p>	

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

Part 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 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

b Applicable month (enter code)..... **21b** 4

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	31,044
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	3,330,944	305,050
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	336,094
--	-----------	---------

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	374,466	374,466

36 Additional cash requirement (line 34 minus line 35) **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

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

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Miriam Osborn Memorial Home Association
EIN/PN	13-5562312/001
Plan Name	Miriam Osborn Memorial Home Association Retirement Income Plan
Valuation Date	January 1, 2023
Enrolled Actuary	Becky Chilcote
Enrollment Number	23-07514

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2023

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

As of the January 1, 2023 valuation date, the weighted average retirement age is 65.

Plan Name: Miriam Osborn Memorial Home Association Retirement Income Plan
EIN / PN: 13-5562312/001
Plan Sponsor: Miriam Osborn Memorial Home Association
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month September
- Interest rate basis 3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
--	----------------------	--------------------------

Expected Earnings Rate for Asset Smoothing

7.50% for 2023 (prior to 3rd segment rate maximum)

Assumed Cost of Living Adjustments

None

Demographic Assumptions

Mortality

Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021).

Plan Name: Miriam Osborn Memorial Home Association Retirement Income Plan
EIN / PN: 13-5562312/001
Plan Sponsor: Miriam Osborn Memorial Home Association
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Termination

Below is a summary at illustrative ages.

Age	Annual Percent
25	11.6%
30	11.2%
40	9.4%
50	4.8%
55	1.7%

Disability

None assumed.

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Age	Annual Rate
55 – 59	1%
60 – 61	5%
62	10%
63 – 64	5%
65 & up	100%

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit The later of age 65 or termination of employment
- Retirement benefit Upon termination of employment

Form of payment

Participants are assumed to elect straight life annuities.

Marriage

90% of male participants and 60% of female participants are assumed to be survived by eligible spouses. Males are assumed to be 3 years older than their spouses.

Plan-related expenses

The amount included this year for plan-related expenses is \$69,416, prorated for the short plan year to \$31,044.

Plan Name: Miriam Osborn Memorial Home Association Retirement Income Plan
EIN / PN: 13-5562312/001
Plan Sponsor: Miriam Osborn Memorial Home Association
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Timing of benefit payments Annuity payments are payable monthly at the beginning of the month.

Methods

Valuation date First day of plan year

Funding target Present value of accrued benefits

Target normal cost Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year.

Actuarial value of assets Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued None.

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2023. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. There were no significant issues found with missing or inconsistent data. We are aware of no adjustments made by the data provider.

Plan Name: Miriam Osborn Memorial Home Association Retirement Income Plan
EIN / PN: 13-5562312/001
Plan Sponsor: Miriam Osborn Memorial Home Association
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Plan-related expenses	As required by the regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year. The assumed value for the current year is expected to be equal to the actual expenses incurred in the prior year, adjusted as necessary for known significant events.

Assumptions Rationale - Significant Demographic Assumptions

Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Assumed termination rates differ by age and gender because of observed and expected differences in termination rates by gender.
Retirement	Assumed retirement rates differ by age because of observed and expected differences in retirement rates by age.

Benefit commencement date for deferred benefits:

- **Preretirement death benefit** Surviving spouses are assumed to begin benefits at the earliest permitted commencement dates because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value, and experience indicates that most spouses do take the benefit as soon as it is available.
- **Deferred vested benefit** Deferred vested participants are assumed to begin benefits at age 65 (or current age if later) because the plan's experience is not considered to be credible, but deferred vested early commencement factors are not subsidized so that the difference between this approach and using assumed commencement rates at earlier ages is not expected to be significant.

Form of payment Single Life Annuity.

Plan Name: Miriam Osborn Memorial Home Association Retirement Income Plan
EIN / PN: 13-5562312/001
Plan Sponsor: Miriam Osborn Memorial Home Association
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Percent married The assumed percentage married is based on general population statistics on the marital status of individuals of retirement age.

Spouse age The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age.

Source of Prescribed Methods

Funding methods The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement, as required by IRC §430.

Plan Name: Miriam Osborn Memorial Home Association Retirement Income Plan
EIN / PN: 13-5562312/001
Plan Sponsor: Miriam Osborn Memorial Home Association
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Sponsor

Miriam Osborn Memorial Home Association

Plan

Miriam Osborn Memorial Home Association Retirement Income Plan

Effective Date and Most Recent Amendment

The plan was originally effective December 1, 1955. The plan was most recently amended to terminate the plan effective June 11, 2023.

Plan Year

The twelve-month period ending December 31.

Coverage and Participation

The Plan covers all employees hired before June 30, 2011 except leased employees, independent contractors or a person employed only in the capacity of a Director of the Board. The date of participation is January 1st coincident with or next following the date the employee first performs an hour of service.

Credited Service

Credited Service: Full years of continuous service as well as fractional years of service. Fractional years of service are rounded to the nearest 1/12th of a year, crediting an employee for a month of service if the employee worked one hour in the month.

Vesting Service

Vesting Service: With respect to employment periods prior to January 1, 2003, vesting service will be determined in accordance with the terms of the Plan in effect as of December 31, 2002. For periods on and after January 1, 2003, a participant will be credited with one year of vesting service for each Plan Year during which he has at least 1,000 hours of service.

Plan Name: Miriam Osborn Memorial Home Association Retirement Income Plan
EIN / PN: 13-5562312/001
Plan Sponsor: Miriam Osborn Memorial Home Association
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Normal Retirement Benefit

Normal Retirement Date: The later of age 65 and the fifth anniversary of the participant's date of participation.

Benefit Formula:

Prior to January 1, 2009: The normal retirement benefit is the greater of (a) and (b) below:

- (a) 1.5% of Average Annual Compensation up to Covered Compensation; plus 2.0% of Average Annual Compensation in excess of Covered Compensation, multiplied by years of credited service limited to 30 years. Accrued benefits as of December 31, 2008 are frozen under this formula.
- (b) 1.5% of Average Annual Compensation for each year of service before 2004 plus 1.85% of Average Annual Compensation for each year of service after 2003. Accrued benefits as of December 31, 2008 are frozen under this formula.

January 1, 2009 through June 30, 2011: The normal retirement benefit is equal to 1.85% of total compensation between January 1, 2009 and June 30, 2011.

Benefit accruals were frozen as of June 30, 2011 for all participants.

Early Retirement Benefit

Eligibility: Age 55 and five years of vesting.

Benefit: A participant's early retirement benefit is equal to the participant's accrued normal retirement benefit determined as of his early retirement date and reduced according to the number of months between Early Retirement Date and Normal Retirement Date. The reduction is 5/9 of 1% for each of the first sixty months and 5/18 of 1% for each month thereafter.

Disability Benefit

Eligibility: Eligible at termination as a result of a medically determinable physical or mental impairment found by the Social Security Administration as eligible for disability payments.

Benefit: In the event of the termination of a participant's employment because of disability, the Participant will become entitled to receive a monthly pension benefit payable at Early Retirement Date equal to the accrued normal retirement benefit determined at the date of termination and adjusted by the early retirement reduction.

Vested Benefits upon Termination of Service

Vesting: Five years of vesting service

Termination Benefit: In the event of the termination of a participant's employment for any reason other than death or retirement, the Participant will become entitled to receive a monthly pension benefit commencing at age 65 equal to the accrued normal retirement benefit.

Plan Name: Miriam Osborn Memorial Home Association Retirement Income Plan
EIN / PN: 13-5562312/001
Plan Sponsor: Miriam Osborn Memorial Home Association
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Death Benefits for Participants in Active Service

Eligibility: Eligibility is vested employee that dies and is married to an eligible spouse.

Benefit: The participant's surviving spouse will receive the same benefit that would be payable if the participant had:

- Separated from service on the date of death;
- Survived to the earliest retirement age;
- Retired with an immediate Joint & 50% Survivor annuity; and
- Died on the day after the earliest retirement date.

Form of Payment

Unless otherwise elected, the normal form of payment is an actuarially reduced 50% Joint & Survivor annuity if the participant has been married to his current spouse for at least one year, or a straight-life annuity if the participant is not married. Other actuarially reduced options include the 5 year certain & life annuity, 10 year certain & life annuity, 15 year certain & life annuity, 75% Joint & Survivor annuity and the 100% Joint & Survivor annuity.

Effective August 1, 2012, a lump sum option is available if less than \$35,000 and paid within 6 months following termination. Also, former employees with a lump sum under \$35,000 were offered the option in 2012 with payment in 2012. Further, former employees with a lump sum value under \$70,000 were offered a lump sum option with payment during the first quarter of 2014.

Actuarial Equivalence

Actuarial equivalence for determining all forms of payments is based on the Applicable Interest Rate and Applicable Mortality Table that apply at a participant's annuity starting date, or the 1971 Individual Annuity Mortality table for males and an interest rate of 7.5%.

Changes in Plan Provisions since Last Actuarial Valuation

The plan was amended to terminate effective June 11, 2023.

None

Plan Name: Miriam Osborn Memorial Home Association Retirement Income Plan
EIN / PN: 13-5562312/001
Plan Sponsor: Miriam Osborn Memorial Home Association
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2023

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	1	3	0	0	0	0	0	0	0	0	0	4
35-39	1	2	0	0	0	0	0	0	0	0	0	3
40-44	1	5	2	4	0	0	0	0	0	0	0	12
45-49	1	3	1	5	0	0	0	0	0	0	0	10
50-54	1	8	8	10	1	0	0	0	0	0	0	28
55-59	0	17	3	13	3	0	0	0	0	0	0	36
60-64	1	12	14	19	6	0	0	0	0	0	0	52
65-69	1	6	7	6	0	0	0	0	0	0	0	20
70 & over	0	4	1	5	1	0	0	0	0	0	0	11
Total	7	60	36	62	11	0	0	0	0	0	0	176

¹ Age and service for purposes of determining category are based on exact (not rounded) values.
 Plan Name: Miriam Osborn Memorial Home Association Retirement Income Plan
 EIN / PN: 13-5562312/001
 Plan Sponsor: Miriam Osborn Memorial Home Association
 Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32 Schedule of Amortization Bases as of January 1, 2023

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
Shortfall	01/01/2023	3,330,944	15.00000	3,330,944	305,050
Shortfall	01/01/2022	0	14.00000	0	0
Total				3,330,944	305,050

Plan Name: Miriam Osborn Memorial Home Association Retirement Income Plan
EIN / PN: 13-5562312/001
Plan Sponsor: Miriam Osborn Memorial Home Association
Valuation Date: January 1, 2023

Miriam Osborn Memorial Home Association Retirement Income Plan
EIN 13-5562312 PN 001
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2023 (in Liquidation)

Identity	Description	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Single Transactions > 5%								
TCG Balanced Fund LP	Partnership	\$ -	\$ 29,722,074	\$ -	\$ -	\$ 12,950,000	\$ 29,722,074	\$ 16,772,074
AllSpring Government Money Mkt FD	Government money market fund	14,000,000	-	-	-	14,000,000	-	-
AllSpring Government Money Mkt FD	Government money market fund	6,000,000	-	-	-	6,000,000	-	-
AllSpring Government Money Mkt FD	Government money market fund	-	13,921,376	-	-	13,921,376	-	-
AllSpring Government Money Mkt FD	Government money market fund	-	5,737,673	-	-	5,737,673	-	-
AllSpring Government Money Mkt FD	Government money market fund	7,500,000	-	-	-	7,500,000	-	-
AllSpring Government Money Mkt FD	Government money market fund	-	8,516,000	-	-	8,516,000	-	-
AllSpring Government Money Mkt FD	Government money market fund	1,722,074	-	-	-	1,722,074	-	-
AllSpring Government Money Mkt FD	Government money market fund	18,028,443	-	-	-	18,028,443	-	-
AllSpring Government Money Mkt FD	Government money market fund	-	20,445,393	-	-	20,445,393	-	-
AllSpring Government Money Mkt FD	Government money market fund	2,000,000	-	-	-	2,000,000	-	-
AllSpring Government Money Mkt FD	Government money market fund	7,500,000	-	-	-	7,500,000	-	-
AllSpring Government Money Mkt FD	Government money market fund	-	7,500,000	-	-	7,500,000	-	-
AllSpring Government Money Mkt FD	Government money market fund	8,516,000	-	-	-	8,516,000	-	-
AllSpring Government Money Mkt FD	Government money market fund	-	7,718,798	-	-	7,718,798	-	-
AllSpring Government Money Mkt FD	Government money market fund	-	1,956,487	-	-	1,956,487	-	-
AllSpring Government Money Mkt FD	Government money market fund	20,445,393	-	-	-	20,445,393	-	-
AllSpring Government Money Mkt FD	Government money market fund	-	20,321,086	-	-	20,321,086	-	-
Vanguard Short-Term Corp Bond ETF	Exchange Traded Fund	3,481,461	-	-	462	3,481,461	-	-
Vanguard Short-Term Corp Bond ETF	Exchange Traded Fund	-	4,472,249	-	630	4,483,957	4,472,249	(11,708)
Vanguard Long-Term Corp Bond ETF	Exchange Traded Fund	3,481,293	-	-	456	3,481,293	3,481,293	-
Vanguard Long-Term Corp Bond ETF	Exchange Traded Fund	-	4,828,531	-	689	4,997,004	4,828,531	(168,473)
Vanguard Long Term Treasury ETF	Exchange Traded Fund	2,088,346	-	-	339	2,088,346	2,088,346	-
Vanguard Long Term Treasury ETF	Exchange Traded Fund	-	2,834,376	-	508	3,000,530	2,834,376	(166,154)
Vanguard Intermediate - Term C	Exchange Traded Fund	4,165,276	-	-	535	4,165,276	4,165,276	-
Vanguard Intermediate - Term C	Exchange Traded Fund	1,805,918	-	-	228	1,805,918	1,805,918	-
Vanguard Intermediate-Term C	Exchange Traded Fund	-	5,893,288	-	810	5,971,195	5,893,288	(77,907)
Cash Held at Outside Fund	Cash	29,722,074	-	-	-	29,722,074	29,722,074	-
Cash Held at Outside Fund	Cash	-	27,500,000	-	-	27,500,000	27,500,000	-
Cash Held at Outside Fund	Cash	-	2,222,074	-	-	2,222,074	2,222,074	-
Series of Transactions > 5%								
TCG Balanced Fund LP	Partnership	\$ -	\$ 29,722,074	\$ -	\$ -	\$ 12,950,000	\$ 29,722,074	\$ 16,772,074
AllSpring Government Money Mkt FD	Government money market fund	90,492,028	-	-	-	90,492,028	90,492,028	-
AllSpring Government Money Mkt FD	Government money market fund	-	90,974,321	-	-	90,974,321	90,974,321	-
Vanguard Ultra S/T Bond - ADM	Ultra Short Bond	1,013,706	-	-	-	1,013,706	1,013,706	-
Vanguard Ultra S/T Bond - ADM	Ultra Short Bond	-	1,015,138	-	-	1,013,706	1,015,138	1,432
Vanguard S/T Corp Bond ETF	Exchange Traded Fund	4,985,320	-	-	660	4,985,320	4,985,320	-
Vanguard S/T Corp Bond ETF	Exchange Traded Fund	-	4,973,034	-	700	4,985,321	4,973,034	(12,287)
Vanguard Long Term Corp Bond ETF	Exchange Traded Fund	4,997,004	-	-	650	4,997,004	4,997,004	-
Vanguard Long Term Corp Bond ETF	Exchange Traded Fund	-	4,828,531	-	689	4,997,004	4,828,531	(168,473)
Vanguard Long Term Treasury ETF	Exchange Traded Fund	3,000,530	-	-	485	3,000,530	3,000,530	-
Vanguard Long Term Treasury ETF	Exchange Traded Fund	-	2,834,376	-	508	3,000,530	2,834,376	(166,154)
Vanguard Intermediate-Term C	Exchange Traded Fund	5,971,194	-	-	763	5,971,194	5,971,194	-
Vanguard Intermediate-Term C	Exchange Traded Fund	-	5,893,288	-	810	5,971,195	5,893,288	(77,907)
Cash Held at Outside Fund	Cash	29,722,074	-	-	-	29,722,074	29,722,074	-
Cash Held at Outside Fund	Cash	-	29,722,074	-	-	29,722,074	29,722,074	-

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month September
- Interest rate basis 3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
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Expected Earnings Rate for Asset Smoothing

7.50% for 2023 (prior to 3rd segment rate maximum)

Assumed Cost of Living Adjustments

None

Demographic Assumptions

Mortality

Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021).

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Plan Sponsor: Miriam Osborn Memorial Home Association
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Termination

Below is a summary at illustrative ages.

Age	Annual Percent
25	11.6%
30	11.2%
40	9.4%
50	4.8%
55	1.7%

Disability

None assumed.

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Age	Annual Rate
55 – 59	1%
60 – 61	5%
62	10%
63 – 64	5%
65 & up	100%

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit The later of age 65 or termination of employment
- Retirement benefit Upon termination of employment

Form of payment

Participants are assumed to elect straight life annuities.

Marriage

90% of male participants and 60% of female participants are assumed to be survived by eligible spouses. Males are assumed to be 3 years older than their spouses.

Plan-related expenses

The amount included this year for plan-related expenses is \$69,416, prorated for the short plan year to \$31,044.

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Timing of benefit payments Annuity payments are payable monthly at the beginning of the month.

Methods

Valuation date First day of plan year

Funding target Present value of accrued benefits

Target normal cost Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year.

Actuarial value of assets Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued None.

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2023. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. There were no significant issues found with missing or inconsistent data. We are aware of no adjustments made by the data provider.

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Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Plan-related expenses	As required by the regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year. The assumed value for the current year is expected to be equal to the actual expenses incurred in the prior year, adjusted as necessary for known significant events.

Assumptions Rationale - Significant Demographic Assumptions

Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Assumed termination rates differ by age and gender because of observed and expected differences in termination rates by gender.
Retirement	Assumed retirement rates differ by age because of observed and expected differences in retirement rates by age.

Benefit commencement date for deferred benefits:

- **Preretirement death benefit** Surviving spouses are assumed to begin benefits at the earliest permitted commencement dates because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value, and experience indicates that most spouses do take the benefit as soon as it is available.
- **Deferred vested benefit** Deferred vested participants are assumed to begin benefits at age 65 (or current age if later) because the plan's experience is not considered to be credible, but deferred vested early commencement factors are not subsidized so that the difference between this approach and using assumed commencement rates at earlier ages is not expected to be significant.

Form of payment Single Life Annuity.

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Percent married The assumed percentage married is based on general population statistics on the marital status of individuals of retirement age.

Spouse age The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age.

Source of Prescribed Methods

Funding methods The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement, as required by IRC §430.

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Schedule SB, Part V Summary of Plan Provisions

Plan Sponsor

Miriam Osborn Memorial Home Association

Plan

Miriam Osborn Memorial Home Association Retirement Income Plan

Effective Date and Most Recent Amendment

The plan was originally effective December 1, 1955. The plan was most recently amended to terminate the plan effective June 11, 2023.

Plan Year

The twelve-month period ending December 31.

Coverage and Participation

The Plan covers all employees hired before June 30, 2011 except leased employees, independent contractors or a person employed only in the capacity of a Director of the Board. The date of participation is January 1st coincident with or next following the date the employee first performs an hour of service.

Credited Service

Credited Service: Full years of continuous service as well as fractional years of service. Fractional years of service are rounded to the nearest 1/12th of a year, crediting an employee for a month of service if the employee worked one hour in the month.

Vesting Service

Vesting Service: With respect to employment periods prior to January 1, 2003, vesting service will be determined in accordance with the terms of the Plan in effect as of December 31, 2002. For periods on and after January 1, 2003, a participant will be credited with one year of vesting service for each Plan Year during which he has at least 1,000 hours of service.

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Normal Retirement Benefit

Normal Retirement Date: The later of age 65 and the fifth anniversary of the participant's date of participation.

Benefit Formula:

Prior to January 1, 2009: The normal retirement benefit is the greater of (a) and (b) below:

- (a) 1.5% of Average Annual Compensation up to Covered Compensation; plus 2.0% of Average Annual Compensation in excess of Covered Compensation, multiplied by years of credited service limited to 30 years. Accrued benefits as of December 31, 2008 are frozen under this formula.
- (b) 1.5% of Average Annual Compensation for each year of service before 2004 plus 1.85% of Average Annual Compensation for each year of service after 2003. Accrued benefits as of December 31, 2008 are frozen under this formula.

January 1, 2009 through June 30, 2011: The normal retirement benefit is equal to 1.85% of total compensation between January 1, 2009 and June 30, 2011.

Benefit accruals were frozen as of June 30, 2011 for all participants.

Early Retirement Benefit

Eligibility: Age 55 and five years of vesting.

Benefit: A participant's early retirement benefit is equal to the participant's accrued normal retirement benefit determined as of his early retirement date and reduced according to the number of months between Early Retirement Date and Normal Retirement Date. The reduction is 5/9 of 1% for each of the first sixty months and 5/18 of 1% for each month thereafter.

Disability Benefit

Eligibility: Eligible at termination as a result of a medically determinable physical or mental impairment found by the Social Security Administration as eligible for disability payments.

Benefit: In the event of the termination of a participant's employment because of disability, the Participant will become entitled to receive a monthly pension benefit payable at Early Retirement Date equal to the accrued normal retirement benefit determined at the date of termination and adjusted by the early retirement reduction.

Vested Benefits upon Termination of Service

Vesting: Five years of vesting service

Termination Benefit: In the event of the termination of a participant's employment for any reason other than death or retirement, the Participant will become entitled to receive a monthly pension benefit commencing at age 65 equal to the accrued normal retirement benefit.

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Death Benefits for Participants in Active Service

Eligibility: Eligibility is vested employee that dies and is married to an eligible spouse.

Benefit: The participant's surviving spouse will receive the same benefit that would be payable if the participant had:

- Separated from service on the date of death;
- Survived to the earliest retirement age;
- Retired with an immediate Joint & 50% Survivor annuity; and
- Died on the day after the earliest retirement date.

Form of Payment

Unless otherwise elected, the normal form of payment is an actuarially reduced 50% Joint & Survivor annuity if the participant has been married to his current spouse for at least one year, or a straight-life annuity if the participant is not married. Other actuarially reduced options include the 5 year certain & life annuity, 10 year certain & life annuity, 15 year certain & life annuity, 75% Joint & Survivor annuity and the 100% Joint & Survivor annuity.

Effective August 1, 2012, a lump sum option is available if less than \$35,000 and paid within 6 months following termination. Also, former employees with a lump sum under \$35,000 were offered the option in 2012 with payment in 2012. Further, former employees with a lump sum value under \$70,000 were offered a lump sum option with payment during the first quarter of 2014.

Actuarial Equivalence

Actuarial equivalence for determining all forms of payments is based on the Applicable Interest Rate and Applicable Mortality Table that apply at a participant's annuity starting date, or the 1971 Individual Annuity Mortality table for males and an interest rate of 7.5%.

Changes in Plan Provisions since Last Actuarial Valuation

The plan was amended to terminate effective June 11, 2023.

None

Plan Name: Miriam Osborn Memorial Home Association Retirement Income Plan
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Plan Sponsor: Miriam Osborn Memorial Home Association
Valuation Date: January 1, 2023

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Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Miriam Osborn Memorial Home Association
EIN/PN	13-5562312/001
Plan Name	Miriam Osborn Memorial Home Association Retirement Income Plan
Valuation Date	January 1, 2023
Enrolled Actuary	Becky Chilcote
Enrollment Number	23-07514

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2023

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
Shortfall	01/01/2023	3,330,944	15.00000	3,330,944	305,050
Shortfall	01/01/2022	0	14.00000	0	0
Total				3,330,944	305,050

Plan Name: Miriam Osborn Memorial Home Association Retirement Income Plan
EIN / PN: 13-5562312/001
Plan Sponsor: Miriam Osborn Memorial Home Association
Valuation Date: January 1, 2023

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Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2023

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	1	3	0	0	0	0	0	0	0	0	0	4
35-39	1	2	0	0	0	0	0	0	0	0	0	3
40-44	1	5	2	4	0	0	0	0	0	0	0	12
45-49	1	3	1	5	0	0	0	0	0	0	0	10
50-54	1	8	8	10	1	0	0	0	0	0	0	28
55-59	0	17	3	13	3	0	0	0	0	0	0	36
60-64	1	12	14	19	6	0	0	0	0	0	0	52
65-69	1	6	7	6	0	0	0	0	0	0	0	20
70 & over	0	4	1	5	1	0	0	0	0	0	0	11
Total	7	60	36	62	11	0	0	0	0	0	0	176

¹ Age and service for purposes of determining category are based on exact (not rounded) values.
 Plan Name: Miriam Osborn Memorial Home Association Retirement Income Plan
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 Plan Sponsor: Miriam Osborn Memorial Home Association
 Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2023

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

As of the January 1, 2023 valuation date, the weighted average retirement age is 65.

Plan Name: Miriam Osborn Memorial Home Association Retirement Income Plan
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Plan Sponsor: Miriam Osborn Memorial Home Association
Valuation Date: January 1, 2023