

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C Check box if filing under: [X] Form 5558 [] automatic extension [] DFVC program [] special extension (enter description)
D If the plan is a collectively-bargained plan, check here []
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here []

Part II Basic Plan Information—enter all requested information

1a Name of plan: FARRIS FUNERAL SERVICE, INC. DEFINED BENEFIT PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/01/1984
2a Plan sponsor's name (employer, if for a single-employer plan): FARRIS FUNERAL SERVICE, INC.
2b Employer Identification Number (EIN): 54-0598618
2c Sponsor's telephone number: 276-623-2700
2d Business code (see instructions): 812210
3a Plan administrator's name and address: [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year: 8
5b Total number of participants at the end of the plan year: 5
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
5d(1) Total number of active participants at the beginning of the plan year: 0
5d(2) Total number of active participants at the end of the plan year: 0
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 0

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 10/08/2025, KIMBERLY FARRIS-LUKE. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year: 560978. (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1156573	1152607
b Total plan liabilities	7b	0	6840
c Net plan assets (subtract line 7b from line 7a)	7c	1156573	1145767
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	1595	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	146514	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		148109
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	140792	
e Certain deemed and/or corrective distributions (see instructions) .	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	18123	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		158915
i Net income (loss) (subtract line 8h from line 8c)	8i		-10806
j Transfers to (from) the plan (see instructions)	8j	0	

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

Part V Compliance Questions				
10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		175000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

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

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

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

Yes.

No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

No. Other. Provide explanation _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. Yes No

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

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

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

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

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

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

Part VII Plan Terminations and Transfers of Assets

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

a If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a** 0

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

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

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2010 (MM/DD/YYYY) and the Opinion Letter serial number M591995A.

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 12/31/2024

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

A Name of plan <u>FARRIS FUNERAL SERVICE, INC. DEFINED BENEFIT PENSION 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>FARRIS FUNERAL SERVICE, INC.</u>	D Employer Identification Number (EIN) <u>54-0598618</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 checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>1156573</u>
	b Actuarial value	2b	<u>1156573</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>
	b For terminated vested participants	<u>8</u>	<u>1168892</u>
	c For active participants	<u>0</u>	<u>0</u>
	d Total	<u>8</u>	<u>1168892</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>5.10 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>0</u>

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

SIGN HERE Signature of actuary <u>J. GREGORY GASTON, F.C.A., M.A.A.A.</u> Type or print name of actuary <u>J.G. GASTON & ASSOCIATES, INC.</u> Firm name <u>40 NORTH MERRIMON AVENUE, SUITE 303</u> <u>ASHEVILLE, NC 28804</u> Address of the firm	<u>10/07/2025</u> Date <u>23-03772</u> Most recent enrollment number <u>828-258-1876</u> Telephone number (including area code)
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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	225
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		225
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>21.13</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		55
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>4.75</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		12
c	Total available at beginning of current plan year to add to prefunding balance		67
d	Portion of (c) to be added to prefunding balance		67
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	67

Part III Funding Percentages			
14	Funding target attainment percentage	14	98.94 %
15	Adjusted funding target attainment percentage	15	98.94 %
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	92.06 %
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		
09/25/2024	1595	0					
			Totals ▶	18(b)	1595	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	1527

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 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 2
22 Weighted average retirement age				22 60
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 type="checkbox"/> Yes <input checked="" 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 0
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	12657		1563	
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 1563
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	36	36	
36 Additional cash requirement (line 34 minus line 35)				36 1527
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 1527
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 type="checkbox"/> 2021				

Schedule SB, Line 26 - Schedule of Active Participant Data

		Years of Credited Service																				
		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		
Attained		No	Avg	No	Avg	No	Avg	No	Avg	No	Avg	No	Avg	No	Avg	No	Avg	No	Avg	No	Avg	Total
Age			Comp		Comp		Comp		Comp		Comp		Comp		Comp		Comp		Comp		Comp	
*** Total ***		0		0		0		0		0		0		0		0		0		0		0

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 12/31/2024

▶ **Round off amounts to nearest dollar.**
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A Name of plan Farris Funeral Service, Inc. Defined Benefit Pension Plan	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Farris Funeral Service, Inc.	D Employer Identification Number (EIN) 54-0598618	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a		1,156,573
b Actuarial value	2b		1,156,573
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	0	0	0
b For terminated vested participants	8	1,168,892	1,168,892
c For active participants	0	0	0
d Total	8	1,168,892	1,168,892
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		5.10%
6 Target normal cost			
a Present value of current plan year accruals	6a		0
b Expected plan-related expenses	6b		0
c Target normal cost	6c		0

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

SIGN HERE	Signature of actuary <u>J. Gregory Gaston, F.C.A., M.A.A.A.</u> <small>Type or print name of actuary</small> <u>J.G. Gaston & Associates, Inc.</u> <small>Firm name</small> <u>40 North Merrimon Avenue, Suite 303</u> <u>Asheville NC 28804</u> <small>Address of the firm</small>	<u>10/07/2025</u> <small>Date</small> <u>2303772</u> <small>Most recent enrollment number</small> <u>828-258-1876</u> <small>Telephone number (including area code)</small>
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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

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 12/31/2024

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

A Name of plan Farris Funeral Service, Inc. Defined Benefit Pension Plan	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Farris Funeral Service, Inc.	D Employer Identification Number (EIN) 54-0598618	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	1,156,573
	b Actuarial value	2b	1,156,573
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	0	0
	b For terminated vested participants	8	1,168,892
	c For active participants	0	0
	d Total	8	1,168,892
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.10%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	0
	c Target normal cost	6c	0

Statement by Enrolled Actuary

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

SIGN HERE		
	Signature of actuary	Date
	J. Gregory Gaston, F.C.A., M.A.A.A.	2303772
	Type or print name of actuary	Most recent enrollment number
	J.G. Gaston & Associates, Inc.	828-258-1876
	Firm name	Telephone number (including area code)
	40 North Merrimon Avenue, Suite 303	
	Asheville NC 28804	
	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
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b Applicable month (enter code)..... **21b** 2

22 Weighted average retirement age **22** 60

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** 0

b Excess assets, if applicable, but not greater than line 31a **31b** 0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	12,657	1,563
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** 1,563

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	36	36
36 Additional cash requirement (line 34 minus line 35).....			1,527
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			1,527

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 SB, Line 19 - Discounted Employer Contributions
Plan Name: Farris Funeral Service, Inc. Defined Benefit Pension Plan
Sponsor: Farris Funeral Service, Inc.
PYE: December 31, 2024

EIN: 54-0598618
PN: 001

<u>Date</u>	<u>Employer</u>	<u>Employee</u>	<u>Valuation Date</u>	<u>Effective Rate</u>	<u>Interest Adjusted Contribution</u>	<u>Required Quarterly Installment Date</u>	<u>Late Quarterly Interest Adjustment</u>
09/25/2024	316		01/01/2024	5.10%	297	04/15/2024	(7)
09/25/2024	352		01/01/2024	5.10%	336	07/15/2024	(3)
09/25/2024	352		01/01/2024	5.10%	339	10/15/2024	
09/25/2024	352		01/01/2024	5.10%	339	01/15/2025	
09/25/2024	224		01/01/2024	5.10%	216		

Total 1,595 0 1,527 (10)

Schedule SB, Line 22 - Description of Weighted Average Retirement Age
 Plan Name: Farris Funeral Service, Inc. Defined Benefit Pension Plan
 Plan Sponsor: Farris Funeral Service, Inc.
 PYE: December 31, 2024

EIN: 54-0598618
 PN: 001

<u>Age</u>	<u>Males</u>	<u>Females</u>	<u>Weight</u>	<u>Weight x Age</u>
55	N/A	N/A	0.00%	0.00
56	N/A	N/A	0.00%	0.00
57	N/A	N/A	0.00%	0.00
58	N/A	N/A	0.00%	0.00
59	N/A	N/A	0.00%	0.00
60	N/A	N/A	100.00%	60.00
61	N/A	N/A	0.00%	0.00
62	N/A	N/A	0.00%	0.00
63	N/A	N/A	0.00%	0.00
64	N/A	N/A	0.00%	0.00
65	N/A	N/A	0.00%	0.00
66	N/A	N/A	0.00%	0.00
67	N/A	N/A	0.00%	0.00
68	N/A	N/A	0.00%	0.00
69	N/A	N/A	0.00%	0.00
70	N/A	N/A	0.00%	0.00
71	N/A	N/A	0.00%	0.00
72	N/A	N/A	0.00%	0.00
73	N/A	N/A	0.00%	0.00
74	N/A	N/A	0.00%	0.00
75	N/A	N/A	0.00%	0.00
Total	N/A	N/A		60.00
Weighted Average:	60	60		

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
Plan Name: Farris Funeral Service, Inc. Defined Benefit Pension Plan
Plan Sponsor: Farris Funeral Service, Inc.
EIN: 54-0598618 PN: 001 PYE: December 31, 2024

STATUTORY ACTUARIAL ASSUMPTIONS

SEGMENT RATES:

Segment rates compose the three rate interest basis for determining the Funding Target and the Target Normal Cost under PPA. These rates are based on a blend of corporate bond rates for the month of November, 2023 and apply to specific periods in the future.

Segment Rate 1:	4.02% (First five years)
Segment Rate 2:	4.73% (Next fifteen years)
Segment Rate 3:	4.75% (All remaining periods)

Beginning in 2012, plans were required to apply an interest rate corridor to the 25-year average segment rates. The initial corridor extended from 90% to 110% of the 25-year average segment rate. The corridor initially transitioned over five years to 70% to 130% of the 25-year average segment rate in increments of 5% per year. The Highway and Transportation Act modified the MAP-21 interest rate corridors for plan years 2013 to 2017, fixing the corridor at 90% to 110% during those years. The modifications were optional for 2013. The Bipartisan Budget Act of 2015 extended the period of the initial corridor from 2017 to 2020 for plan years beginning in 2016. The American Rescue Plan Act of 2021 set a floor of 5.00% for any segment rate and changed the corridor to 95% to 105% for years 2020 to 2025. The corridor widens by 5% each year (in each direction) beginning in 2026 until reaching 70% to 130% in 2030. Plans could elect to delay this change until 2022. No election to delay was made by this Plan. The resulting “stabilized” segment rates are used for purposes of determining the funding target and the target normal cost applicable to the determination of the minimum required contribution. For 2024, these “stabilized” segment rates are as follows:

Segment Rate 1:	4.75% (First five years)
Segment Rate 2:	4.87% (Next fifteen years)
Segment Rate 3:	5.59% (All remaining periods)

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
Plan Name: Farris Funeral Service, Inc. Defined Benefit Pension Plan
Plan Sponsor: Farris Funeral Service, Inc.
EIN: 54-0598618 PN: 001 PYE: December 31, 2024

EFFECTIVE RATE: 5.10%

The Effective Rate is the single interest rate which would produce the Funding Target computed using the set of three Segment Rates (“stabilized” Segment Rates beginning in 2013).

PPA MORTALITY: 2024 PPA Mortality Table (RP-2014 Mortality, base year 2006, adjusted to 2024 with Mortality Improvement Scale MP-2022). Sample rates of mortality per 1000 lives are as follows:

<u>Age</u>	<u>Males</u>	<u>Females</u>
35	0.6	0.3
45	2.0	1.3
55	6.1	4.9
65	6.5	5.1
75	16.5	11.4
85	62.8	48.1

MORTALITY IMPROVEMENTS: The PPA Mortality Table for plans under 500 participants is a static table. It is a combination of the annuitant table which is projected to 15 years beyond the actuarial valuation date and the non-annuitant table which is projected to 7 years beyond the actuarial valuation date.

ACTUARIAL COST METHOD

PROJECTED UNIT CREDIT ACTUARIAL COST METHOD. This method allocates the actuarial present value of each individual’s accrued benefit to years in which the benefit is accrued. The benefit is allocated to periods based on the plan’s accrual formula and compensation projected to the year of retirement, termination, or death. The actuarial present value of the benefit to be earned in the current year is called the normal cost.

The actuarial present value of benefits allocated to all periods prior to the valuation date is the actuarial accrued liability. The excess of the actuarial accrued liability over the actuarial value of assets is the unfunded actuarial accrued liability. The contribution amount consists of two components: the normal cost described above and an amortization of the unfunded actuarial accrued liability over various periods based on the source of the liability.

Gains (losses) serve to decrease (increase) the unfunded actuarial accrued liability.

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Farris Funeral Service, Inc. Defined Benefit Pension Plan

Plan Sponsor: Farris Funeral Service, Inc.

EIN: 54-0598618 PN: 001 PYE: December 31, 2024

EFFECTIVE DATE: July 1, 1984, (plan year changed to January 1 effective January 1, 1991). Plan was frozen January 31, 2006.

AVERAGE COMPENSATION: Average of total salary and wages paid during the 5 consecutive plan years which produce the highest average. Employee Compensation is limited to \$108,000 per year.

YEAR OF SERVICE: 1000 hours of service or more in a plan year. Benefit accrual and vesting are based on Years of Service from employment date.

ELIGIBILITY: First of the month following completion of 1 Year of Service and attainment of age 21.

ACCRUED BENEFIT: A participant's Normal Retirement benefit using Average Compensation, multiplied by Years of Service, and divided by expected Years of Service at Normal Retirement (subject to minimum top-heavy accruals).

NORMAL RETIREMENT: Eligibility: Attainment of age 60 and 5 years of service

Benefit amount: Benefit Accruals were frozen effective January 31, 2006. Prior to February 1, 2006, thirty-seven and thirty-seven one-hundredths percent (37.37%) of Average Compensation plus fifteen and three-quarters percent (15.75%) of Average Compensation in excess of the current Covered Compensation Table (Table I). (Base and excess percentages are reduced for Years of Service fewer than 35).

TERMINATION BENEFIT: Accrued Benefit at termination of employment and after two years of service multiplied by vesting schedule shown below:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 2	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 or more	100%

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Farris Funeral Service, Inc. Defined Benefit Pension Plan

Plan Sponsor: Farris Funeral Service, Inc.

EIN: 54-0598618 PN: 001 PYE: December 31, 2024

DEATH BENEFIT:

Eligibility: Participant dies during active employment and after meeting requirements for a termination benefit, or vested terminated participant dies prior to retirement.

Commencement: The spouse or designated beneficiary of the deceased participant may direct the payments begin within a reasonable period of time after the death of the participant.

Benefit Amount: The present value of the deceased participant's vested accrued plan benefit.

FORM OF PAYMENT:

Straight Life Annuity. Actuarial equivalent Joint & 50% Survivor Annuity if married.

**ACTUARIAL
EQUIVALENCE:**

Individual Annuity 1983 Mortality Table and using 6.00% interest.

Schedule SB, Line 26 - Schedule of Active Participant Data

		Years of Credited Service																				
		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		
Attained		No	Avg	No	Avg	No	Avg	No	Avg	No	Avg	No	Avg	No	Avg	No	Avg	No	Avg	No	Avg	Total
Age			Comp		Comp		Comp		Comp		Comp		Comp		Comp		Comp		Comp		Comp	
*** Total ***		0		0		0		0		0		0		0		0		0		0		0

Schedule SB, Line 32 - Schedule of Amortization Bases
Plan Name: Farris Funeral Service, Inc. Defined Benefit Pension Plan
Plan Sponsor: Farris Funeral Service, Inc.
EIN: 54-0598618 PN: 001 PYE: December 31, 2024

SHORTFALL AMORTIZATION BASES

<u>Date</u> <u>Estab</u>	<u>Reason</u>	<u>Initial</u> <u>Amount</u>	<u>Init</u> <u>Yrs</u>	<u>Curr</u> <u>Yrs</u>	<u>O/Stand</u> <u>Balance</u>	<u>Annual</u> <u>Payment</u>
01/01/21	ARPA Restatement	0	15.0	12.0	0	0
01/01/22	Funding Shortfall	0	15.0	13.0	0	0
01/01/23	Funding Shortfall	96,000	15.0	14.0	92,118	8,792
01/01/24	Funding Shortfall	(79,461)	15.0	15.0	<u>(79,461)</u>	<u>(7,229)</u>
	Total				<u>12,657</u>	<u>1,563</u>

Schedule SB, Line 19 - Discounted Employer Contributions
Plan Name: Farris Funeral Service, Inc. Defined Benefit Pension Plan
Sponsor: Farris Funeral Service, Inc.
PYE: December 31, 2024

EIN: 54-0598618
PN: 001

<u>Date</u>	<u>Employer</u>	<u>Employee</u>	<u>Valuation Date</u>	<u>Effective Rate</u>	<u>Interest Adjusted Contribution</u>	<u>Required Quarterly Installment Date</u>	<u>Late Quarterly Interest Adjustment</u>
09/25/2024	316		01/01/2024	5.10%	297	04/15/2024	(7)
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Total 1,595 0 1,527 (10)

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<u>Age</u>	<u>Males</u>	<u>Females</u>	<u>Weight</u>	<u>Weight x Age</u>
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65	N/A	N/A	0.00%	0.00
66	N/A	N/A	0.00%	0.00
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72	N/A	N/A	0.00%	0.00
73	N/A	N/A	0.00%	0.00
74	N/A	N/A	0.00%	0.00
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Total	N/A	N/A		60.00
Weighted Average:	60	60		

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
Plan Name: Farris Funeral Service, Inc. Defined Benefit Pension Plan
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EIN: 54-0598618 PN: 001 PYE: December 31, 2024

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Schedule SB, Part V - Summary of Plan Provisions

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Plan Sponsor: Farris Funeral Service, Inc.

EIN: 54-0598618 PN: 001 PYE: December 31, 2024

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Schedule SB, Part V - Summary of Plan Provisions

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Plan Sponsor: Farris Funeral Service, Inc.

EIN: 54-0598618 PN: 001 PYE: December 31, 2024

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Benefit Amount: The present value of the deceased participant's vested accrued plan benefit.

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Straight Life Annuity. Actuarial equivalent Joint & 50% Survivor Annuity if married.

**ACTUARIAL
EQUIVALENCE:**

Individual Annuity 1983 Mortality Table and using 6.00% interest.

Schedule SB, Line 32 - Schedule of Amortization Bases
Plan Name: Farris Funeral Service, Inc. Defined Benefit Pension Plan
Plan Sponsor: Farris Funeral Service, Inc.
EIN: 54-0598618 PN: 001 PYE: December 31, 2024

SHORTFALL AMORTIZATION BASES

<u>Date</u> <u>Estab</u>	<u>Reason</u>	<u>Initial</u> <u>Amount</u>	<u>Init</u> <u>Yrs</u>	<u>Curr</u> <u>Yrs</u>	<u>O/Stand</u> <u>Balance</u>	<u>Annual</u> <u>Payment</u>
01/01/21	ARPA Restatement	0	15.0	12.0	0	0
01/01/22	Funding Shortfall	0	15.0	13.0	0	0
01/01/23	Funding Shortfall	96,000	15.0	14.0	92,118	8,792
01/01/24	Funding Shortfall	(79,461)	15.0	15.0	<u>(79,461)</u>	<u>(7,229)</u>
	Total				<u>12,657</u>	<u>1,563</u>