

**Form 5500-SF**

Department of the Treasury  
Internal Revenue Service

Department 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 Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110  
1210-0089

**2023**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning 09/30/2023 and ending 09/11/2024

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

<b>1a</b> Name of plan AMERICAN ACADEMY MCALLISTER INSTITUTE OF FUNERAL SERVICES, INC. DEFINED BENEFIT PENSION PLAN AND TRUST	<b>1b</b> Three-digit plan number PENSION (PN) ▶ <u>002</u>													
	<b>1c</b> Effective date of plan <u>09/30/1997</u>													
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) AMERICAN ACADEMY MCALLISTER INSTITUTE OF FUNERAL SERVICES INC.  619 W 54TH ST NEW YORK, NY 10019	<b>2b</b> Employer Identification Number (EIN) <u>13-2590811</u>													
	<b>2c</b> Sponsor's telephone number <u>212-757-1190</u>													
	<b>2d</b> Business code (see instructions) <u>611000</u>													
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number													
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN													
	<table border="1"> <tr> <td><b>5a</b></td> <td><u>21</u></td> </tr> <tr> <td><b>5b</b></td> <td><u>0</u></td> </tr> <tr> <td><b>5c(1)</b></td> <td></td> </tr> <tr> <td><b>5c(2)</b></td> <td></td> </tr> <tr> <td><b>5d(1)</b></td> <td><u>10</u></td> </tr> <tr> <td><b>5d(2)</b></td> <td><u>0</u></td> </tr> <tr> <td><b>5e</b></td> <td><u>0</u></td> </tr> </table>	<b>5a</b>	<u>21</u>	<b>5b</b>	<u>0</u>	<b>5c(1)</b>		<b>5c(2)</b>		<b>5d(1)</b>	<u>10</u>	<b>5d(2)</b>	<u>0</u>	<b>5e</b>
<b>5a</b>	<u>21</u>													
<b>5b</b>	<u>0</u>													
<b>5c(1)</b>														
<b>5c(2)</b>														
<b>5d(1)</b>	<u>10</u>													
<b>5d(2)</b>	<u>0</u>													
<b>5e</b>	<u>0</u>													

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**  
 Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	04/13/2025	MARY MARGARET DUNN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/12/2025	DONALD CYMBOR
	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 542245. (See instructions.)

<b>Part III Financial Information</b>			
<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>	4276885	0
<b>b</b> Total plan liabilities .....	<b>7b</b>	0	0
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	4276885	0
<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>	1456	
<b>(2)</b> Participants.....	<b>8a(2)</b>	0	
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>	0	
<b>b</b> Other income (loss).....	<b>8b</b>	-173108	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	<b>8c</b>		-171652
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	<b>8d</b>	4072225	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) .	<b>8e</b>	0	
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>	33008	
<b>g</b> Other expenses .....	<b>8g</b>	0	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		4105233
<b>i</b> Net income (loss) (subtract line 8h from line 8c).....	<b>8i</b>		-4276885
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>	0	

<b>Part IV Plan Characteristics</b>	
<b>9a</b>	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1H 1I 3D
<b>b</b>	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

<b>Part V Compliance Questions</b>				
<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		1000000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>		X	
<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).....	<b>10e</b>		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>			
<b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	<b>10i</b>			

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.  Yes  No

**a** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

**b** **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

- Yes.
- No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- No. Other. Provide explanation \_\_\_\_\_

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?  Yes  No  
 (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.

**a** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

**b** Enter the minimum required contribution for this plan year **12b**

**c** Enter the amount contributed by the employer to the plan for this plan year **12c**

**d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline?  Yes  No  N/A

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

**13a** Has a resolution to terminate the plan been adopted in any plan year?  Yes  No

**a** If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a** 1007062

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  Yes  No

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

<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> 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?  Yes  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).

- Design-based safe harbor method
- "Prior year" ADP test
- "Current year" ADP test
- 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 02/28/2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705374A.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<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>	<small>OMB No. 1210-0110</small>  <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 09/30/2023 and ending 09/11/2024

▶ **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 <u>AMERICAN ACADEMY MCALLISTER INSTITUTE OF FUNERAL SERVICES, INC. DEFINED BENEFIT PENSION PLAN AND TRUST</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AMERICAN ACADEMY MCALLISTER INSTITUTE OF FUNERAL SERVICES INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>13-2590811</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>09</u> Day <u>30</u> Year <u>2023</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>4274952</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>4274952</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>2</u>	<u>439009</u>
	<b>b</b> For terminated vested participants .....	<u>9</u>	<u>745812</u>
	<b>c</b> For active participants .....	<u>10</u>	<u>3109202</u>
	<b>d</b> Total .....	<u>21</u>	<u>4294023</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b) .....		
	<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>	<u>5.27 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>0</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>0</u>

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

<b>SIGN HERE</b>		
	Signature of actuary	<u>01/28/2025</u>
	<u>MICHAEL C. HENDERSON, ASA EA MAAA</u>	Date
	Type or print name of actuary	<u>23-08330</u>
	<u>BPAS ACTUARIAL &amp; PENSION SERVICES</u>	Most recent enrollment number
	Firm name	<u>212-284-9005</u>
	<u>90 MERRICK AVE. #102</u> <u>EAST MEADOW, NY 11554</u>	Telephone number (including area code)
	Address of the firm	

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



<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....			<b>21b</b> 0
<b>22</b> Weighted average retirement age .....			<b>22</b> 67
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute		

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

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>			
<b>28</b> Unpaid minimum required contributions for all prior years .....			<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....			<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....			<b>31a</b> 0
<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 .....	19071		1367
<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> 1367
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....			<b>36</b> 1367
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			<b>37</b> 1369
<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> 2
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....			<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....			<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....			<b>40</b> 0

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

**AMERICAN ACADEMY McALLISTER INSTITUTE OF FUNERAL SERVICES, INC.  
DEFINED BENEFIT PENSION PLAN AND TRUST**

**Schedule SB, line 26 - Active Participant Data**

Completed Years of Service on September 30, 2023											
Attained Age	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40+	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	1	1	0	0	0	0	0	0	0	2
40-44	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	1	1	0	0	0	0	0	0	2
50-54	0	0	0	0	0	0	0	0	0	0	0
55-59	0	1	1	0	0	0	0	0	0	0	2
60-64	0	1	0	0	0	0	0	0	0	0	1
65-70	0	0	0	0	0	1	0	0	0	0	1
70 & up	0	1	1	0	0	0	0	0	0	0	2
<b>Total</b>	<b>0</b>	<b>4</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10</b>

Active Member Statistics	September 30, 2022	September 30, 2023
Number of members	10	10
Average age	55.59	56.59
Average years of service	7.00	7.00

**AMERICAN ACADEMY McALLISTER INSTITUTE OF FUNERAL SERVICES, INC.  
DEFINED BENEFIT PENSION PLAN AND TRUST**

**Summary of Actuarial Assumptions and Methods**

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.

## Actuarial Cost Methods

**Funding Target Liability:** As required by PPA, the Traditional Unit Credit Cost Method is used.

**Actuarial Value of Assets:** Market Value, as provided by the Trustee.

## Funding Target Liability

**Valuation Date:** September 30, 2023

**Demographic Information:** The demographic information was provided as of September 30, 2023 by American Academy McAllister Institute of Funeral Services, Inc. Although we did not audit the data, we did review the data for reasonableness.

**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 ASC software platform developed by Actuarial Systems Corporation. 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 adjusted 24-month average September 2023 funding segment rates using 25-year average segment rate corridors were utilized as prescribed by IRC Section 430(h), after reflection of interest rate stabilization provisions included in various legislation.

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

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.

**Effective Interest Rate:** 5.27%

**Interest Rates for the LDRM calculations:** The September 2023 funding segment rates were utilized as prescribed by IRC Section 430(h), without reflection of the interest rate stabilization provisions included in various legislation.

Segment	Interest Rate
Segment 1	3.62%

**AMERICAN ACADEMY McALLISTER INSTITUTE OF FUNERAL SERVICES, INC.  
DEFINED BENEFIT PENSION PLAN AND TRUST**

Segment 2	4.46%
Segment 3	4.52%

**Rate of Compensation Increase:** Salaries are assumed to remain constant until retirement.

**Retirement Rates:** Employees were assumed to retire at normal retirement age (the later of age 65 or the fifth anniversary of initial entry to the plan).

**Marriage:** Currently married participants are assumed to remain married to their current spouse until retirement. 80% of currently unmarried participants are assumed to be married at retirement with the female spouse 3 years younger than the male.

**Post-retirement Mortality:** The base mortality tables are the blended sex distinct RP-2014 mortality tables, adjusted backward to 2006 with Scale MP-2014. The base mortality table is adjusted by projecting mortality improvements using Scale MP-2021 from the year 2006 through 2023, 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.

**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 dollars - \$0.

**Form of Benefit:** 100% of active and terminated vested participants are assumed to receive an immediate lump sum distribution at their assumed retirement age. Lump sums are valued in accordance with Internal Revenue Regulation 1.430(d)-1(f)(4)(iii).

**Interest Rates to Value Lump Sums for Minimum Required Contribution Using Annuity Substitution Under 1.430(d)-1(f)(4)(iii)(B):** The adjusted 24-month average September 2023 funding segment rates using 25-year average segment rate corridors were utilized as prescribed by IRC Section 430(h), after reflection of interest rate stabilization provisions included in various legislation.

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

**Interest Rates to Value Lump Sums for LDRM calculations Using Annuity Substitution Under 1.430(d)-1(f)(4)(iii)(B):** The September 2023 funding segment rates were utilized as prescribed by IRC Section 430(h) without reflection of the interest rate stabilization provisions included in various legislation.

Segment	Interest Rate
Segment 1	3.62%
Segment 2	4.46%
Segment 3	4.52%

**Mortality to Value Lump Sums Using Annuity Substitution Under 1.430(d)-1(f)(4)(iii)(B):** The prevailing Commissioner's standard mortality table (described in Internal Revenue Code Section 807(d)(5)(a)). This table is

**EIN / PN 13-2590811 / 002**

***AMERICAN ACADEMY McALLISTER INSTITUTE OF FUNERAL SERVICES, INC.  
DEFINED BENEFIT PENSION PLAN AND TRUST***

currently a 50/50 blend of male and female rates from the 2023 sex distinct mortality table for annuitants and non-annuitants, as prescribed.

**Interest Rate to Convert Annuities to Actuarially Equivalent Lump Sum Amounts Under 1.430(d)-1(f)(4)(iii)(D):** 7.00% per annum, compounded annually, as defined in the plan document.

**Mortality to Convert Annuities to Actuarially Equivalent Lump Sum Amounts Under 1.430(d)-1(f)(4)(iii)(D):** 1983 Table A Female Mortality, as defined in the plan document.

**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**

For calendar plan year 2023 or fiscal plan year beginning 09/30/2023 and ending 09/11/2024

▶ **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 AMERICAN ACADEMY MCALLISTER INSTITUTE OF FUNERAL SERVICES, INC. DEFINED BENEFIT PENSION PLAN AND TRUST	<b>B</b> Three-digit plan number (PN) ▶	002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AMERICAN ACADEMY MCALLISTER INSTITUTE OF FUNERAL SERVICES INC.	<b>D</b> Employer Identification Number (EIN) 13-2590811	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

<b>Part I Basic Information</b>			
1 Enter the valuation date: Month <u>09</u> Day <u>30</u> Year <u>2023</u>			
2 Assets:			
a Market value.....	<b>2a</b>		4,274,952
b Actuarial value.....	<b>2b</b>		4,274,952
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	439,009	439,009
b For terminated vested participants.....	9	745,812	745,812
c For active participants.....	10	3,109,202	3,109,202
d Total.....	21	4,294,023	4,294,023
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.....	<b>4a</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>		
5 Effective interest rate.....	<b>5</b>	5.27%	
6 Target normal cost			
a Present value of current plan year accruals.....	<b>6a</b>	0	
b Expected plan-related expenses.....	<b>6b</b>	0	
c Target normal cost.....	<b>6c</b>	0	

**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>	Michael C. Henderson	1-28-2025
	Signature of actuary	Date
	Michael C. Henderson, ASA EA MAAA	2308330
	Type or print name of actuary	Most recent enrollment number
	BPAS Actuarial & Pension Services	212-284-9005
	Firm name	Telephone number (including area code)
	90 Merrick Ave. #102	
	East Meadow NY 11554	
	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



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

**21** 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> 0

**22** Weighted average retirement age ..... **22** 67

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  Substitute

**Part VI Miscellaneous Items**

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.  Yes  No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment...  Yes  No

**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment ..... **27**

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

<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**

**31** Target normal cost and excess assets (see instructions):

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	0
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	19,071	1,367
<b>b</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**

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>	1,367
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	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....			<b>36</b> 1,367
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			<b>37</b> 1,369

**38** 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>	2
<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)**

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

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**AMERICAN ACADEMY McALLISTER INSTITUTE OF FUNERAL SERVICES, INC.  
DEFINED BENEFIT PENSION PLAN AND TRUST**

**Schedule SB, Line 19 – Discounted Employer Contributions**

Discounted Employer Contributions					
Date Due	Plan Year	Date Deposited	Amount Deposited	Applicable Effective Interest Rate	Adjusted Values at September 30, 2023*
1/13/2024	2023	7/25/2024	\$ 615	10.27%	\$ 575
2/13/2024	2023	7/25/2024	\$ 615	10.27%	\$ 578
10/13/2024	2023	7/25/2024	\$ 226	5.27%	\$ 217
<b>Total</b>			<b>\$ 1,456</b>		<b>\$ 1,369</b>

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

American Academy McAllister Institute of Funeral Services, Inc.

Defined Benefit Pension Plan and Trust

EIN: 13-2590811 Plan Number: 002

Participants were assumed to retire at age 65 with five years of participation, or their attained age, if greater.

<b>Number of Participants</b>	<b>Assumed Retirement Age</b>
7	65
0	66
1	67
0	68
0	69
0	70
0	71
0	72
1	73
1	74
<b>Average</b>	<b>67</b>

**AMERICAN ACADEMY McALLISTER INSTITUTE OF FUNERAL SERVICES, INC.  
DEFINED BENEFIT PENSION PLAN AND TRUST**

**Summary of Plan 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.

<b>Effective Date of Plan:</b>	September 30, 1997
<b>Eligibility:</b>	All non-union employees of the Company are eligible for participation under the plan on the October 1 <sup>st</sup> or April 1 <sup>st</sup> coincident with or next following the completion of 1 year of service and the attainment of age 21. No employees enter the plan if their entry date is after February 28, 2017.
<b>Normal Retirement Date:</b>	The first day of the month on or next following the participant's 65 <sup>th</sup> birthday, or, if later, the fifth anniversary of plan participation.
<b>Normal Retirement Benefit:</b>	3% of Average Compensation for each year of service (maximum 33½ years).
<b>Deferred Retirement Benefit:</b>	Upon retirement after Normal Retirement Date, the benefit is the Normal Retirement Benefit calculated as of the Deferred Retirement Date reflecting salary and service to such date.
<b>Average Compensation:</b>	The average of the total compensation during the three consecutive calendar years of employment.
<b>Accrued Benefit Prior to Normal Retirement Date:</b>	The benefit as described under Normal Retirement Benefit multiplied by a fraction, the numerator being all years of service completed by the participant to the current date and the denominator being all years of service projected through the participant's Normal Retirement Date. Years of service prior to October 1, 1992 are disregarded in this calculation. The numerator of the fraction shall not include any service after February 28, 2017.
<b>Vested Termination:</b>	A participant is 20% vested after 3 years of service. Vesting increases by 20% for each additional year of service to 100% after seven years of service. In addition, a participant is 100% vested at Normal Retirement Date.
<b>Termination Benefit:</b>	A deferred benefit commencing at Normal Retirement Date equal to the Accrued Benefit.
<b>Normal Form of Retirement Benefit:</b>	Benefits are determined on a life annuity form of benefit for all single participants and a joint and 50% survivor annuity for all married participants. Various optional forms of benefit may be elected.

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**AMERICAN ACADEMY McALLISTER INSTITUTE OF FUNERAL SERVICES, INC.  
DEFINED BENEFIT PENSION PLAN AND TRUST**

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

Amortization Schedule as of September 30, 2023					
Year Established	Initial Period	Initial Amount	Remaining Period	Remaining Amount	Annual Payment*
2023	15 Years	(\$ 510,965)	15 Years	(\$ 510,965)	(\$ 15,598)
2022	15 Years	\$ 550,740	14 Years	\$ 530,036	\$ 16,965
Total				\$ 19,071	\$ 1,367