

<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 METROPOLITAN CENTER FOR MENTAL HEALTH INC. DEFINED BENEFIT PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 01/01/2009
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) METROPOLITAN CENTER FOR MENTAL HEALTH, INC. 160 WEST 86TH ST. NEW YORK, NY 10024	2b Employer Identification Number (EIN) 13-1978365
		2c Sponsor's telephone number 212-362-8755
		2d Business code (see instructions) 621330
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 71
b	Total number of participants at the end of the plan year	5b 88
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) 38
d(2)	Total number of active participants at the end of the plan year	5d(2) 48
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.	10/11/2024	ROBERT BASILE
	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 511473. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	2322977	2789147
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	2322977	2789147
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	302000	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	320009	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		622009
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	155839	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		155839
i Net income (loss) (subtract line 8h from line 8c)	8i		466170
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1C 3D 1I
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		250000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a 0
b	PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:	
	<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 _____	

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

Part VII Plan Terminations and Transfers of Assets

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

Part VIII IRS Compliance Questions

14a	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	
14b	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	
15	If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>03/30/2018</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>J501819A</u> .	

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
Round off amounts to nearest dollar.	
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan METROPOLITAN CENTER FOR MENTAL HEALTH INC. DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF METROPOLITAN CENTER FOR MENTAL HEALTH, INC.	D Employer Identification Number (EIN) 13-1978365
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I Basic Information			
1 Enter the valuation date: Month 12 Day 31 Year 2023			
2 Assets:			
a Market value	2a	2568395	
b Actuarial value	2b	2568395	
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	2	746086	746086
b For terminated vested participants	38	805250	805250
c For active participants	48	1706999	1729690
d Total	88	3258335	3281026
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	5.65 %	
6 Target normal cost			
a Present value of current plan year accruals	6a	249541	
b Expected plan-related expenses	6b	0	
c Target normal cost	6c	249541	

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>10/09/2024</div> <div>Date</div>
<div>JAMES RITCHIE</div> <div>Signature of actuary</div>	<div>23-05643</div> <div>Most recent enrollment number</div>
<div>BOLTON PARTNERS, INC.</div> <div>Type or print name of actuary</div>	<div>443-573-3924</div> <div>Telephone number (including area code)</div>
<div>1 W. PENNSYLVANIA AVENUE SUITE 600 TOWSON, MD 21204</div> <div>Firm name</div>	
<div>Address of the firm</div>	

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>-10.76</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		3939
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>5.15</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		3939
d Portion of (c) to be added to prefunding balance		3939
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	3939

Part III Funding Percentages

14 Funding target attainment percentage	14	78.15 %
15 Adjusted funding target attainment percentage	15	81.76 %
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	81.14 %
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
04/13/2023	75000	0			
07/13/2023	75000	0			
10/13/2023	65000	0			
01/12/2024	65000	0			
09/13/2024	51000	0			
Totals ►			18(b)	331000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	334699

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
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21	Discount rate:			
a	Segment rates:	1st segment: %	2nd segment: %	3rd segment: %
		<input checked="" type="checkbox"/> N/A, full yield curve used		
b	Applicable month (enter code).....	21b		
22	Weighted average retirement age	22	65	
23	Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI	Miscellaneous Items
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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 checked="" type="checkbox"/> Yes <input 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
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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
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31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6c).....	31a	249541
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	716793	73002
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	322543
35	Balances elected for use to offset funding requirement	Carryover balance	Prefunding balance
		0	0
36	Additional cash requirement (line 34 minus line 35).....	36	322543
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	334699
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	12156
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)
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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 checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021
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Schedule SB, Line 26 - Schedule of Active Participant Data
2023 Plan Year

Attained Age	Years of Credited Service										Total
	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & Up	
Under 25	2	0	0	0	0	0	0	0	0	0	2
25 - 29	3	1	0	0	0	0	0	0	0	0	4
30 - 34	2	5	1	0	0	0	0	0	0	0	8
35 - 39	4	2	0	0	0	0	0	0	0	0	6
40 - 44	0	3	0	1	0	0	0	0	0	0	4
45 - 49	0	1	0	1	0	0	0	0	0	0	2
50 - 54	0	1	1	3	0	0	0	0	0	0	5
55 - 59	0	2	2	3	0	0	0	0	0	0	7
60 - 64	1	0	3	0	0	0	0	0	0	0	4
65 - 69	2	0	0	2	0	0	0	0	0	0	4
70 & Over	0	1	0	1	0	0	0	0	0	0	2
Total	14	16	7	11	0	0	0	0	0	0	48



Schedule SB, Part V - Statement of Actuarial Assumptions/Methods 2023 Plan Year

Actuarial Methods and Assumptions

Actuarial Cost Method

Projected Unit Credit Cost Method.

Asset Method

Market Value. The asset valuation method is selected by the plan sponsor.

Valuation Date

December 31st of each plan year.

Interest

The interest assumption for valuation purposes is prescribed by the Pension Protection Act of 2006 based on elections made by the plan sponsor.

For Minimum Required Contribution

For the 2023 plan year, the December 2023 full yield curve. In prior years, December segment rates (no lookback) adjusted by the 25-year average segment rates for the applicable plan year.

Plan Year	Effective Interest Rate	December Segment Rates		
		First Segment	Second Segment	Third Segment
2022	5.15%	4.75%	5.18%	5.92%
2023	5.65%	N/A	N/A	N/A

Turnover

Turnover rates are shown in the table below:

Age	Rate
<30	25.00%
30-39	12.50%
40-64	10.00%

Turnover is based on actual experience from 2009 to 2019.

Disablement

None assumed.

Retirement Age

All active and deferred vested participants are assumed to retire at the later of one year from the valuation date or age 65.

Mortality

The mortality assumption used for each plan year is shown in the table below:

Plan Year	Mortality Assumption
2022	2022 IRS Small Plan Combined Static Mortality
2023	2023 IRS Small Plan Combined Static Mortality



Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
2023 Plan Year

Actuarial Methods and Assumptions

Future Interest Credit

The future interest credit assumption used for each plan year is shown in the table below:

Plan Year	Future Interest Credit
2022	4.50%
2023	3.40%

Compensation Increases

Not Applicable.

Form of Payment

All current active and deferred vested participants are assumed to elect a lump sum at termination or retirement.

Marriage

55% of participants are assumed to be married.

Rationale for the Selection of Significant Actuarial Assumptions

All economic and demographic assumptions used in the computations presented in this report were selected by the Plan Sponsor. Assumptions with regards to retirement age and form of payment were determined by the prior actuary and reviewed for reasonableness.

Other assumptions reflected in the determination of plan assets and liabilities that are not specifically discussed in this section are not considered significant relative to the measurement.

Form 5500-SFDepartment of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Short Form Annual Return/Report of Small Employee
Benefit Plan**This form is required to be filed under sections 104 and 4065 of the Employee Retirement
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1210-0089**2023****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**

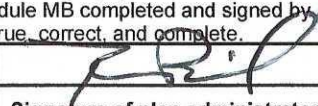
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☐ an amended return/report ☐ a short plan year return/report (less than 12 months)**C** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ DFVC program
☐ special extension (enter description)**D** If the plan is a collectively-bargained plan, check here..... ☐**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here..... ☐**Part II Basic Plan Information—enter all requested information**

1a Name of plan METROPOLITAN CENTER FOR MENTAL HEALTH INC. DEFINED BENEFIT PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
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) METROPOLITAN CENTER FOR MENTAL HEALTH, INC. 160 WEST 86TH ST. NEW YORK NY 10024	1c Effective date of plan 01/01/2009
	2b Employer Identification Number (EIN) 13-1978365
	2c Sponsor's telephone number 212-362-8755
	2d Business code (see instructions) 621330
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	3b Administrator's EIN
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	3c Administrator's telephone number
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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		10/11/2024	ROBERT BASILE
	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

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

Form 5500-SF (2023)
v. 230728

- 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 511473. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets.....	7a	2,322,977	2,789,147
b Total plan liabilities.....	7b		
c Net plan assets (subtract line 7b from line 7a).....	7c	2,322,977	2,789,147
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers.....	8a(1)	302,000	
(2) Participants.....	8a(2)		
(3) Others (including rollovers).....	8a(3)		
b Other income (loss).....	8b	320,009	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	8c		622,009
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	155,839	
e Certain deemed and/or corrective distributions (see instructions).....	8e		
f Administrative service providers (salaries, fees, commissions).....	8f		
g Other expenses.....	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		155,839
i Net income (loss) (subtract line 8h from line 8c).....	8i		466,170
j Transfers to (from) the plan (see instructions).....	8j		

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1C 3D 1I
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program).....	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....	10b		X	
c Was the plan covered by a fidelity bond?.....	10c	X		250,000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?.....	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).....	10e		X	
f Has the plan failed to provide any benefit when due under the plan?.....	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.).....	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	10i			

Part VI Pension Funding Compliance

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.....	11a 0
b	PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:	
	<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 _____	

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

Part VII Plan Terminations and Transfers of Assets

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

Part VIII IRS Compliance Questions

14a	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	
14b	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	
15	If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>03/30/2018</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>J501819a</u> .	

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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 METROPOLITAN CENTER FOR MENTAL HEALTH INC. DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF METROPOLITAN CENTER FOR MENTAL HEALTH, INC.	D Employer Identification Number (EIN) 13-1978365
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I Basic Information			
1 Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2023</u>			
2 Assets:			
a Market value.....		2a	2,568,395
b Actuarial value		2b	2,568,395
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	2	746,086	746,086
b For terminated vested participants.....	38	805,250	805,250
c For active participants.....	48	1,706,999	1,729,690
d Total	88	3,258,335	3,281,026
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		5.65%
6 Target normal cost			
a Present value of current plan year accruals.....		6a	249,541
b Expected plan-related expenses		6b	0
c Target normal cost.....		6c	249,541

Statement by Enrolled Actuary

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

SIGN HERE		<u>10/9/24</u> Date
JAMES RITCHIE Type or print name of actuary		2305643 Most recent enrollment number
BOLTON PARTNERS, INC. Firm name		443-573-3924 Telephone number (including area code)
1 W. PENNSYLVANIA AVENUE SUITE 600 TOWSON MD 21204 Address of the firm		

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

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

Schedule SB (Form 5500) 2023
v. 230728

Part II Beginning of Year Carryover and Prefunding Balances

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>-10.76</u> %.....	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		3,939
	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>5.15</u> %.....		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
	c Total available at beginning of current plan year to add to prefunding balance.....		3,939
	d Portion of (c) to be added to prefunding balance.....		3,939
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	3,939

Part III	Funding Percentages
-----------------	----------------------------

14	Funding target attainment percentage	14	78.15 %
15	Adjusted funding target attainment percentage	15	81.76 %
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	81.14 %
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:

Contributions made to the plan for the plan year by employer(s) and employee(s).						
(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	
04/13/2023	75,000	0				
07/13/2023	75,000	0				
10/13/2023	65,000	0				
01/12/2024	65,000	0				
09/13/2024	51,000	0				
			Totals ►	18(b)	331,000	18(c)
						0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	334,699

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input 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 checked="" type="checkbox"/> Yes	<input 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	249,541	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	716,793	73,002	
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	322,543	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	322,543	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	334,699	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	12,156	
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. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021
--



Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
2023 Plan Year

Actuarial Methods and Assumptions

Actuarial Cost Method

Projected Unit Credit Cost Method.

Asset Method

Market Value. The asset valuation method is selected by the plan sponsor.

Valuation Date

December 31st of each plan year.

Interest

The interest assumption for valuation purposes is prescribed by the Pension Protection Act of 2006 based on elections made by the plan sponsor.

For Minimum Required Contribution

For the 2023 plan year, the December 2023 full yield curve. In prior years, December segment rates (no lookback) adjusted by the 25-year average segment rates for the applicable plan year.

Plan Year	Effective Interest Rate	December Segment Rates		
		First Segment	Second Segment	Third Segment
2022	5.15%	4.75%	5.18%	5.92%
2023	5.65%	N/A	N/A	N/A

Turnover

Turnover rates are shown in the table below:

Age	Rate
<30	25.00%
30-39	12.50%
40-64	10.00%

Turnover is based on actual experience from 2009 to 2019.

Disablement

None assumed.

Retirement Age

All active and deferred vested participants are assumed to retire at the later of one year from the valuation date or age 65.

Mortality

The mortality assumption used for each plan year is shown in the table below:

Plan Year	Mortality Assumption
2022	2022 IRS Small Plan Combined Static Mortality
2023	2023 IRS Small Plan Combined Static Mortality



Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
2023 Plan Year

Actuarial Methods and Assumptions

Future Interest Credit

The future interest credit assumption used for each plan year is shown in the table below:

Plan Year	Future Interest Credit
2022	4.50%
2023	3.40%

Compensation Increases

Not Applicable.

Form of Payment

All current active and deferred vested participants are assumed to elect a lump sum at termination or retirement.

Marriage

55% of participants are assumed to be married.

Rationale for the Selection of Significant Actuarial Assumptions

All economic and demographic assumptions used in the computations presented in this report were selected by the Plan Sponsor. Assumptions with regards to retirement age and form of payment were determined by the prior actuary and reviewed for reasonableness.

Other assumptions reflected in the determination of plan assets and liabilities that are not specifically discussed in this section are not considered significant relative to the measurement.



Schedule SB, Part V - Summary of Plan Provisions
2023 Plan Year

Summary of Plan Provisions

Effective Date

January 1, 2009

Eligibility

An eligible participant enters the plan on the January 1 or July 1 after the first 12 months of service with 1,000 hours.

Year of Service

The benefit is not based on service.

Compensation

The benefit is not based on compensation.

Retirement Dates

Normal Retirement

Age 65

Early Retirement

None

Retirement Benefits

Normal Retirement

The benefit payable at normal retirement date is a cash balance account. The cash balance credit is a fixed amount each year determined by the plan administrator that meets non-discrimination testing under IRC Sections 410(b) and 401(a)(4).

Interest Credit

The interest credit is equal to the actual return on plan assets for the year.

Late Retirement

For any retirement after normal retirement date, the benefit amount is the cash balance account at date of termination.

Death Prior to Retirement

If the participant dies before commencing their benefit, the participants account balance is payable as a lump sum to their surviving spouse.

Vesting

A participant is 20% vested after one year of service, 40% vested after two years of service and 100% vested in their Accrued Benefit after three years of service.

Normal Form of Payment

For an unmarried participant, a lump sum. For a married participant, a 100% Qualified Joint and Survivor Annuity.



Schedule SB, Part V - Summary of Plan Provisions
2023 Plan Year

Summary of Plan Provisions

Optional Methods of Receiving Benefit Payments

Life Annuity

An actuarially equivalent monthly payment will be made to the participant during their lifetime

Joint and Survivor Annuity

Reduced monthly payments will be made to the participant during their lifetime. After his death, payments of 50% (as selected by the participant) will continue to their designated

Lump Sum Payment

A single lump sum payment equal to the participants account balance at termination.

Actuarial Equivalence Basis

All Optional Methods are actuarially equivalent to the Normal Form of Payment based on the 417(e) mortality table at 7.50%.

Plan Changes

Annual credits were updated.

Schedule SB, Line 24 - Change in Actuarial Assumptions
2023 Plan Year

Change in Actuarial Assumptions

The following changes to assumptions were made since the prior year:

- The future interest crediting rate was updated from 4.50% to 3.40% to match the actual rate used after December 31, 2023.
- The full yield curve rates for determining the Minimum Required Contribution were updated to the full yield curve pursuant to IRC §430(h)(2)(D)(ii).

Schedule SB, Line 32 - Schedule of Amortization Bases
2023 Plan Year

Schedule of Shortfall Amortization Bases

Date Established	Present Value	Payment	Years Remaining
1/1/2021	285,564	31,491	12
1/1/2022	(57,740)	(6,029)	13
1/1/2022	234,622	23,332	14
1/1/2023	254,348	24,208	15
Totals	\$716,793	\$73,002	

Metropolitan Center for Mental Health Defined Benefit Pension Plan
 EIN/PN: 13-1978365/001



Schedule SB, Line 26 - Schedule of Active Participant Data
 2023 Plan Year

Attained Age	Years of Credited Service										Total
	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & Up	
Under 25	2	0	0	0	0	0	0	0	0	0	2
25 - 29	3	1	0	0	0	0	0	0	0	0	4
30 - 34	2	5	1	0	0	0	0	0	0	0	8
35 - 39	4	2	0	0	0	0	0	0	0	0	6
40 - 44	0	3	0	1	0	0	0	0	0	0	4
45 - 49	0	1	0	1	0	0	0	0	0	0	2
50 - 54	0	1	1	3	0	0	0	0	0	0	5
55 - 59	0	2	2	3	0	0	0	0	0	0	7
60 - 64	1	0	3	0	0	0	0	0	0	0	4
65 - 69	2	0	0	2	0	0	0	0	0	0	4
70 & Over	0	1	0	1	0	0	0	0	0	0	2
Total	14	16	7	11	0	0	0	0	0	0	48

Schedule SB, line 19 – Discounted Employer Contributions
2023 Plan Year

Employer Contributions Made to the Plan for the 2023 Plan Year

Date	Amount	Applied To	Interest Rate to Quarterly Due Date	Days to Val Date	Interest Adjusted Contribution to Val Date
4/13/2023	75,000	Q1 2023	5.65%	262	78,018
7/13/2023	75,000	Q2 2023	5.65%	171	76,956
10/13/2023	65,000	Q3 2023	5.65%	79	65,778
1/12/2024	65,000	Q4 2023	5.65%	-12	64,883
9/13/2024	51,000	Final 2023		-257	49,064
	331,000				334,699

Schedule SB, line 19 – Discounted Employer Contributions
2023 Plan Year

Employer Contributions Made to the Plan
for the 2023 Plan Year

		Applied To	Interest Rate to Quarterly Due Date	Days to Val Date	Interest Adjusted Contribution to Val Date
Date	Amount				
4/13/2023	75,000	Q1 2023	5.65%	262	78,018
7/13/2023	75,000	Q2 2023	5.65%	171	76,956
10/13/2023	65,000	Q3 2023	5.65%	79	65,778
1/12/2024	65,000	Q4 2023	5.65%	-12	64,883
9/13/2024	51,000	Final 2023		-257	49,064
	331,000				334,699



Schedule SB, Part V - Summary of Plan Provisions

2023 Plan Year

Summary of Plan Provisions

Effective Date

January 1, 2009

Eligibility

An eligible participant enters the plan on the January 1 or July 1 after the first 12 months of service with 1,000 hours.

Year of Service

The benefit is not based on service.

Compensation

The benefit is not based on compensation.

Retirement Dates

Normal Retirement

Age 65

Early Retirement

None

Retirement Benefits

Normal Retirement

The benefit payable at normal retirement date is a cash balance account. The cash balance credit is a fixed amount each year determined by the plan administrator that meets non-discrimination testing under IRC Sections 410(b) and 401(a)(4).

Interest Credit

The interest credit is equal to the actual return on plan assets for the year.

Late Retirement

For any retirement after normal retirement date, the benefit amount is the cash balance account at date of termination.

Death Prior to Retirement

If the participant dies before commencing their benefit, the participants account balance is payable as a lump sum to their surviving spouse.

Vesting

A participant is 20% vested after one year of service, 40% vested after two years of service and 100% vested in their Accrued Benefit after three years of service.

Normal Form of Payment

For an unmarried participant, a lump sum. For a married participant, a 100% Qualified Joint and Survivor Annuity.



Schedule SB, Part V - Summary of Plan Provisions

2023 Plan Year

Summary of Plan Provisions

Optional Methods of Receiving Benefit Payments

Life Annuity

An actuarially equivalent monthly payment will be made to the participant during their lifetime

Joint and Survivor Annuity

Reduced monthly payments will be made to the participant during their lifetime. After his death, payments of 50% (as selected by the participant) will continue to their designated

Lump Sum Payment

A single lump sum payment equal to the participants account balance at termination.

Actuarial Equivalence Basis

All Optional Methods are actuarially equivalent to the Normal Form of Payment based on the 417(e) mortality table at 7.50%.

Plan Changes

Annual credits were updated.

Schedule SB, Line 32 - Schedule of Amortization Bases
2023 Plan Year

Schedule of Shortfall Amortization Bases

Date Established	Present Value	Payment	Years Remaining
1/1/2021	285,564	31,491	12
1/1/2022	(57,740)	(6,029)	13
1/1/2022	234,622	23,332	14
1/1/2023	254,348	24,208	15
Totals	\$716,793	\$73,002	

Schedule SB, Line 24 - Change in Actuarial Assumptions 2023 Plan Year

Change in Actuarial Assumptions

The following changes to assumptions were made since the prior year:

- The future interest crediting rate was updated from 4.50% to 3.40% to match the actual rate used after December 31, 2023.
- The full yield curve rates for determining the Minimum Required Contribution were updated to the full yield curve pursuant to IRC §430(h)(2)(D)(ii).