

<div>Form 5500-SF</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Short Form Annual Return/Report of Small Employee Benefit Plan</div> <div>This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
B	This return/report is <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C	Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)
D	If the plan is a collectively-bargained plan, check here ▶ <input type="checkbox"/>
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ <input type="checkbox"/>

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan PENSION PLAN OF UNITED WAY OF GREATER ROCHESTER AND THE FINGER LAKES	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 04/01/1975
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) UNITED WAY OF GREATER ROCHESTER AND THE FINGER LAKES  75 COLLEGE AVENUE ROCHESTER, NY 14607-1009	2b Employer Identification Number (EIN) 16-1015782
		2c Sponsor's telephone number 585-242-6400
		2d Business code (see instructions) 813000
3a	Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	3b Administrator's EIN
		3c Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	4b EIN
		4d PN
5a	Total number of participants at the beginning of the plan year	5a 92
b	Total number of participants at the end of the plan year	5b 92
c(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1)
c(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2)
d(1)	Total number of active participants at the beginning of the plan year	5d(1) 14
d(2)	Total number of active participants at the end of the plan year	5d(2) 13
e	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e 0

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2024	LAURIE GANON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☒ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 513547. (See instructions.)

**Part III Financial Information**

<b>7</b> Plan Assets and Liabilities		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	9832177	10083756
<b>b</b> Total plan liabilities .....	<b>7b</b>	12669	19648
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	9819508	10064108
<b>8</b> Income, Expenses, and Transfers for this Plan Year		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	44000	
<b>(2)</b> Participants .....	<b>8a(2)</b>		
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>		
<b>b</b> Other income (loss) .....	<b>8b</b>	1083633	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		1127633
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	759319	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) .	<b>8e</b>		
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>	82486	
<b>g</b> Other expenses .....	<b>8g</b>	41228	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		883033
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		244600
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>		

**Part IV Plan Characteristics**

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

**Part V Compliance Questions**

<b>10</b> During the plan year:		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program) .....	<b>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>	X		500000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>		X	
<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) .....	<b>10e</b>		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>		X	
<b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....	<b>10i</b>			

**Part VI Pension Funding Compliance**

<b>11</b>	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>a</b>	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	<b>11a</b> 0
<b>b</b>	<b>PBGC missed contribution reporting requirements.</b> If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:	
	<input type="checkbox"/> Yes.	
	<input type="checkbox"/> No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.	
	<input type="checkbox"/> No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.	
	<input type="checkbox"/> No. Other. Provide explanation _____	

<b>12</b>	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>a</b>	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. _____ Month _____ Day _____ Year _____	
<b>If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.</b>		
<b>b</b>	Enter the minimum required contribution for this plan year	<b>12b</b>
<b>c</b>	Enter the amount contributed by the employer to the plan for this plan year	<b>12c</b>
<b>d</b>	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	<b>12d</b>
<b>e</b>	Will the minimum funding amount reported on line 12d be met by the funding deadline?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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

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

**Part VIII IRS Compliance Questions**

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

<div>SCHEDULE SB (Form 5500)  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan PENSION PLAN OF UNITED WAY OF GREATER ROCHESTER AND THE FINGER LAKES	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF UNITED WAY OF GREATER ROCHESTER AND THE FINGER LAKES	D Employer Identification Number (EIN) 16-1015782
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 checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2023			
2	Assets:			
a	Market value	2a	9826979	
b	Actuarial value	2b	9826979	
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	59	7819029	7819029
b	For terminated vested participants	19	1273810	1273810
c	For active participants	14	1276032	1276032
d	Total	92	10368871	10368871
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	5.14 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	52000	
c	Target normal cost	6c	52000	

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

<div>SIGN HERE</div>	<div>Signature of actuary</div> <div>NICHOLAS R. MARK</div> <div>Type or print name of actuary</div> <div>BPAS ACTUARIAL AND PENSION SERVICES</div> <div>Firm name</div> <div>706 N. CLINTON STREET SUITE 200 SYRACUSE, NY 13204</div> <div>Address of the firm</div>	<div>09/25/2024</div> <div>Date</div> <div>23-07842</div> <div>Most recent enrollment number</div> <div>315-703-8974</div> <div>Telephone number (including area code)</div>
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**Part II Beginning of Year Carryover and Prefunding Balances**

	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	1094763
<b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b> Amount remaining (line 7 minus line 8) .....	0	1094763
<b>10</b> Interest on line 9 using prior year's actual return of <u>-23.61</u> % .....	0	-258474
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Present value of excess contributions (line 38a from prior year) .....		561800
<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.31</u> % .....		29832
<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		591632
<b>d</b> Portion of (c) to be added to prefunding balance .....		591632
<b>12</b> Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	1427921

**Part III Funding Percentages**

<b>14</b> Funding target attainment percentage .....	<b>14</b>	81.00 %
<b>15</b> Adjusted funding target attainment percentage .....	<b>15</b>	81.20 %
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	116.49 %
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

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

(a) Date (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
03/06/2024	44000	0			
<b>Totals ►</b>			<b>18(b)</b>	44000	<b>18(c)</b> 0

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

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	41501

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 62
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

**Part VI Miscellaneous Items**

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

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

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

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

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	52000	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance		Installment
<b>a</b> Net shortfall amortization installment .....	1969813		180397
<b>b</b> Waiver amortization installment .....	0		0
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>	232397	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	190896	190896
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	41501	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	41501	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

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

<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021
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Pension Plan of United Way of Greater Rochester and the Finger Lakes  
Schedule SB, Line 26a - Schedule of Active Participant Data  
EIN/PN: 16-1015782/001

Attained Age	Years of Credited Service										Summary
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
<b>Under 25</b>	0	0	0	0	0	0	0	0	0	0	0
<b>25 to 29</b>	0	0	0	0	0	0	0	0	0	0	0
<b>30 to 34</b>	0	0	0	0	0	0	0	0	0	0	0
<b>35 to 39</b>	0	0	0	0	0	0	0	0	0	0	0
<b>40 to 44</b>	0	0	0	0	0	0	0	0	0	0	0
<b>45 to 49</b>	0	0	0	0	0	0	0	0	0	0	0
<b>50 to 54</b>	0	0	2	0	0	0	0	0	0	0	2
<b>55 to 59</b>	0	2	3	0	0	0	0	0	0	0	5
<b>60 to 64</b>	0	0	0	0	1	2	0	0	0	0	3
<b>65 to 69</b>	0	0	0	0	0	0	0	0	0	0	0
<b>70 &amp; up</b>	0	0	3	1	0	0	0	0	0	0	4
<b>Total</b>	0	2	8	1	1	2	0	0	0	0	14

The valuation of a defined benefit pension plan involves estimates and assumptions about the probability of events occurring far into the future. Examples include assumptions about future employment, mortality, and retirement. Below is a description of the actuarial assumptions and methods used in the valuation.

## Funding Target Liability

**Valuation Date:** January 1, 2023

**Demographic Information:** The demographic information was provided as of January 1, 2023 by United Way of Greater Rochester and the Finger Lakes. Although we did not audit the data, we did review the data for reasonableness.

**Actuarial Cost Method:** As required by PPA, the Traditional Unit Credit Cost Method was used.

**Asset Valuation Method:** Market Value of Assets

**Actuarial Valuation Software:** For purposes of developing the projected future benefit payments as well as determining attributed liabilities and normal costs as of the valuation date, we utilized the ProVal software platform developed by Winklevoss Technologies. We believe this externally developed valuation system is appropriate, was used for its intended purpose, and did not produce unreasonable results.

**Interest Rates for Minimum Required Contribution:** The September 2022 funding segment rates were utilized as prescribed by IRC Section 430(h) and elected by United Way of Greater Rochester and the Finger Lakes. Below, please find the segment rates after reflection of the segment rate stabilization provisions of IRC Section 430(h)(2)(C)(iv).

Segment	Interest Rate
Segment 1	4.75%
Segment 2	5.00%
Segment 3	5.74%

Effective Interest Rate
5.14%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.



**SECTION V****DATA, ASSUMPTIONS AND PROVISIONS**

**Interest Rates without reflection of the segment rate stabilization provisions of IRC Section 430(h)(2)(C)(iv):** Below, please find the segment rates without reflection of the segment rate stabilization provisions of IRC Section 430(h)(2)(C)(iv).

Segment	Interest Rate
Segment 1	1.41%
Segment 2	3.09%
Segment 3	3.58%

Effective Interest Rate
3.09%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

**Rate of Compensation Increase:** Not applicable.

**Mortality for Healthy Lives:**

*Base mortality table:* The blended sex distinct RP-2014 mortality tables for employees and healthy annuitants, adjusted backward to 2006 with Scale MP-2014.

*Mortality improvements:* The base mortality table is adjusted by projecting mortality improvements using Scale MP-2021 from the year 2006 through 2022, with an additional projection period of 8 years for males and 9 years for females. For ages below 80, the additional projection period is increased by 1 year for each year below age 80. For ages above 80, the additional projection period is reduced (but not below zero) by 1/3 year for each year above 80.

**Retirement Incidence:** Rates of retirement were based on actual plan experience and the United Way of Greater Rochester and the Finger Lake's future expectations. The rates used in this valuation are illustrated below:

Age	Percentage
56	5%
57	5%
58	10%
59	10%
60	10%
61	5%
62	10%
63	5%
64	5%
65	100.00%

Current and future vested terminated participants are assumed to retire at age 65.

**SECTION V****DATA, ASSUMPTIONS AND PROVISIONS**

**Turnover:** Rates of turnover are based on the Vaughn Ultimate Turnover Table. Due to limited available experience, the assumption utilized was selected based on the United Way of Greater Rochester and the Finger Lake's future expectations. Illustrative rates are shown below:

Age	Percentage
30	10.1%
35	7.9%
40	6.5%
45	5.5%
50	4.5%

**Disability:** Rates of disability were not assumed in the valuation because the Plan does not have additional disability benefits.

**Administrative Expenses:** Actual plan expenses, not including investment advisory fees, paid out of the trust during the previous plan year rounded to the nearest thousand.

**Spouse Assumptions:** 85% of participants not currently collecting benefits are assumed to be married, with male and female spouses assumed to be the same age as the participant. Due to limited experience, this assumption utilized was selected based on United Way of Greater Rochester and the Finger Lake's future expectations.

**Form of Benefit:** Active participants are assumed to receive benefits based on their assumed decrement, as described below:

Decrement	Form of Benefit
Death	Pre-retirement survivor annuity payable at the early retirement date of the participant
Turnover	Deferred life annuity payable at the participant's earliest retirement date
Retirement	Immediate life annuity

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  ▶ <b>File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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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.**

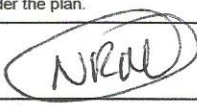
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan Pension Plan of United Way of Greater Rochester and the Finger Lakes	<b>B</b> Three-digit plan number (PN) ▶ 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF United Way of Greater Rochester and the Finger Lakes	<b>D</b> Employer Identification Number (EIN) 16-1015782
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date: Month 01 Day 01 Year 2023			
<b>2</b> Assets:			
<b>a</b> Market value.....	<b>2a</b>	9,826,979	
<b>b</b> Actuarial value.....	<b>2b</b>	9,826,979	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment.....	59	7,819,029	7,819,029
<b>b</b> For terminated vested participants.....	19	1,273,810	1,273,810
<b>c</b> For active participants.....	14	1,276,032	1,276,032
<b>d</b> Total.....	92	10,368,871	10,368,871
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions.....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	<b>4b</b>		
<b>5</b> Effective interest rate.....	<b>5</b>	5.14%	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals.....	<b>6a</b>	0	
<b>b</b> Expected plan-related expenses.....	<b>6b</b>	52,000	
<b>c</b> Target normal cost.....	<b>6c</b>	52,000	

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>	Nicholas R. Mark		9/25/2024
Nicholas R. Mark		Signature of actuary	Date
BPAS Actuarial and Pension Services		Type or print name of actuary	2307842
706 N. Clinton Street Suite 200 Syracuse NY 13204		Firm name	Most recent enrollment number
			315-703-8974
			Telephone number (including area code)

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

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



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

<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %
			<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....			<b>21b</b> 4
<b>22</b> Weighted average retirement age .....			<b>22</b> 62
<b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

**Part VI Miscellaneous Items**

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

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

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

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

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....		<b>31a</b>	52,000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....		<b>31b</b>	0
<b>32</b> Amortization installments:		Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....		1,969,813	180,397
<b>b</b> Waiver amortization installment .....		0	0
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....		<b>33</b>	
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		<b>34</b>	232,397
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....	0	190,896	190,896
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>		41,501
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>		41,501
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)		<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....		<b>38b</b>	0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....		<b>39</b>	0
<b>40</b> Unpaid minimum required contributions for all years.....		<b>40</b>	0

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

<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021
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Pension Plan of United Way of Greater Rochester and the Finger Lakes  
Schedule SB, Line 22 - Description of Weighted Average Retirement Age  
EIN/PN: 16-1015782/001

Retirement Rates - Employees were assumed to retire in accordance with the rates shown below:

Age	Retirements per 1000 employees	Accumulated years
55	0	0.00
56	50	2.80
57	50	2.71
58	100	5.23
59	100	4.79
60	100	4.39
61	50	2.01
62	100	3.88
63	50	1.77
64	50	1.71
65	1000	33.00

Weighted Average Retirement Age:

62.3



## SECTION V

## DATA, ASSUMPTIONS AND PROVISIONS

This summary is intended as an outline of plan provisions and does not alter the intent or meaning of the provisions contained in the plan document.

**Plan Sponsor:** United Way of Greater Rochester and the Finger Lakes  
**EIN/PN:** 16-1015782/001

**Effective Date:** The original effective date of the plan is April 1, 1975.

**Year of Service:** For purposes of determining a participant's vesting and eligibility for benefits under the plan, a year of service means:

A Participant is credited with one Year of Service for vesting purposes for each Plan year in which he completes at least 1,000 hours of service with the Employer.

**Credited Service:** For benefit accrual purposes, a Year of Service is earned in any plan year during which an employee completes 1,000 hours of service. From January 1, 1996 to January 1, 2001, if an employee did not work at least 1,000 hours in a plan year, a partial year credit was given for any completed month in which the employee worked at least 80 hours. Prior to January 1, 1996, Years of Service were based on completed months. No benefit service is accrued after December 31, 2006.

### **Compensation:**

**Plan Compensation** Plan Compensation is defined as total W-2 earnings plus salary deferrals for IRC Sections 125, 132(f), 402(a)(8), 402(g) and 403(b).

**Final Average Compensation** Final Average Compensation is equal to the average of the highest 36 consecutive months of Compensation over the last 120 consecutive months of Compensation, or if less than 36 months, the average of all months.

### **Eligibility:**

**Participation** Employees are eligible to participate in the Plan on the first day of the month coinciding with or next following completion of one Year of Service. Effective December 31, 2006, no new employees will be eligible to participate in the Plan.

**Normal Retirement** First of month coincident with or next following 65th birthday.

**Early Retirement** Age 55

## SECTION V

## DATA, ASSUMPTIONS AND PROVISIONS

**Vested Termination** Three Years of Service or Age 65 if hired prior to November 1, 2001.  
Five Years of Service or Age 65 if hired on or after November 1, 2001.

**Preretirement  
Survivor Annuity** Vested and legally married at the time of death.

### Amount of Pension:

**Normal Retirement** 1.50% of Final Average Compensation multiplied by Years of Service plus 0.50% of Final Average Compensation in excess of Covered Compensation multiplied by Years of Service (maximum 35).

The Normal Retirement Benefit is reduced by the vested accrued benefit, if any, under a prior plan of the Employer or any other plan for which Years of Service for benefit accrual are granted under this Plan.

Accrued Benefits are frozen as of December 31, 2006.

**Early Retirement** Determined the same as the Normal Retirement Pension but reduced. The amount of benefit is reduced 1/15 for each of the first five years and 1/30 for each of the next five years by which the early retirement benefit commencement date precedes the normal retirement date.

However, if a Participant is age 55 and has at least 10 Years of Service in the health and welfare field at date of termination, he is eligible for a special early retirement reduction. In this case, the early retirement benefit is equal to the benefit accrued to date of termination and payable at age 62 reduced by 1/15 for each of the first five years that Early Retirement Date precedes age 62 and 1/30 for each of the next two years early.

**Deferred Retirement** If employment continues after Normal Retirement Date, pension payments do not commence until the first day of the month coinciding with or next following actual retirement. The amount of pension is calculated as the greater of: (1) the Participant's retirement benefit as of the last day of the preceding benefit computation period, including any actuarial increase made for such preceding period, or (2) the Participant's normal retirement benefit determined under the pension formula using Years of Service and Average Monthly Compensation as of the last day of employment.

**Vested Termination** Normal Retirement Pension based on Years of Service and Compensation up to date of termination. Reduced benefits may start before normal retirement based on the Early Retirement provisions described above.



**Preretirement  
Survivor Annuity**

A pension to the surviving spouse equal to the amount that would have been paid had the participant terminated on his date of death, survived to his earliest retirement date, retired with a 66 2/3% qualified joint and survivor annuity with 120 payments guaranteed, and died on the day after he retired.

**Forms of Benefit:****Normal**

If married to a qualified spouse, a 66 2/3% qualified joint and survivor with 120 payments guaranteed which is the actuarial equivalent of a life annuity, otherwise, a life annuity.

**Optional Forms**

Life Annuity

Joint and survivor (66 2/3%, 75%)

36, 120 or 180 payments certain and life thereafter

Full Cash Refund Annuity (only available for benefits accrued as of December 31, 2002)

Lump Sum (less than \$15,000)

Pension Plan of United Way of Greater Rochester and the Finger Lakes  
Schedule SB, Line 32 - Schedule of Amortization Bases  
EIN/PN: 16-1015782/001

Amortization Schedule as of January 1, 2023						
Year Established	Initial Period	Initial Amount	Remaining Period	Remaining Amount	Annual Installment	
					Interest Only	Amortization
2023	15 Years	\$ 1,969,813	15 Years	\$1,969,813	\$ 0	\$ 180,397
N/A	7 Years	\$ 0	7 Years	\$ 0	\$ 0	\$ 0
N/A	7 Years	\$ 0	7 Years	\$ 0	\$ 0	\$ 0
N/A	7 Years	\$ 0	7 Years	\$ 0	\$ 0	\$ 0
N/A	7 Years	\$ 0	7 Years	\$ 0	\$ 0	\$ 0
N/A	7 Years	\$ 0	7 Years	\$ 0	\$ 0	\$ 0
N/A	7 Years	\$ 0	7 Years	\$ 0	\$ 0	\$ 0
N/A	7 Years	\$ 0	7 Years	\$ 0	\$ 0	\$ 0
N/A	7 Years	\$ 0	7 Years	\$ 0	\$ 0	\$ 0
Total				\$1,969,813	\$180,397	