

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 11/30/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [X] the final return/report... C If the plan is a collectively-bargained plan, check here... [] D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program... 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 OTTERBEIN HOMES RETIREMENT PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 07/01/1970
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) OTTERBEIN SENIORLIFE 3855 LOWER MARKET STREET, SUITE 300 LEBANON, OH 45036
2b Employer Identification Number (EIN) 31-0549058
2c Plan Sponsor's telephone number 513-933-5400
2d Business code (see instructions) 623000

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

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	
5 Total number of participants at the beginning of the plan year	5	209
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	64
	6a(2)	0
	6b	0
	6c	0
	6d	0
	6e	0
	6f	0
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I 1H 3H

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 11/30/2024

▶ **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.

A Name of plan <u>OTTERBEIN HOMES RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>OTTERBEIN SENIORLIFE</u>	D Employer Identification Number (EIN) <u>31-0549058</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I	Basic Information		
1	Enter the valuation date:	Month <u>01</u>	Day <u>01</u> Year <u>2024</u>
2	Assets:		
	a Market value	2a	<u>14713473</u>
	b Actuarial value	2b	<u>16184820</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>28</u>	<u>1607174</u>
	b For terminated vested participants	<u>117</u>	<u>3842062</u>
	c For active participants	<u>64</u>	<u>6777050</u>
	d Total	<u>209</u>	<u>12226286</u>
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	<u>5.22 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>40000</u>
	c Target normal cost	6c	<u>40000</u>

Statement by Enrolled Actuary

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

SIGN HERE		
	Signature of actuary	<u>09/11/2025</u>
	<u>MARK W. SCHULTE, FSA, EA</u>	Date
	Type or print name of actuary	<u>23-06919</u>
	<u>VIA ACTUARIAL SOLUTIONS</u>	Most recent enrollment number
	Firm name	<u>612-596-5971</u>
	<u>121 N WASHINGTON AVE, 4TH FLOOR</u>	Telephone number (including area code)
	<u>MINNEAPOLIS, MN 55401</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

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	2506814
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	20506
9	Amount remaining (line 7 minus line 8)	0	2486308
10	Interest on line 9 using prior year's actual return of <u>17.17</u> %	0	426899
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		367
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>5.38</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		63
c	Total available at beginning of current plan year to add to prefunding balance		430
d	Portion of (c) to be added to prefunding balance		0
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	2913207

Part III Funding Percentages			
14	Funding target attainment percentage	14	107.92 %
15	Adjusted funding target attainment percentage	15	112.06 %
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	94.33 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls							
18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
Totals ▶			18(b)	0	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 0	
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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	
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	31a	40000
b Excess assets, if applicable, but not greater than line 31a	31b	40000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0

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

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

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **11/30/2024**

A Name of plan OTTERBEIN HOMES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 OTTERBEIN SENIORLIFE	D Employer Identification Number (EIN) 31-0549058	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

HIGHLAND ASSOCIATES

2545 HIGHLAND AVENUE SOUTH
SUITE 200
BIRMINGHAM, MN 35202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	9418	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FIFTH THIRD BANK RETIREMENT SERVICE

38 FOUNTAIN SQUARE PLAZA
CINCINNATI, OH 45263

31-1051736

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	5986	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 11/30/2024	
A Name of plan OTTERBEIN HOMES RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 OTTERBEIN SENIORLIFE	D Employer Identification Number (EIN) 31-0549058

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	3658113	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	16389	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	11038971	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	14713473	0
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	14713473	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	-2925855	
(B) Participants.....	2a(1)(B)	0	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		-2925855
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	0	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	0	
(B) Other.....	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		-17724
d Total income. Add all income amounts in column (b) and enter total	2d		-2943579

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11754527	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		11754527
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	9399	
(6) Bank or trust company trustee/custodial fees	2i(6)	5968	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		15367
j Total expenses. Add all expense amounts in column (b) and enter total	2j		11769894

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-14713473
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CLIFTONLARSONALLEN, LLP

(2) EIN: 41-0746749

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 2925855.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 551403.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **11/30/2024**

A Name of plan OTTERBEIN HOMES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 OTTERBEIN SENIORLIFE	D Employer Identification Number (EIN) 31-0549058	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	----------	----------

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	143
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

OTTERBEIN HOMES RETIREMENT PLAN
FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULE
FOR THE PERIOD ENDED NOVEMBER 30, 2024 (IN LIQUIDATION)
AND YEAR ENDED DECEMBER 31, 2023



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**OTTERBEIN HOMES RETIREMENT PLAN
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INDEPENDENT AUDITORS' REPORT

Plan Administrator
Otterbein Homes Retirement Plan
Cincinnati, Ohio

Report on the Audit of the Financial Statements

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of Otterbein Homes Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of November 30, 2024 (in liquidation) and December 31, 2023 (ongoing), and the related statements of changes in net assets available for benefits for the period ended November 30, 2024 (in liquidation) and year ended December 31, 2023 (ongoing), and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of November 30, 2024 and December 31, 2023, and for period ended November 30, 2024 and year ended December 31, 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Otterbein Homes Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter

As discussed in Notes 1, 2, and 6 to the financial statements, the Board of Directors authorized the termination of the Plan, and plan management determined liquidation is imminent during 2024. In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting from the ongoing plan basis used in presenting the 2023 financial statements to the liquidation basis used in presenting the 2024 financial statements. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Otterbein Homes Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule of reportable transactions for the period ended November 30, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



CliftonLarsonAllen LLP

St. Louis, Missouri
September 9, 2025

**OTTERBEIN HOMES RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF NOVEMBER 30, 2024 (IN LIQUIDATION) AND
DECEMBER 31, 2023 (ONGOING)**

	<u>(In Liquidation) 2024</u>	<u>(Ongoing) 2023</u>
ASSETS		
CASH	\$ -	\$ 1
INVESTMENTS (at Fair Value)		
Money Market	-	3,658,112
Mutual Funds	-	11,038,971
Total Investments at Fair Value	<u>-</u>	<u>14,697,083</u>
INTEREST RECEIVABLE	<u>-</u>	<u>16,389</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ -</u></u>	<u><u>\$ 14,713,473</u></u>

See accompanying Notes to Financial Statements.

**OTTERBEIN HOMES RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE PERIOD ENDED NOVEMBER 30, 2024 (IN LIQUIDATION) AND
YEAR ENDED DECEMBER 31, 2023 (ONGOING)**

	(In Liquidation) <u>2024</u>	(Ongoing) <u>2023</u>
ADDITIONS:		
INVESTMENT INCOME (LOSS)		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ (103,190)	\$ 1,247,666
Interest and Dividends	101,316	220,079
Total Investment Income (Loss)	<u>(1,874)</u>	<u>1,467,745</u>
EMPLOYER CONTRIBUTIONS	<u>-</u>	<u>555,000</u>
Total Additions	(1,874)	2,022,745
DEDUCTIONS:		
BENEFIT PAYMENTS	8,140,411	111,931
PURCHASE OF ANNUITY CONTRACTS	3,614,116	-
REVERSION OF ASSETS TO SPONSOR	2,925,855	-
ADMINISTRATIVE EXPENSES	<u>31,217</u>	<u>46,062</u>
Total Deductions	<u>14,711,599</u>	<u>157,993</u>
NET INCREASE (DECREASE)	(14,713,473)	1,864,752
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	<u>14,713,473</u>	<u>12,848,721</u>
End of Year	<u>\$ -</u>	<u>\$ 14,713,473</u>

See accompanying Notes to Financial Statements.

**OTTERBEIN HOMES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 30, 2024 AND DECEMBER 31, 2023**

NOTE 1 DESCRIPTION OF PLAN

The following description of Otterbein Homes Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit plan covering substantially all employees of Otterbein Homes (the Employer) employed prior to Plan freeze date January 1, 2007. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Termination

In 2023, the Board of Directors approved to amend and terminate the Plan effective March 15, 2024 (see Note 6). As part of the plan for liquidation, the Plan was amended to allow for a lump sum distribution or purchase of an annuity. The Plan administrator notified eligible participants of their options, subject to amended provisions. In June 2024, \$8,039,223 in lump sum payments were paid out to participants who elected this option.

The Plan signed an agreement, dated July 22, 2024, with United of Omaha Life Insurance Company (United of Omaha) to annuitize the remaining accumulated plan benefits and transfer liability to United of Omaha, with a benefit commencement date of October 1, 2024. Net premiums paid to Western-Southern totaled \$3,614,116.

Management has deemed liquidation to be imminent as of July 22, 2024, as distributions commenced under the plan of liquidation. Excess funds of \$2,925,855 reverted to the Plan Sponsor on October 16, 2024. The Plan of liquidation was completed as of November 30, 2024.

Pension Benefits

At the normal retirement age of 65, a participant completing 1,000 hours of service during a Plan year is entitled to receive a monthly pension benefit for life. The accrued benefit is computed as 1-1/3% of average compensation for each year of credited service as of December 31, 1998, plus 1% average compensation for each year of credited service after December 31, 1998, and 0.75% for each year of credited service after December 31, 2006.

Average compensation is equal to the highest average compensation for the five consecutive calendar years out of the last 10 consecutive calendar years immediately preceding retirement, termination, or death, whichever occurs first, during which a participant worked at least 1,000 hours.

The Plan permits early retirement upon the completion of five years of service and the attainment of age 62. If employees terminate before rendering five years of service, they will forfeit the right to receive the portion of their accumulated plan benefits.

**OTTERBEIN HOMES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 30, 2024 AND DECEMBER 31, 2023**

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Pension Benefits (Continued)

If a married participant dies after five or more years of service prior to reaching early retirement age, the death benefit to the spouse will be calculated assuming the participant lived to the early retirement age, elected a joint and one half survivor benefit, and died the next day. If a married participant dies after having become eligible for early retirement, the death benefit to the spouse will be calculated assuming the participant had elected a joint and one-half survivor benefit on the day prior to death.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The Employer contribution requirements are determined annually by an independent actuary, Van Iwaarden Associates, as of January 1 of the Plan year. There was no minimum funding requirement of ERISA for the period ended November 30, 2024. The Employer met the minimum funding requirement of ERISA for the year ended December 31, 2023.

The Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to ERISA provisions (see Note 6).

Basis of Accounting

As a result of the Plan termination effective March 15, 2024, Plan management determined liquidation of the Plan is imminent during 2024 when distributions under the plan of liquidation commenced. In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting from the going concern basis used in presenting the 2023 financial statements to the liquidation basis used in presenting the 2024 financial statements.

Under the liquidation basis of accounting, assets are stated at their estimated net realized cash value expected to be collected in settling or disposing of assets during the liquidation process and liabilities are stated at their anticipated settlement amounts. Investments are stated at fair value which approximates the amount the Plan expects to collect. All expenses and income incurred as a result of the termination and liquidation have been recognized in the financial statements as of November 30, 2024.

Use of Estimates

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

**OTTERBEIN HOMES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 30, 2024 AND DECEMBER 31, 2023**

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

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

Benefit Payments

Benefit payments are recorded when paid.

Administrative Expenses

The Plan's expenses are paid by either the Plan or the Employer as provided by the Plan document. Expenses that are paid directly by the Employer are excluded from these financial statements. Investment-related expenses are included in net appreciation (depreciation) of fair value of Investments presented in the accompanying statements of changes in net assets available for benefits.

Subsequent Events

The Plan has evaluated subsequent events through September 9, 2025, the date the financial statements were available to be issued.

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

- a. retired or terminated employees or their beneficiaries,
- b. beneficiaries of employees who have died, and
- c. present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined as of the beginning of the Plan year by an independent actuary, Van Iwaarden Associates, for December 31, 2023, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

**OTTERBEIN HOMES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 30, 2024 AND DECEMBER 31, 2023**

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The Plan's significant actuarial assumptions used in the valuations as of December 31, 2023 were:

- a. Life Expectancy of Participants (Pri-2012 blue collar table projected generationally using scale MP-2021).
- b. Retirement Age Assumptions (30% retiring at age 62 to 100% at age 70).
- c. Investment Return 4.50%.

The foregoing actuarial assumptions are based on the presumption that the Plan will terminate effective March 15, 2024. Under the plan of liquidation, the Plan satisfied all obligations by distribution of benefits to participants or transfer to an insurance carrier during 2024 as described in Note 1.

The following is a summary of actuarial present value of accumulated plan benefits as of December 31, 2023:

Actuarial Present Value of Accumulated

Plan Benefits:

Vested Benefits:

Participants Currently Receiving Payments	\$ 1,667,521
Active and Inactive Participants	11,951,053
Total Vested Benefits	<u>13,618,574</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 13,618,574</u>

The changes in the actuarial present value of accumulated plan benefits are summarized as follows for the period December 31, 2023:

Actuarial Present Value of Accumulated Plan

Benefits - Beginning of Period	\$ 11,037,937
Increase (Decrease) Attributable to:	
Benefits Paid	(112,121)
Benefits Accumulated	221,678
Change in Actuarial Assumptions or Methods	1,867,077
Interest	604,003
Net Changes	<u>2,580,637</u>
Actuarial Present Value of Accumulated Plan Benefits - End of Year	<u>\$ 13,618,574</u>

The changes in assumptions since last year are as follows:

The long-term investment return assumption was lowered from 5.50% to 4.50% to reflect the Plan's updated investment portfolio and shortened investment return horizon pending the 2024 Plan termination.

**OTTERBEIN HOMES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 30, 2024 AND DECEMBER 31, 2023**

NOTE 4 CERTIFICATION OF INVESTMENT INFORMATION

Fifth Third Bank, the qualified institution of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of investment information reflected on the accompanying statements of net assets available for benefits as of November 30, 2024 and December 31, 2023, the statements of changes in net assets available for benefits for the period ended November 30, 2024 and year ended December 31, 2023, and the schedule of reportable transactions for the period ended November 30, 2024.

NOTE 5 FAIR VALUE OF INVESTMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair market value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

**OTTERBEIN HOMES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 30, 2024 AND DECEMBER 31, 2023**

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

Following is a description of the valuation techniques used for assets measured at fair value. There have been no changes in the valuation methodologies used at November 30, 2024 and 2023.

Mutual Funds and Money Market Funds – Valued at the daily closing price as reported by the fund. Mutual funds and money market funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds and money market funds held by the Plan are deemed to be actively traded.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	2023 (Ongoing)			Total
	Level 1	Level 2	Level 3	
Money Market Funds	\$ 3,658,112	\$ -	\$ -	\$ 3,658,112
Mutual Funds	11,038,971	-	-	11,038,971
Total Investments at Fair Value	\$ 14,697,083	\$ -	\$ -	\$ 14,697,083

NOTE 6 PLAN TERMINATION

The Board of Directors has resolved to terminate the Plan effective March 15, 2024, as disclosed in Note 1. As of the effective date of termination, all participants became fully vested and the net assets of the Plan were allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

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

**OTTERBEIN HOMES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 30, 2024 AND DECEMBER 31, 2023**

NOTE 6 PLAN TERMINATION (CONTINUED)

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

The Plan was fully funded and participants received 100% of their vested benefits in the form of a lump-sum distribution or transferred to an insurance carrier based on up the participants' election.

NOTE 7 PLAN TAX STATUS

The Plan is placing reliance on a determination letter received from the Internal Revenue Service on the Plan indicating that the Plan is designed in accordance with the applicable section of the Internal Revenue Code. The Plan has been amended since receiving the opinion letter. Therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8 RISK AND UNCERTAINTIES

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

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

**OTTERBEIN HOMES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 30, 2024 AND DECEMBER 31, 2023**

NOTE 9 PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Fifth Third Bank, the qualified institution of the Plan. Van Iwaarden Associates is the actuary of the Plan. Therefore, these transactions qualify as party-in-interest transactions. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

OTTERBEIN HOMES RETIREMENT PLAN
E.I.N. 43-0681477 PLAN NO. 001
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
NOVEMBER 30, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(l)
Identity of Party Involved	Description of Asset/ Transaction	Purchase Price	Selling Price	Cost	Current Value	Net Gain (Loss)
	See attached Schedule					

SINGLE TRANSACTION EXCEEDS 5%		01-01-002-9668500			01/01/24 THROUGH 12/31/24			
		VALUATION	14,713,472.88 THRESHOLD	735,673.64				
ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	SAL	01/31/24	2,495,603.000	2,495,603.00	.00	.00	2,495,603.00	.00
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	PUR	05/31/24	968,986.000	968,986.00	.00	.00	968,986.00	.00
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	PUR	05/31/24	4,051,755.000	4,051,755.00	.00	.00	4,051,755.00	.00
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	SAL	06/30/24	3,721,559.000	3,721,559.00	.00	.00	3,721,559.00	.00
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	PUR	07/31/24	2,891,415.000	2,891,415.00	.00	.00	2,891,415.00	.00
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	SAL	07/31/24	1,669,803.000	1,669,803.00	.00	.00	1,669,803.00	.00
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	SAL	10/31/24	2,882,140.000	2,882,140.00	.00	.00	2,882,140.00	.00
PIMCO LT US GOVT I	SAL	05/17/24	68,246.110	965,000.00	.00	.00	1,016,636.53	-51,636.53
PIMCO LT US GOVT I	SAL	07/10/24	94,555.937	1,343,639.86	.00	.00	1,408,564.09	-64,924.23
PIMCO INVESTMENT GRADE CREDIT BOND FUND INST	SAL	05/17/24	127,118.644	1,125,000.00	.00	.00	1,135,911.53	-10,911.53
PIMCO INVESTMENT GRADE CREDIT BOND FUND INST	SAL	07/10/24	153,542.957	1,368,067.75	.00	.00	1,372,034.88	-3,967.13
PIMCO LONG-TERM CREDIT BOND FUND INST	PUR	01/08/24	179,984.041	1,607,257.49	.00	.00	1,607,257.49	.00
PIMCO LONG-TERM CREDIT BOND FUND INST	SAL	05/17/24	325,963.719	2,875,000.00	.00	.00	2,960,126.13	-85,126.13
PIMCO LONG-TERM CREDIT BOND FUND INST	SAL	06/28/24	131,638.418	1,165,000.00	.00	.00	1,195,428.50	-30,428.50

SINGLE TRANSACTION EXCEEDS 5% 01-01-002-9668500 01/01/24 THROUGH 12/31/24

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	VALUATION	THRESHOLD	NET GAIN/LOSS
PIMCO LONG-TERM CREDIT BOND FUND INST	SAL	07/10/24	422,677.135	3,740,692.64	.00	.00	3,838,395.37	14,713,472.88	735,673.64	-97,702.73
	4 PURCHASES FOR		9,519,413.49	11 SALES FOR	23,351,505.25					

5% REPORT BY ASSET-AGGREGATE

01-01-002-9668500

01/01/24 THROUGH 12/31/24

VALUATION 14,713,472.88 THRESHOLD 735,673.64

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
PIMCO LT US GOVT I	PUR	01/08/24	39,722.732	581,938.02	.00	.00	581,938.02	.00
	SAL	05/17/24	68,246.110	965,000.00	.00	.00	1,016,636.53	-51,636.53
	SAL	06/28/24	31,494.413	451,000.00	.00	.00	469,160.38	-18,160.38
	SAL	07/10/24	94,555.937	1,343,639.86	.00	.00	1,408,564.09	-64,924.23
	1 PURCHASES FOR		581,938.02	3 SALES FOR	2,759,639.86	ISSUE AGGREGATE TOTAL	3,341,577.88	
PIMCO INVESTMENT GRADE CREDIT BOND FUND INST	PUR	01/08/24	65,533.561	581,938.02	.00	.00	581,938.02	.00
	SAL	05/17/24	127,118.644	1,125,000.00	.00	.00	1,135,911.53	-10,911.53
	SAL	06/28/24	43,243.243	384,000.00	.00	.00	386,414.59	-2,414.59
	SAL	07/10/24	153,542.957	1,368,067.75	.00	.00	1,372,034.88	-3,967.13
	1 PURCHASES FOR		581,938.02	3 SALES FOR	2,877,067.75	ISSUE AGGREGATE TOTAL	3,459,005.77	
PIMCO LONG-TERM CREDIT BOND FUND INST	PUR	01/08/24	179,984.041	1,607,257.49	.00	.00	1,607,257.49	.00
	SAL	05/17/24	325,963.719	2,875,000.00	.00	.00	2,960,126.13	-85,126.13
	SAL	06/28/24	131,638.418	1,165,000.00	.00	.00	1,195,428.50	-30,428.50
	SAL	07/10/24	422,677.135	3,740,692.64	.00	.00	3,838,395.37	-97,702.73
	1 PURCHASES FOR		1,607,257.49	3 SALES FOR	7,780,692.64	ISSUE AGGREGATE TOTAL	9,387,950.13	
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	SAL	01/31/24	6,970.000	6,970.00	.00	.00	6,970.00	.00
	PUR	01/31/24	455,138.000	455,138.00	.00	.00	455,138.00	.00
	SAL	01/31/24	705,351.000	705,351.00	.00	.00	705,351.00	.00
	SAL	01/31/24	2,495,603.000	2,495,603.00	.00	.00	2,495,603.00	.00
	SAL	02/29/24	9,453.000	9,453.00	.00	.00	9,453.00	.00
	PUR	02/29/24	47,618.000	47,618.00	.00	.00	47,618.00	.00
	PUR	02/29/24	1,402.000	1,402.00	.00	.00	1,402.00	.00
	SAL	03/31/24	10,401.000	10,401.00	.00	.00	10,401.00	.00
	PUR	03/31/24	49,382.000	49,382.00	.00	.00	49,382.00	.00
	PUR	03/31/24	9.000	9.00	.00	.00	9.00	.00
	SAL	04/30/24	9,130.000	9,130.00	.00	.00	9,130.00	.00
	PUR	04/30/24	53,339.000	53,339.00	.00	.00	53,339.00	.00
	PUR	04/30/24	9.000	9.00	.00	.00	9.00	.00
	SAL	05/31/24	66,675.000	66,675.00	.00	.00	66,675.00	.00
	PUR	05/31/24	968,986.000	968,986.00	.00	.00	968,986.00	.00
	PUR	05/31/24	4,051,755.000	4,051,755.00	.00	.00	4,051,755.00	.00
	SAL	05/31/24	2,141.000	2,141.00	.00	.00	2,141.00	.00
	SAL	06/30/24	316,454.000	316,454.00	.00	.00	316,454.00	.00
	PUR	06/30/24	57,986.000	57,986.00	.00	.00	57,986.00	.00
	SAL	06/30/24	3,721,559.000	3,721,559.00	.00	.00	3,721,559.00	.00
PUR	06/30/24	6.000	6.00	.00	.00	6.00	.00	
PUR	07/31/24	2,891,415.000	2,891,415.00	.00	.00	2,891,415.00	.00	
SAL	07/31/24	1,669,803.000	1,669,803.00	.00	.00	1,669,803.00	.00	

5% REPORT BY ASSET-AGGREGATE

01-01-002-9668500

01/01/24 THROUGH 12/31/24

VALUATION 14,713,472.88 THRESHOLD 735,673.64

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
FEDERATED								
GOVERNMENT OBLIGATIONS PREMIER	SAL	07/31/24	330,196.000	330,196.00	.00	.00	330,196.00	.00
	SAL	07/31/24	6.000	6.00	.00	.00	6.00	.00
	PUR	08/31/24	12,610.000	12,610.00	.00	.00	12,610.00	.00
	SAL	08/31/24	12,805.000	12,805.00	.00	.00	12,805.00	.00
	PUR	08/31/24	7,912.000	7,912.00	.00	.00	7,912.00	.00
	PUR	09/30/24	12,807.000	12,807.00	.00	.00	12,807.00	.00
	PUR	09/30/24	3,530.000	3,530.00	.00	.00	3,530.00	.00
	SAL	09/30/24	7,912.000	7,912.00	.00	.00	7,912.00	.00
	SAL	10/31/24	25,417.000	25,417.00	.00	.00	25,417.00	.00
	SAL	10/31/24	2,882,140.000	2,882,140.00	.00	.00	2,882,140.00	.00
16 PURCHASES FOR		8,613,904.00	17 SALES FOR	12,272,016.00	ISSUE AGGREGATE TOTAL		20,885,920.00	



CLA (CliftonLarsonAllen LLP) is a network member of CLA Global. See CLAGlobal.com/disclaimer. Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.

Attachment to 2024 Form 5500

Plan Name: Otterbein Homes Retirement Plan EIN: 31-0549058 PN: 001

Schedule SB, Line 26 - Schedule of Active Participant Data

Attained Age	Years of credited service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25											0
25 to 29											0
30 to 34											0
35 to 39			1		1						2
40 to 44					1						1
45 to 49				1	4	4	2				11
50 to 54			1		1	6	6	2			16
55 to 59				1		5	3	5			14
60 to 64					1	3	3	2	2	3	14
65 to 69					1	1	2		1	1	6
70 & up											0
Total	0	0	2	2	9	19	16	9	3	4	64

Attachment to 2024 Form 5500

Plan Name: Otterbein Homes Retirement Plan EIN: 31-0549058 PN: 001

Schedule SB, Part V - Statement of Actuarial Assumptions and Methods

	<u>January 1, 2024</u>	<u>January 1, 2023</u>
1) Economic assumptions		
Interest rates ¹		
Segmented yield curve		
- Segment 1 (for years 1 - 5)	4.75%	4.75%
- Segment 2 (for years 6 - 20)	4.87%	5.00%
- Segment 3 (for year 21 and beyond)	5.59%	5.74%
Resulting effective interest rate	5.22%	5.37%
Pre-MAP-21 Interest rates ¹		
Segmented yield curve		
- Segment 1 (for years 1 - 5)	3.62%	1.41%
- Segment 2 (for years 6 - 20)	4.46%	3.09%
- Segment 3 (for year 21 and beyond)	4.52%	3.58%
Resulting effective interest rate	4.47%	3.35%
Price inflation	2.50%	2.50%
Annual salary increase rate	N/A	3.00%
Expected return on assets	4.50%	5.50%
Expected expenses payable from trust	\$40,000	\$19,000

¹ The funding interest rate and mortality assumptions are prescribed by the Pension Protection Act of 2006 and subsequent legislation. They are used to calculate the Funding Target, the Target Normal Cost, and shortfall amortization factors and present values.

Attachment to 2024 Form 5500

Plan Name: Otterbein Homes Retirement Plan EIN: 31-0549058 PN: 001

Schedule SB, Part V - Statement of Actuarial Assumptions and Methods

2) Demographic assumptions

Mortality¹ 2024 Combined Static Mortality Table, with no provision for future mortality improvement.

Termination 150% of the Society of Actuaries 2003 Pension Plan Turnover Study Basic Age Table.

<u>Age</u>	<u>Rate</u>
25	27.77%
35	13.17%
45	9.32%
55	4.38%
65	4.23%

Retirement Rates varying by age. Sample rates are as follows:

<u>Age</u>	<u>Rate</u>
62	30%
63	15%
64	20%
65	75%
66-69	80%
70+	100%

Form of payment It is assumed that 70% of future retirees elect a life annuity and 30% elect a 100% joint & survivor annuity.

Percentage married 70% of male participants and 25% of females are assumed to be married.

Spouse ages Based on actual spouse birth dates when available, otherwise female beneficiaries are assumed to be four years younger and male beneficiaries one year older than participant.

Valuation pay Not applicable since the plan accruals were frozen as of December 31, 2023.

¹ The funding interest rate and mortality assumptions are prescribed by the Pension Protection Act of 2006 and subsequent legislation. They are used to calculate the Funding Target, the Target Normal Cost, and shortfall amortization factors and present values.

3) Actuarial methods

Cost method	Unit credit
Asset valuation	
Actuarial value of asset	Market value of assets plus discounted contributions receivable plus smoothed investment gains and losses over prior two plan years.

Models Used The results in this report are based on an actuarial valuation model with three components as outlined in Actuarial Standard of Practice No. 56 - Modeling (ASOP 56):

1. Information inputs including the data, assumptions, methods, and plan provisions outlined in this report,
2. Processing by ProVal[®] actuarial software, and
3. Our report template which translates the ProVal[®] output into valuation results.

The model is intended to convert the information input above to usable actuarial valuation results. We have reviewed the software's output for reasonableness, and have independently checked sample one-person output where appropriate, but have otherwise relied on it.

Other models used in this actuarial valuation include:

- Expected investment return model based on the Horizon Actuarial Services 2024 Survey of Capital Market Assumptions and the fund's asset allocation

OTTERBEIN HOMES RETIREMENT PLAN
E.I.N. 43-0681477 PLAN NO. 001
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
NOVEMBER 30, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(l)
Identity of Party Involved	Description of Asset/ Transaction	Purchase Price	Selling Price	Cost	Current Value	Net Gain (Loss)
	See attached Schedule					

SINGLE TRANSACTION EXCEEDS 5%		01-01-002-9668500			01/01/24 THROUGH 12/31/24			
		VALUATION	14,713,472.88 THRESHOLD	735,673.64				
ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	SAL	01/31/24	2,495,603.000	2,495,603.00	.00	.00	2,495,603.00	.00
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	PUR	05/31/24	968,986.000	968,986.00	.00	.00	968,986.00	.00
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	PUR	05/31/24	4,051,755.000	4,051,755.00	.00	.00	4,051,755.00	.00
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	SAL	06/30/24	3,721,559.000	3,721,559.00	.00	.00	3,721,559.00	.00
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	PUR	07/31/24	2,891,415.000	2,891,415.00	.00	.00	2,891,415.00	.00
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	SAL	07/31/24	1,669,803.000	1,669,803.00	.00	.00	1,669,803.00	.00
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	SAL	10/31/24	2,882,140.000	2,882,140.00	.00	.00	2,882,140.00	.00
PIMCO LT US GOVT I	SAL	05/17/24	68,246.110	965,000.00	.00	.00	1,016,636.53	-51,636.53
PIMCO LT US GOVT I	SAL	07/10/24	94,555.937	1,343,639.86	.00	.00	1,408,564.09	-64,924.23
PIMCO INVESTMENT GRADE CREDIT BOND FUND INST	SAL	05/17/24	127,118.644	1,125,000.00	.00	.00	1,135,911.53	-10,911.53
PIMCO INVESTMENT GRADE CREDIT BOND FUND INST	SAL	07/10/24	153,542.957	1,368,067.75	.00	.00	1,372,034.88	-3,967.13
PIMCO LONG-TERM CREDIT BOND FUND INST	PUR	01/08/24	179,984.041	1,607,257.49	.00	.00	1,607,257.49	.00
PIMCO LONG-TERM CREDIT BOND FUND INST	SAL	05/17/24	325,963.719	2,875,000.00	.00	.00	2,960,126.13	-85,126.13
PIMCO LONG-TERM CREDIT BOND FUND INST	SAL	06/28/24	131,638.418	1,165,000.00	.00	.00	1,195,428.50	-30,428.50

SINGLE TRANSACTION EXCEEDS 5% 01-01-002-9668500 01/01/24 THROUGH 12/31/24

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	VALUATION	THRESHOLD	NET GAIN/LOSS
PIMCO LONG-TERM CREDIT BOND FUND INST	SAL	07/10/24	422,677.135	3,740,692.64	.00	.00	3,838,395.37	14,713,472.88	735,673.64	-97,702.73
	4 PURCHASES FOR		9,519,413.49	11 SALES FOR	23,351,505.25					

5% REPORT BY ASSET-AGGREGATE 01-01-002-9668500 01/01/24 THROUGH 12/31/24

VALUATION 14,713,472.88 THRESHOLD 735,673.64

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
PIMCO LT US GOVT I	PUR	01/08/24	39,722.732	581,938.02	.00	.00	581,938.02	.00
	SAL	05/17/24	68,246.110	965,000.00	.00	.00	1,016,636.53	-51,636.53
	SAL	06/28/24	31,494.413	451,000.00	.00	.00	469,160.38	-18,160.38
	SAL	07/10/24	94,555.937	1,343,639.86	.00	.00	1,408,564.09	-64,924.23
	1 PURCHASES FOR		581,938.02	3 SALES FOR	2,759,639.86	ISSUE AGGREGATE TOTAL	3,341,577.88	
PIMCO INVESTMENT GRADE CREDIT BOND FUND INST	PUR	01/08/24	65,533.561	581,938.02	.00	.00	581,938.02	.00
	SAL	05/17/24	127,118.644	1,125,000.00	.00	.00	1,135,911.53	-10,911.53
	SAL	06/28/24	43,243.243	384,000.00	.00	.00	386,414.59	-2,414.59
	SAL	07/10/24	153,542.957	1,368,067.75	.00	.00	1,372,034.88	-3,967.13
	1 PURCHASES FOR		581,938.02	3 SALES FOR	2,877,067.75	ISSUE AGGREGATE TOTAL	3,459,005.77	
PIMCO LONG-TERM CREDIT BOND FUND INST	PUR	01/08/24	179,984.041	1,607,257.49	.00	.00	1,607,257.49	.00
	SAL	05/17/24	325,963.719	2,875,000.00	.00	.00	2,960,126.13	-85,126.13
	SAL	06/28/24	131,638.418	1,165,000.00	.00	.00	1,195,428.50	-30,428.50
	SAL	07/10/24	422,677.135	3,740,692.64	.00	.00	3,838,395.37	-97,702.73
	1 PURCHASES FOR		1,607,257.49	3 SALES FOR	7,780,692.64	ISSUE AGGREGATE TOTAL	9,387,950.13	
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	SAL	01/31/24	6,970.000	6,970.00	.00	.00	6,970.00	.00
	PUR	01/31/24	455,138.000	455,138.00	.00	.00	455,138.00	.00
	SAL	01/31/24	705,351.000	705,351.00	.00	.00	705,351.00	.00
	SAL	01/31/24	2,495,603.000	2,495,603.00	.00	.00	2,495,603.00	.00
	SAL	02/29/24	9,453.000	9,453.00	.00	.00	9,453.00	.00
	PUR	02/29/24	47,618.000	47,618.00	.00	.00	47,618.00	.00
	PUR	02/29/24	1,402.000	1,402.00	.00	.00	1,402.00	.00
	SAL	03/31/24	10,401.000	10,401.00	.00	.00	10,401.00	.00
	PUR	03/31/24	49,382.000	49,382.00	.00	.00	49,382.00	.00
	PUR	03/31/24	9.000	9.00	.00	.00	9.00	.00
	SAL	04/30/24	9,130.000	9,130.00	.00	.00	9,130.00	.00
	PUR	04/30/24	53,339.000	53,339.00	.00	.00	53,339.00	.00
	PUR	04/30/24	9.000	9.00	.00	.00	9.00	.00
	SAL	05/31/24	66,675.000	66,675.00	.00	.00	66,675.00	.00
	PUR	05/31/24	968,986.000	968,986.00	.00	.00	968,986.00	.00
	PUR	05/31/24	4,051,755.000	4,051,755.00	.00	.00	4,051,755.00	.00
	SAL	05/31/24	2,141.000	2,141.00	.00	.00	2,141.00	.00
	SAL	06/30/24	316,454.000	316,454.00	.00	.00	316,454.00	.00
	PUR	06/30/24	57,986.000	57,986.00	.00	.00	57,986.00	.00
	SAL	06/30/24	3,721,559.000	3,721,559.00	.00	.00	3,721,559.00	.00
PUR	06/30/24	6.000	6.00	.00	.00	6.00	.00	
PUR	07/31/24	2,891,415.000	2,891,415.00	.00	.00	2,891,415.00	.00	
SAL	07/31/24	1,669,803.000	1,669,803.00	.00	.00	1,669,803.00	.00	

5% REPORT BY ASSET-AGGREGATE

01-01-002-9668500

01/01/24 THROUGH 12/31/24

VALUATION 14,713,472.88 THRESHOLD 735,673.64

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
FEDERATED								
GOVERNMENT OBLIGATIONS PREMIER	SAL	07/31/24	330,196.000	330,196.00	.00	.00	330,196.00	.00
	SAL	07/31/24	6.000	6.00	.00	.00	6.00	.00
	PUR	08/31/24	12,610.000	12,610.00	.00	.00	12,610.00	.00
	SAL	08/31/24	12,805.000	12,805.00	.00	.00	12,805.00	.00
	PUR	08/31/24	7,912.000	7,912.00	.00	.00	7,912.00	.00
	PUR	09/30/24	12,807.000	12,807.00	.00	.00	12,807.00	.00
	PUR	09/30/24	3,530.000	3,530.00	.00	.00	3,530.00	.00
	SAL	09/30/24	7,912.000	7,912.00	.00	.00	7,912.00	.00
	SAL	10/31/24	25,417.000	25,417.00	.00	.00	25,417.00	.00
	SAL	10/31/24	2,882,140.000	2,882,140.00	.00	.00	2,882,140.00	.00
16 PURCHASES FOR		8,613,904.00	17 SALES FOR	12,272,016.00	ISSUE AGGREGATE TOTAL		20,885,920.00	

**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

2024

**This Form is Open to Public
Inspection**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 11/30/2024

▶ **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.

A Name of plan OTTERBEIN HOMES RETIREMENT PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF OTTERBEIN SENIORLIFE		D Employer Identification Number (EIN) 31-0549058	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:

a Market value	2a	14,713,473
b Actuarial value	2b	16,184,820

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	28	1,607,174	1,607,174
b For terminated vested participants	117	3,842,062	3,842,062
c For active participants	64	6,777,050	6,847,463
d Total	209	12,226,286	12,296,699

4 If the plan is in at-risk status, check the box and complete lines (a) and (b)

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	

5 Effective interest rate

5	5.22%
----------	-------

6 Target normal cost

a Present value of current plan year accruals	6a	0
b Expected plan-related expenses	6b	40,000
c Target normal cost	6c	40,000

Statement by Enrolled Actuary

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

SIGN HERE	<u>Mark Schulte</u> <i>MS</i>	<u>9/11/2025</u>
	Signature of actuary	Date
	MARK W. SCHULTE, FSA, EA	2306919
	Type or print name of actuary	Most recent enrollment number
	VIA Actuarial Solutions	612-596-5971
	Firm name	Telephone number (including area code)
	121 N Washington Ave, 4th Floor	
	Minneapolis MN 55401	
	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:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
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 40,000
b Excess assets, if applicable, but not greater than line 31a				31b 40,000
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
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 0
	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 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

Attachment to the 2024 Form 5500

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name: Otterbein Homes Retirement Plan EIN: 31-0549058 PN: 001

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) x (b) x (c)
62	30%	1.0000	18.60
63	15%	0.7000	6.62
64	20%	0.5950	7.62
65	75%	0.4760	23.21
66	80%	0.1190	6.28
67	80%	0.0238	1.28
68	80%	0.0048	0.26
69	80%	0.0010	0.05
70	100%	0.0002	0.01
		Weighted Average	63.92

Attachment to 2024 Form 5500

Plan Name: Otterbein Homes Retirement Plan EIN: 31-0549058 PN: 001

Schedule SB, Line 24 - Change in Actuarial Assumptions

The following changes were made to the non-prescribed actuarial assumptions since the prior year's filing:

- The funding mortality table was changed from the static separate annuitant and non-annuitant mortality tables to the small plan combined table.
- The long-term investment return assumption was lowered from 5.50% to 4.50% to reflect the plan's updated investment portfolio and shortened invested return horizon pending the 2024 plan termination.

Attachment to 2024 Form 5500

Plan Name: Otterbein Homes Retirement Plan EIN: 31-0549058 PN: 001

Schedule SB, Line 26 - Schedule of Active Participant Data

Attained Age	Years of credited service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25											0
25 to 29											0
30 to 34											0
35 to 39			1		1						2
40 to 44					1						1
45 to 49				1	4	4	2				11
50 to 54			1		1	6	6	2			16
55 to 59				1		5	3	5			14
60 to 64					1	3	3	2	2	3	14
65 to 69					1	1	2		1	1	6
70 & up											0
Total	0	0	2	2	9	19	16	9	3	4	64

Attachment to 2024 Form 5500

Plan Name: Otterbein Homes Retirement Plan EIN: 31-0549058 PN: 001

Schedule SB, Part V - Statement of Actuarial Assumptions and Methods

	<u>January 1, 2024</u>	<u>January 1, 2023</u>
1) Economic assumptions		
Interest rates ¹		
Segmented yield curve		
- Segment 1 (for years 1 - 5)	4.75%	4.75%
- Segment 2 (for years 6 - 20)	4.87%	5.00%
- Segment 3 (for year 21 and beyond)	5.59%	5.74%
Resulting effective interest rate	5.22%	5.37%
Pre-MAP-21 Interest rates ¹		
Segmented yield curve		
- Segment 1 (for years 1 - 5)	3.62%	1.41%
- Segment 2 (for years 6 - 20)	4.46%	3.09%
- Segment 3 (for year 21 and beyond)	4.52%	3.58%
Resulting effective interest rate	4.47%	3.35%
Price inflation	2.50%	2.50%
Annual salary increase rate	N/A	3.00%
Expected return on assets	4.50%	5.50%
Expected expenses payable from trust	\$40,000	\$19,000

¹ The funding interest rate and mortality assumptions are prescribed by the Pension Protection Act of 2006 and subsequent legislation. They are used to calculate the Funding Target, the Target Normal Cost, and shortfall amortization factors and present values.

Attachment to 2024 Form 5500

Plan Name: Otterbein Homes Retirement Plan EIN: 31-0549058 PN: 001

Schedule SB, Part V - Statement of Actuarial Assumptions and Methods

2) Demographic assumptions

Mortality¹ 2024 Combined Static Mortality Table, with no provision for future mortality improvement.

Termination 150% of the Society of Actuaries 2003 Pension Plan Turnover Study Basic Age Table.

<u>Age</u>	<u>Rate</u>
25	27.77%
35	13.17%
45	9.32%
55	4.38%
65	4.23%

Retirement Rates varying by age. Sample rates are as follows:

<u>Age</u>	<u>Rate</u>
62	30%
63	15%
64	20%
65	75%
66-69	80%
70+	100%

Form of payment It is assumed that 70% of future retirees elect a life annuity and 30% elect a 100% joint & survivor annuity.

Percentage married 70% of male participants and 25% of females are assumed to be married.

Spouse ages Based on actual spouse birth dates when available, otherwise female beneficiaries are assumed to be four years younger and male beneficiaries one year older than participant.

Valuation pay Not applicable since the plan accruals were frozen as of December 31, 2023.

¹ The funding interest rate and mortality assumptions are prescribed by the Pension Protection Act of 2006 and subsequent legislation. They are used to calculate the Funding Target, the Target Normal Cost, and shortfall amortization factors and present values.

3) Actuarial methods

Cost method	Unit credit
Asset valuation	
Actuarial value of asset	Market value of assets plus discounted contributions receivable plus smoothed investment gains and losses over prior two plan years.

Models Used The results in this report are based on an actuarial valuation model with three components as outlined in Actuarial Standard of Practice No. 56 - Modeling (ASOP 56):

1. Information inputs including the data, assumptions, methods, and plan provisions outlined in this report,
2. Processing by ProVal[®] actuarial software, and
3. Our report template which translates the ProVal[®] output into valuation results.

The model is intended to convert the information input above to usable actuarial valuation results. We have reviewed the software's output for reasonableness, and have independently checked sample one-person output where appropriate, but have otherwise relied on it.

Other models used in this actuarial valuation include:

- Expected investment return model based on the Horizon Actuarial Services 2024 Survey of Capital Market Assumptions and the fund's asset allocation

Attachment to 2024 Form 5500

Plan Name: Otterbein Homes Retirement Plan EIN: 31-0549058 PN: 001

Schedule SB, Part V - Summary of Plan Provisions

1) Plan provisions as of January 1, 2024

- a. Effective date of plan: July 1, 1970; as amended and restated effective January 1, 2008 and January 1, 2016; last amended effective December 31, 2023.
- b. Employees eligible for participation:
 - (1) Employees Covered: Full-time employees of the Employer and part-time employees that complete or are credited with 1,000 or more hours of service.
 - (2) Entry dates: January 1 coincident with or next following their date of hire. Participation is frozen as of January 1, 2007 to employees hired prior to July 1, 2006.
- c. Credited Service:

- (1) Service shall equal total years of service with the Employer.
- (2) During a calendar year in which the employee completes less than 1,560 Hours of Service they shall be granted a portion of year of Credited Service as determined from the following table:

<u>Hours Of Service</u>	<u>Credited Service</u>
Less than 1,000	0.0
1,000 but less than 1,092	0.6
1,092 but less than 1,248	0.7
1,248 but less than 1,404	0.8
1,404 but less than 1,560	0.9
1,560 or more	1.0

- (3) An individual who fails to complete at least 1,000 hours of service in a plan year containing their date of termination shall be granted a partial year of Credited Service equal to the hours earned during such period divided by 1,560, rounded to completed tenths.
 - (4) Participants who had terminated employment as of January 1, 2007, and are subsequently rehired, shall not accrue additional credited service.
 - (5) The plan has been frozen as of December 31, 2023, and no further accruals due to compensation or service earned after the freeze date will be credited under the plan.
- d. Retirement dates:
 - (1) Normal Retirement: The first day of the month on or after the employee's 65th birthday.
 - (2) Early Retirement: Age 62 and 5 years of service.
 - (3) Late Retirement: The date of termination of employment following the employee's Normal Retirement Date.

Attachment to 2024 Form 5500

Plan Name: Otterbein Homes Retirement Plan EIN: 31-0549058 PN: 001

Schedule SB, Part V - Summary of Plan Provisions

1) Plan provisions as of January 1, 2024 (continued)

e. Monthly benefit amounts:

(1) Accrued benefit (future benefits accruals have been frozen as of December 31, 2023):

- a. 1 1/3% of Average Compensation for each Year of Credited Service as of December 31, 1998, plus
- b. 1% of Average Compensation for each Year of Credited Service from January 1, 1999, through December 31, 2006, plus
- c. 0.75% of Average Compensation for each Year of Credited Service after December 31, 2006.

In no event will the benefit be less than the Accrued Benefit under the Prior Plan.

(2) Normal retirement: Accrued benefit as of Normal Retirement Date.

(3) Early retirement: Accrued benefit reduced by 1/180 for each of the first 36 months by which the payment date precedes the Normal Retirement Date.

(4) Late retirement: The greater of actuarial equivalent of the Normal Retirement Benefit or the benefit based on service and compensation as of actual Retirement Date.

f. Normal form of payment: Life annuity, except that an employee who is married at the time benefits become payable shall receive an actuarially reduced joint and survivor annuity. Other options are also available, including: 50%, 66 2/3%, 75% or 100% Joint and Survivor annuity; and a life annuity with 60 or 120 monthly payments guaranteed.

g. Vesting:

(1) Eligibility: Five Years of Service with at least 1000 hours.

(2) Benefit: Accrued benefit to date of termination. Full accrued benefit payable at Normal Retirement Date, or a reduced benefit payable at Early Retirement Date.

h. Death:

(1) Eligibility: Married participants who are vested and die prior to the commencement of benefits.

(2) Benefit: The benefit to the spouse will be calculated assuming the participant lived to their early retirement date, elected a joint and one-half survivor benefit, and died the next day. In the event of a vested married participant's death after having become eligible for early retirement, the benefit to the spouse will be calculated assuming the participant had elected a joint and one-half survivor benefit on the day prior to death.

i. Maximums on benefits and pay: All benefits and pay for any plan year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Attachment to 2024 Form 5500

Plan Name: Otterbein Homes Retirement Plan EIN: 31-0549058 PN: 001

Schedule SB, Part V - Summary of Plan Provisions

2) Plan provisions effective after January 1, 2024

An amendment to terminate the plan effective March 15, 2024 was signed on December 18, 2023, and all plan benefits are expected to be satisfied as of September 1, 2024. The termination did not affect the calculation of the funding target or minimum funding results for the 2024 plan year.

3) Changes in plan provisions since prior year

The 401(a)(17) qualified compensation limit was automatically updated to the 2024 limit of \$345,000.

Attachment to the 2024 Form 5500

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name: Otterbein Homes Retirement Plan EIN: 31-0549058 PN: 001

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) x (b) x (c)
62	30%	1.0000	18.60
63	15%	0.7000	6.62
64	20%	0.5950	7.62
65	75%	0.4760	23.21
66	80%	0.1190	6.28
67	80%	0.0238	1.28
68	80%	0.0048	0.26
69	80%	0.0010	0.05
70	100%	0.0002	0.01
		Weighted Average	63.92

Attachment to 2024 Form 5500

Plan Name: Otterbein Homes Retirement Plan EIN: 31-0549058 PN: 001

Schedule SB, Part V - Summary of Plan Provisions

1) Plan provisions as of January 1, 2024

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- b. Employees eligible for participation:
 - (1) Employees Covered: Full-time employees of the Employer and part-time employees that complete or are credited with 1,000 or more hours of service.
 - (2) Entry dates: January 1 coincident with or next following their date of hire. Participation is frozen as of January 1, 2007 to employees hired prior to July 1, 2006.
- c. Credited Service:
 - (1) Service shall equal total years of service with the Employer.
 - (2) During a calendar year in which the employee completes less than 1,560 Hours of Service they shall be granted a portion of year of Credited Service as determined from the following table:

<u>Hours Of Service</u>	<u>Credited Service</u>
Less than 1,000	0.0
1,000 but less than 1,092	0.6
1,092 but less than 1,248	0.7
1,248 but less than 1,404	0.8
1,404 but less than 1,560	0.9
1,560 or more	1.0

- (3) An individual who fails to complete at least 1,000 hours of service in a plan year containing their date of termination shall be granted a partial year of Credited Service equal to the hours earned during such period divided by 1,560, rounded to completed tenths.
 - (4) Participants who had terminated employment as of January 1, 2007, and are subsequently rehired, shall not accrue additional credited service.
 - (5) The plan has been frozen as of December 31, 2023, and no further accruals due to compensation or service earned after the freeze date will be credited under the plan.
- d. Retirement dates:
 - (1) Normal Retirement: The first day of the month on or after the employee's 65th birthday.
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Attachment to 2024 Form 5500

Plan Name: Otterbein Homes Retirement Plan EIN: 31-0549058 PN: 001

Schedule SB, Part V - Summary of Plan Provisions

1) Plan provisions as of January 1, 2024 (continued)

e. Monthly benefit amounts:

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In no event will the benefit be less than the Accrued Benefit under the Prior Plan.

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(4) Late retirement: The greater of actuarial equivalent of the Normal Retirement Benefit or the benefit based on service and compensation as of actual Retirement Date.

f. Normal form of payment: Life annuity, except that an employee who is married at the time benefits become payable shall receive an actuarially reduced joint and survivor annuity. Other options are also available, including: 50%, 66 2/3%, 75% or 100% Joint and Survivor annuity; and a life annuity with 60 or 120 monthly payments guaranteed.

g. Vesting:

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(2) Benefit: Accrued benefit to date of termination. Full accrued benefit payable at Normal Retirement Date, or a reduced benefit payable at Early Retirement Date.

h. Death:

(1) Eligibility: Married participants who are vested and die prior to the commencement of benefits.

(2) Benefit: The benefit to the spouse will be calculated assuming the participant lived to their early retirement date, elected a joint and one-half survivor benefit, and died the next day. In the event of a vested married participant's death after having become eligible for early retirement, the benefit to the spouse will be calculated assuming the participant had elected a joint and one-half survivor benefit on the day prior to death.

i. Maximums on benefits and pay: All benefits and pay for any plan year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

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Plan Name: Otterbein Homes Retirement Plan EIN: 31-0549058 PN: 001

Schedule SB, Part V - Summary of Plan Provisions

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3) Changes in plan provisions since prior year

The 401(a)(17) qualified compensation limit was automatically updated to the 2024 limit of \$345,000.

Attachment to 2024 Form 5500

Plan Name: Otterbein Homes Retirement Plan EIN: 31-0549058 PN: 001

Schedule SB, Line 24 - Change in Actuarial Assumptions

The following changes were made to the non-prescribed actuarial assumptions since the prior year's filing:

- The funding mortality table was changed from the static separate annuitant and non-annuitant mortality tables to the small plan combined table.
- The long-term investment return assumption was lowered from 5.50% to 4.50% to reflect the plan's updated investment portfolio and shortened invested return horizon pending the 2024 plan termination.