

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [X] 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

1a Name of plan: EBP OF THE HOPKINS HOUSE ASSOCIATION
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1978
2a Plan sponsor's name (employer, if for a single-employer plan): HOPKINS HOUSE ASSOCIATION, HOPKINS HOUSE
2b Employer Identification Number (EIN): 54-0525701
2c Sponsor's telephone number: 571-480-4276
2d Business code (see instructions): 813000
3a Plan administrator's name and address: [X] 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.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year: 9
5b Total number of participants at the end of the plan year: 9
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item): 2
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item): 0
5d(1) Total number of active participants at the beginning of the plan year: 0
5d(2) Total number of active participants at the end of the plan year: 0
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Row 1: Filed with authorized/valid electronic signature, 07/29/2025, GLENN HOPKINS, Signature of plan administrator. Row 2: Filed with authorized/valid electronic signature, 07/29/2025, GLENN HOPKINS, Signature of employer/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: 547534. (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>	190959	188554
<b>b</b> Total plan liabilities .....	<b>7b</b>		
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	190959	188554
<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>	11700	
<b>(2)</b> Participants .....	<b>8a(2)</b>		
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>		
<b>b</b> Other income (loss) .....	<b>8b</b>	7117	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		18817
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	18854	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) .	<b>8e</b>		
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>		
<b>g</b> Other expenses .....	<b>8g</b>	2369	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		21223
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		-2406
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>		

<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: <u>1A</u>
<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	
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>		X	
<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) .....	<b>10e</b>		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>		X	
<b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....	<b>10i</b>		X	

**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**

**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? (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.  Yes  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?  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**

**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.)

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?  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 \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

<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>2024</b>  <b>This Form is Open to Public Inspection</b>
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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>EBP OF THE HOPKINS HOUSE ASSOCIATION</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>HOPKINS HOUSE ASSOCIATION</u>	<b>D</b> Employer Identification Number (EIN) <u>54-0525701</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>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>195421</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>192913</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>7</u>	<u>190477</u>
	<b>b</b> For terminated vested participants .....	<u>0</u>	<u>0</u>
	<b>c</b> For active participants .....	<u>1</u>	<u>11254</u>
	<b>d</b> Total .....	<u>8</u>	<u>201731</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.01 %</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>3475</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>3475</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>06/27/2025</u>
	<u>CHIEN-HUNG BRINE LIN, FSA, CFA, EA</u>	Date
	Type or print name of actuary	<u>23-06666</u>
	<u>MUTUAL OF AMERICA</u>	Most recent enrollment number
	Firm name	<u>212-224-1241</u>
	<u>320 PARK AVENUE</u>	Telephone number (including area code)
	<u>NEW YORK, NY 10022-6839</u>	
	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 II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>5.67</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		15
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.06</u> % .....		1
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		16
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	95.62 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	95.62 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	70.64 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(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		
04/11/2024	3500	0					
07/10/2024	3500	0					
10/09/2024	200	0					
			<b>Totals ▶</b>	<b>18(b)</b>	7200	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b> 0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 7058
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b>	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>c</b>	If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
		(4) 4th

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

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<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> 65
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

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

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

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

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

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	3475	
<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 .....	8818	3417	
<b>b</b> Waiver amortization installment.....		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>	6892	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....			0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	6892	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	7058	
<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>	166	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

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

<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021
--

**Attachment to 2024 Form 5500**  
**Schedule SB, Line 26: Schedule of Active Participant Data**

**Plan name:** Employee Benefits Plan of The Hopkins House Association  
**Plan sponsor:** The Hopkins House Association

**EIN:** 54-0525701  
**PN:** 001

**Schedule of Active Participant Data**

Attained Age	Years of Credited Service										Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	>40	
<25											
25-29											
30-34											
35-39											
40-44											
45-49											
50-54											
55-59											
60-64											
65-69		1									1
>70											
<b>Total</b>		1									1

**Attachment to 2024 Form 5500**  
**Schedule SB, Part V: Statement of Actuarial Assumptions and Methods**

**Plan name:** Employee Benefits Plan of The Hopkins House Association  
**Plan sponsor:** The Hopkins House Association

**EIN:** 54-0525701  
**PN:** 001

## Actuarial Cost Method

### Funding target and target normal cost

An actuarial cost method allocates the expected cost of a pension plan on a year-by-year basis. The primary objective is to accumulate enough assets prior to each participant's retirement to provide the promised pension benefits.

The Pension Protection Act of 2006 (PPA) requires plan sponsors to use the Traditional Unit Credit actuarial cost method in which the estimated accrued benefit is based on service and, if applicable, earnings as of the valuation date. The funding target is equal to the actuarial present value of all accrued benefits as of the valuation date. The target normal cost is the actuarial present value, as of the valuation date, of the expected increases in projected accrued benefits attributable to service expected to be completed during the plan year (i.e., if applicable, one year's salary growth is reflected in the determination of target normal cost).

For tax deduction purposes, the funding target may reflect the value of future pay increases on accrued benefits, if applicable.

### PPA discounting method

The plan sponsor must choose between full yield curve spot rates or a segmented yield curve of 24-month average corporate bond rates. If the segmented yield curve is selected, the plan sponsor can use either the rates as of the month of the valuation or as of a lookback month, up to 4 months prior to the valuation date. If the full yield curve is selected, the rates as of the month of valuation must be used.

For purposes of this valuation, the following discounting method was used and is assumed to be approved by the plan sponsor:

**Segment rates through the month of June preceding the valuation date, adjusted so each segment rate is no less than the applicable minimum percentage\* of the corresponding 25-year average segment rate for the calendar year that contains the first day of the plan year and no more than the applicable maximum percentage\*\* of that 25-year average segment rate. The 25-year average cannot be less than 5.0% prior to application of the corridor.**

### Asset valuation method

Plan assets for purposes of this actuarial valuation are valued under the Asset Averaging method, including, if applicable, discounted receivable contributions. The value is equal to the average of the fair market value of assets on the valuation date and the adjusted fair market value (including expected earnings) for the two earlier annual determination dates. Expected earnings are calculated using a rate no greater than the third segment rate of the segmented yield-curve in effect at the beginning of each valuation year. The resulting average value must be fall between 90 and 110 percent of the fair market value of assets on the valuation date.

\* Minimum is 95% through 2030, decreasing 5% per year beginning in 2031 until 70% is reached in 2035

\*\* Maximum is 105% through 2030 and increasing 5% per year beginning in 2031 until 130% is reached in 2035

**Attachment to 2024 Form 5500**  
**Schedule SB, Part V: Statement of Actuarial Assumptions and Methods**

**Plan name:** Employee Benefits Plan of The Hopkins House Association **EIN:** 54-0525701  
**Plan sponsor:** The Hopkins House Association **PN:** 001

**Actuarial Assumptions**

**Economic Assumptions**

<u>PPA Segment Rates</u>	<u>Funding Target</u>	<u>PBGC Funding Target</u>
- Segment 1: Up to Year 5	4.75%	5.01%
- Segment 2: Years 5-20	4.96%	5.13%
- Segment 3: Years 20+	5.59%	5.15%
Expected Return on Assets		4.00%
ASC 960 Pre-retirement Discount Rate		4.00%
ASC 960 Post-retirement Discount Rate		4.00%
COLA		2.50%*
Annual rates of increase:		
- Salaries		0.00%
- Future Social Security wage bases		0.00%
- Statutory limits on compensation and benefits		N/A

**Demographic Assumptions**

Post-Retirement Mortality:	
- Funding Target / PBGC	IRS 2024 Combined Static Mortality Table
- ASC 960	Pri-2012 Total Dataset Employee Mortality with Scale MP-2021
Pre-Retirement Mortality:	
- Funding Target / PBGC	None
- ASC 960	None
Retirement:	Age 65, or immediate if beyond age 65
Disability:	None
Terminations:	None

\*For those retired participants receiving benefits on or after 1/1/82

# Actuarial Assumptions

## Miscellaneous Assumptions

Form of Payment:	Life Annuity
Expenses:	Assumed equal to prior year's actual expenses
Percent Married:	80.00%
Spouse's Age:	Wives assumed to be 3 years younger than husbands

## Rationale for significant assumptions

### Economic assumptions

- **Expected return on plan assets:** The assumption was selected by the client with input from their investment advisor. We believe the assumption is reasonable as it falls within a reasonable range of expected returns for the plan's asset allocation based on capital market assumptions.
- **ASC 960 pre-retirement discount rate:** This assumption is based on the **expected return on plan assets** assumption.
- **ASC 960 post-retirement discount rate:** This assumption is based on the **expected return on plan assets** assumption.

### Demographic Assumptions

- **ASC 960 mortality:** The mortality base table and projection scale is based on the most recent mortality table and improvement scale published by the Society of Actuaries (SOA) and in our judgement, adequately reflects expected mortality rates as of the measurement date. The SOA elected not to release a new mortality scale for 2023 which would have included mortality data affected by the COVID-19 pandemic, but instead will continue to study emerging mortality experience and assess what mortality improvement scale options might be considered to be implemented in the future. As such, we have decided not to reflect any adjustments to the most recent mortality improvement scale. The plan's relatively small size would not support a credible mortality study.
- **Termination:** We believe that this assumption is representative of anticipated future experience. Historically, this assumption has not produced significant gains or losses for the plan. In addition, based on discussions with the plan sponsor, significant changes in termination patterns are not expected.
- **Retirement:** We believe that this assumption is representative of anticipated future experience. Historically, this assumption has not produced significant gains or losses for the plan. In addition, based on discussions with the plan sponsor, significant changes in retirement patterns are not expected.

# Actuarial Assumptions

## Miscellaneous assumptions

- **Expenses:** The assumption is based on the expectation of expenses to be paid out during the plan year assuming expenses will be similar to the prior year.
- **Form of payment:** We believe that this assumption is representative of anticipated future experience. Historically, this assumption has not produced significant gains or losses for the plan.
- **Spouse's age and percent married:** The employer does not have enough credible data to analyze spousal demographics. These assumptions are based on the actuary's experience with similar plans.

**Attachment to 2024 Form 5500**  
**Schedule SB, Line 32: Schedule of Amortization Bases**

**Plan name:** Employee Benefits Plan of The Hopkins House Association  
**Plan sponsor:** The Hopkins House Association

**EIN:** 54-0525701  
**PN:** 001

**Schedule of Amortization Bases**

Type of Base	Present Value of Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
Shortfall	(63,046)	1/1/2024	15	(5,762)
Shortfall	(12,009)	1/1/2023	14	(1,151)
Shortfall	12,109	1/1/2022	13	1,223
Shortfall	(18,029)	1/1/2021	12	(1,930)
Shortfall	(359)	1/1/2020	11	(41)
Shortfall	90,152	1/1/2019*	10	11,078
	<b>Total</b>			<b>3,417</b>

\*Pursuant to the American Rescue Plan Act of 2021 (ARPA), this employer elected to reset the amortization of funding shortfall over 15 years effective with the 2019 plan year.

**Attachment to 2024 Form 5500**  
**Schedule SB, Part V: Summary of Plan Provisions**

**Plan name:** Employee Benefits Plan of The Hopkins House Association    **EIN:** 54-0525701  
**Plan sponsor:** The Hopkins House Association    **PN:** 001

**Summary of Plan Provisions**

The following is a summary of the principal plan provisions upon which this actuarial valuation is based. This summary should not be relied on to provide benefit estimates or other information to participants.

Effective Date of Plan	January 1, 1976.
Effective Date of Latest Amendment	August 1, 2010.
Eligibility	One year of service and attainment of age 21. Any prior employment in the health and social service field within three years prior to employment with this employer is considered service for this purpose.
Compensation	Compensation includes all wages, salaries, fees and amounts received for personal service rendered in the course of employment. Compensation includes contributions made to a salary reduction or deferred compensation plan. Prior to 2002, compensation for any plan year, for benefit purposes, is limited to \$150,000 adjusted for increases prescribed by the Secretary of the Treasury. For the 2002 plan year, EGTRRA increased prospectively the limit to \$200,000 annually. For prospective years after 2002, the \$200,000 limit will be indexed for inflation. For 2024, the compensation limit is \$345,000.
Final Average Earnings	The highest average monthly compensation for 3 consecutive completed calendar years of employment within the last consecutive 10 completed calendar years of service. However, compensation earned after July 1, 1992 shall not be included in the Final Average Earnings.
Social Security Average Wage	Average of the Social Security Taxable Wage Bases for the 35 calendar years ending with the year the participant attains (or will attain) his Social Security retirement age.

## Summary of Plan Provisions

Credited Service	Service after meeting the eligibility requirements plus any additional service under a prior plan of the employer. However, no service shall be counted on or after July 1, 1992.
Accrued Benefit	The annual benefit, as of the date of determination, to which a Participant would be entitled at Normal Retirement Date. Such benefit is determined as (i) the annual benefit to which the participant would be entitled if he remained in service until his Normal Retirement Date, based on his Final Average Earnings and the Social Security Taxable Wage Base in effect as of the date of determination, multiplied by (ii) his Credited Service, as of the date of determination, divided by the Credited Service he would have if he remained in service until his Normal Retirement Date.
Vesting	100% after five years of service. Effective August 1, 2010, all Participants will be 100% vested.
Retirement Dates	
Normal	The first day of the month coincident with or next following a participant's 65th birthday.
Early	The first day of any month on or after age 55 and before Normal Retirement Date on which a participant elects to retire.
Late	The first day of any month following Normal Retirement Date on which a participant elects to retire.
Retirement Income	
Normal	The annual benefit is the sum of (i) and (ii): (i) 1.25% of Final Average Earnings times Credited Service. (ii) 0.5% of any excess of Final Average Earnings over the Social Security Average Wage times Credited Service, up to a maximum of 35 years. The annual benefit may be offset by vested benefits under a prior plan of the employer or any other plan for which Credited Service is granted under this plan.
Early	The Accrued Benefit reduced by 1/15 for each of the first five years and 1/30 for each of the next five years by which the Early Retirement Date precedes the Normal Retirement Date.

## Summary of Plan Provisions

Late	The annual benefit based on the normal retirement benefit formula, reflecting increases in compensation and Credited Service earned after Normal Retirement Date.
Maximum Benefit	The annual benefit shall not exceed the lesser of (i) \$160,000 indexed for inflation adjustments and (ii) 100% of the average compensation for the 3 consecutive years producing the highest average. For 2024, the dollar amount of \$275,000 is in the form of a non-refund life annuity. This amount is adjusted to reflect commencement before age 62 or after age 65 or for forms of payment other than a non-refund life annuity and Cost of Living Supplements, if any. It is prorated for less than 10 years of participation in the Plan.
Normal Form of Payment	A monthly annuity payable for the life of the participant.
Automatic Form of Payment	For married participants, an actuarially reduced joint and 66 2/3% survivor annuity with ten years certain.
Optional Forms of Payment	Optional forms of payment include the following:  (i) an actuarially reduced life annuity with 3, 10, or 15 years certain;  (ii) an actuarially reduced joint and 66 2/3% survivor annuity with or without 10 years certain;  (iii) an actuarially reduced life annuity with the present value of the annuity guaranteed;
Lump Sum at Retirement	None.
Cost of Living Supplement	Cost of Living Supplements shall be provided to any retired Participant of this Plan who begins receiving monthly benefits after 1/1/1982. A retiree's benefits under this Plan, a Prior Plan or Prior Employer's Plan are increased each year that the Consumer Price Index increases more than 1% from the preceding year, subject to a maximum increase of 4.0% annually.
Disability Annuity Credit	While a disabled participant is receiving Social Security, disability benefits he will accrue Credited Service based on his salary rate in effect immediately prior to his disability. The salary rate used for this purpose shall not exceed 120% of his salary rate in effect one year prior to his disability.
Death Benefit Before Retirement	If a vested participant dies before retirement benefits have begun, the annual death benefit payable to the spouse is equal to 66 2/3% of the Accrued Benefit, reduced for early commencement, and further reduced to reflect the Automatic Form of Payment.
Employee Contributions	None.



Retirement Services • Investments

**Brine Lin, FSA, CFA, EA, MAAA,  
FCA**

Vice President and Actuary  
Actuarial Consulting  
w: 212-224-1241  
f: 212.224.2515

June 27, 2025

Mr. J. Glenn Hopkins  
Executive Director  
The Hopkins House Association  
5904 Richmond Hwy Ste 525  
Alexandria, VA 22303-1855

**Re: Defined Benefit Plan 2024 Schedule SB – ACTION REQUIRED  
Employer Number: 051-206-K**

Dear Mr. Hopkins:

Attached to this message is an electronic signed copy of the 2024 Schedule SB (Form 5500) with attachments. Schedule SB contains the actuarial information relative to the plan.

Electronic Filing Mandatory for 2024 Form 5500s

You must electronically file your 2024 Form 5500. You cannot file a paper Form 5500 by mail or other delivery source. The electronic program is called ERISA Filing Acceptance System (EFAST2). In order to submit a filing, a plan sponsor must use either IFILE (a free web-based filing application located on the Department of Labor's website at [www.efast.dol.gov](http://www.efast.dol.gov)) or use third-party certified software.

The EFAST2 system has three Internet components: IREG, IFILE, and IFAS.

1. IREG is the Internet Registration system that will allow filers and signers to apply for credentials for EFAST2 users.
2. IFILE is a free, optional, Web-based filing application that may be used to draft or review a Form 5500 filing, and preparers may use IFILE to cooperate in sharing components of a filing.
3. IFAS is the Internet Filing Acceptance System – an internal application that applies business rules to filing submissions.

Once a filing has been created and saved and as long as it has not been submitted or deleted, it will appear on the Filing Summary page each time you log into the EFAST2 system. Effective January 1, 2014, IFILE no longer keeps Form 5500's and 5500-SF's that filing authors last updated more than a year ago and have not submitted to the Government.

In addition to the PDF of the Schedule SB (Form 5500) and all attachments to the Schedule SB, we are attaching an XML data file of the Schedule SB (Form 5500), which you can then upload to the EFAST2 system. Please follow the instructions provided on the EFAST2 website on how to upload your XML file into the EFAST2 system for processing and posting to the appropriate plan account. If you are filing the Form 5500, including Schedule SB, using software other than the EFAST2 system and that software requires some file type other than XML, please notify us. **The Form 5500 must be prepared first before uploading the Schedule SB and its attachments.**

**Re: Defined Benefit Plan 2024 Schedule SB – ACTION REQUIRED**  
**Employer Number: 051-206-K**

Page 2

In accordance with government regulations and requirements for Annual Return/Reports (Form 5500 and all schedules), Schedule SB, including all attachments to Schedule SB, can only be prepared by an enrolled actuary for the plan. If you elect not to use the XML data file provided but instead manually enter the Schedule SB information, you, as plan administrator, must make the entries from the PDF file of Schedule SB **exactly as provided**. You must also use the PDF files of attachments to Schedule SB **that we provide** to ensure they agree with the signed, hard copy of the Schedule SB that is being mailed to you. It is your responsibility as plan sponsor to ensure that the filing is made correctly. Neither the Enrolled Actuary who signed the attached Schedule SB nor Mutual of America can assume any responsibility for any adverse consequences if the information we provide is altered or not accurately or completely included as part of the filing.

The plan sponsor must attach to the Form 5500 an electronic reproduction of the Schedule SB that is prepared and signed by the plan's Enrolled Actuary. As the Plan Sponsor you must maintain a "wet signature" copy of the Schedule SB as part of the Plan's permanent record. Mutual of America is providing you with a PDF attachment of the Schedule SB with a fully executed signature ("wet signature"). In addition to entering the Schedule SB data in your filing (either using the XML file or manually), this PDF of the Schedule SB must be attached to the Form 5500 filing. You must print out a copy of this PDF to secure the "wet signature" copy of the Schedule SB that you are required to maintain.

Note that the Form 5500-SF, Line 6(c) has been modified to ask whether a defined benefit plan is covered under the PBGC insurance program. Filers that check the box "Yes", must enter the My PAA-generated confirmation number (see filing receipt) for the PBGC premium filing for this plan year [*i.e.*, 2024 PBGC Comprehensive Premium Filing].

As of January 1, 2012 a Form 5500 that is filed without an electronic signature will not be processed by the Department of Labor (DOL). The filing will receive an "unprocessable" status, which means that DOL will not consider the return to be filed. Therefore, if the plan administrator does not obtain an electronic signature and file prior to the deadline, the plan administrator will be subject to late filing penalties. "Signature and Date" instructions have been updated to caution filers to check the filing status and advise if the filing status is "Processing Stopped" or "Unprocessable". If a valid signature is not submitted as required, depending on the error, it may be considered not to have been filed.

#### Distribution of Annual Funding Notice

PPA requires that all defined benefit plans provide an annual funding notice to plan participants, beginning with the 2008 plan year. The deadline for distributing the annual funding notice depends on the number of participants in the plan. Plans must generally distribute the funding notice no later than 120 days after the end of the plan year to which the notice relates – April 30, 2025 for plans with a calendar plan year. However, there is a timing exception for small plans. A plan is considered a small plan for the 2025 plan year if it had 100 or fewer participants on each day during the 2024 plan year. For this purpose, all defined benefit plans which are single-employer plans and are maintained by the same employer (or any member of such employer's controlled group) shall be treated as one plan. For small plans, the funding notice must be distributed no later than the earlier of the date Form 5500 is filed or the deadline for filing Form 5500 (including extensions). **Therefore, you must be certain to distribute the annual funding notice before you file Form 5500.**

Mutual of America provides instructions related to that notice in a separate mailing.

**Re: Defined Benefit Plan 2024 Schedule SB – ACTION REQUIRED**  
**Employer Number: 051-206-K**

Page 3

Posting Form 5500 Actuarial Information

PPA requires that, if a plan sponsor of a defined benefit pension plan maintains an intranet website “for the purpose of communicating with employees and not the public,” the plan sponsor must post the basic Form 5500 itself and the plan’s 2024 Form 5500 Actuarial Information (Schedule SB) on that intranet website. Note that a plan sponsor is not required to establish a website for posting the Form 5500, but only to post it on a website if one already exists.

Please call your Mutual of America Regional Office service representative with any questions about the electronic filing process. For the telephone number or address of the Mutual of America Regional Office nearest you, please visit our Web site, [mutualofamerica.com](http://mutualofamerica.com), and click on “About Us,” or call 1-800-468-3785 and select option 4. For additional information, visit the DOL Web site at [dol.gov](http://dol.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Lin Chen Hung". The signature is written in a cursive, flowing style.

Attachment(s)

<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>2024</b>  <b>This Form is Open to Public Inspection</b>
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 EBP OF THE HOPKINS HOUSE ASSOCIATION	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HOPKINS HOUSE ASSOCIATION	<b>D</b> Employer Identification Number (EIN) 54-0525701	
<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>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	195,421
	<b>b</b> Actuarial value .....	<b>2b</b>	192,913
<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 .....	7	190,477
	<b>b</b> For terminated vested participants .....	0	0
	<b>c</b> For active participants .....	1	11,254
	<b>d</b> Total .....	8	201,731
<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>	5.01%
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	0
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	3,475
	<b>c</b> Target normal cost .....	<b>6c</b>	3,475

**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 CHIEN-HUNG BRINE LIN, FSA, CFA, EA Type or print name of actuary  MUTUAL OF AMERICA Firm name  320 PARK AVENUE NEW YORK NY 10022-6839 Address of the firm	<u>06/27/2025</u> Date  <u>2306666</u> Most recent enrollment number  <u>212-224-1241</u> Telephone number (including area code)
------------------	---	---

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



**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: 4.96 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	-----------------------	---

**b** Applicable month (enter code)..... **21b** 0

**22** Weighted average retirement age ..... **22** 65

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

**Part VI Miscellaneous Items**

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

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

**26** Demographic and benefit information

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

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

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

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

**28** Unpaid minimum required contributions for all prior years ..... **28** 0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0

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

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

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	3,475
<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 .....	8,818	3,417
<b>b</b> Waiver amortization installment .....		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** 6,892

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....			0
<b>36</b> Additional cash requirement (line 34 minus line 35).....			6,892
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			7,058

**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>	166
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) ..... **39** 0

**40** Unpaid minimum required contributions for all years ..... **40** 0

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

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

**Attachment to 2024 Form 5500**

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

**Plan name:** Employee Benefits Plan of The Hopkins House Association

**EIN:** 54-0525701

**Plan sponsor:** The Hopkins House Association

**PN:** 001

**Description of Weighted Average Retirement Age**

Assumed Retirement Age

Age 65, or immediate if beyond age 65