

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 07/01/2024 and ending 06/30/2025	
A	This return/report is for: ☐ a single-employer plan ☒ a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
B	This return/report is ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)
D	If the plan is a collectively-bargained plan, check here ☐
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan DEFINED BENEFIT OF GREATER MIAMI JEWISH FEDERATION, INC.	1b	Three-digit plan number (PN) ▶ 001
		1c	Effective date of plan 07/01/1977
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) GREATER MIAMI JEWISH FEDERATION, INC. 4200 BISCAYNE BLVD MIAMI, FL 33137-3246	2b	Employer Identification Number (EIN) 59-0624404
		2c	Sponsor's telephone number 305-576-4000
		2d	Business code (see instructions) 813000
3a	Plan administrator's name and address ☒ Same as Plan Sponsor.	3b	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	4b	EIN
		4d	PN
5a	Total number of participants at the beginning of the plan year	5a	23
b	Total number of participants at the end of the plan year	5b	22
c(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1)	
c(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2)	
d(1)	Total number of active participants at the beginning of the plan year	5d(1)	4
d(2)	Total number of active participants at the end of the plan year	5d(2)	2
e	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	0

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	04/15/2026	OKSANA CARDINI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/15/2026	OKSANA CARDINI
	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 602611. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1806916	1411244
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	1806916	1411244
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)		
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	139081	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		139081
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	534353	
e Certain deemed and/or corrective distributions (see instructions) ..	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g	400	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		534753
i Net income (loss) (subtract line 8h from line 8c)	8i		-395672
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1B 1I 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		2000000
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	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐ Yes ☒ No	
c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)		
13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No	
14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).	
☐ Design-based safe harbor method	
☐ "Prior year" ADP test	
☐ "Current year" ADP test	
☐ N/A	
15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.	

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 07/01/2024 and ending 06/30/2025	
► 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 DEFINED BENEFIT OF GREATER MIAMI JEWISH FEDERATION, INC.	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GREATER MIAMI JEWISH FEDERATION, INC.	D Employer Identification Number (EIN) 59-0624404
E Type of plan: ☐ Single ☐ Multiple-A ☒ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 07 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	1795327	
b	Actuarial value	2b	1724863	
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	4	466343	466343
b	For terminated vested participants	18	690212	690212
c	For active participants	5	402767	402767
d	Total	27	1559322	1559322
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	5.17 %	
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 RAMI PINCHEVSKY, ASA, EA, MAAA, FCA Type or print name of actuary MUTUAL OF AMERICA Firm name 320 PARK AVE NEW YORK, NY 10022-6839 Address of the firm	04/09/2026 Date 26-07539 Most recent enrollment number 212-224-1446 Telephone number (including area code)
--------------------------	--	--

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.12 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
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	1

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	
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			
b Waiver amortization installment			
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			
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		
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		
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 MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN 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
---	---	--

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan DEFINED BENEFIT OF GREATER MIAMI JEWISH FEDERATION, INC.	B Three-digit Plan number (PN)..... ►	001
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF GREATER MIAMI JEWISH FEDERATION, INC.	D Administrator's EIN 59-0624404	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
--------	--

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

a ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)

b ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)

c ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)

d ☒ other multiple-employer pension plan (Describe) PARENT AND SUBSIDIARY (Complete Part II)

Part II	Participating Employer Information.
---------	-------------------------------------

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer GREATER MIAMI JEWISH FEDERATION, INC.	2b EIN 59-0624404	2c Percentage of Total Contributions for the Plan Year 95	2d Aggregate Account Balances Attributable to Participating Employer 1340682
2a Name of Participating Employer CENTER FOR THE ADVANCEMENT OF JEWISH EDUCATION, INC.	2b EIN 59-0624373	2c Percentage of Total Contributions for the Plan Year 5	2d Aggregate Account Balances Attributable to Participating Employer 70562

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	☐ Yes ☒ No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

Part III	Pooled Employer Plan Information
-----------------	---

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)..... ☐ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)
ACK ID _____

**2024 SCHEDULE SB (FORM 5500) LINE 3 – ACTUARIAL METHODS AND
ASSUMPTIONS USED TO DETERMINE PPA FUNDING TARGET**

Plan Sponsor:	Greater Miami Jewish Federation, Inc.	EIN #:	59-0624404
Plan Name:	Defined Benefit of Greater Miami Jewish Federation, Inc.	Plan #:	001

Actuarial Cost Method

Section 430(a) defines the minimum required contribution for a single employer plan as the sum of the plan's target normal cost and the shortfall and waiver amortization charges for the plan year. Under section 430(b), a plan's target normal cost for a plan year is the present value of all benefits expected to accrue or be earned under the plan during the plan year.

The shortfall amortization charge is determined based on the difference between the plan's funding target and the value of plan assets. Under section 430(d) a plan's "funding target" for a plan year is the present value of all benefits accrued or earned under the plan as of the beginning of the plan year.

Section 430(h)(2) specifies the interest rates that must be used in determining a plan's target normal cost and funding target. Under the provision, present value is determined using three interest rates (segment rates), each of which applies to benefit payments expected to be paid during a certain period. The first segment rate applies to benefits reasonably determined to be payable during the 5-year period beginning on the first day of the plan year. The second segment rate applies to benefits reasonably determined to be payable during the 15-year period following the initial 5-year period. The third segment rate applies to benefits reasonably determined to be payable after the end of that 15-year period.

Each segment rate is a single interest rate determined monthly by the Treasury Department on the basis of a corporate bond yield curve. The corporate bond yield curve used for this purpose is to be prescribed monthly by the Treasury Department and is to reflect the average, for the 24-month period ending with the preceding month, of yields on investment grade corporate bonds with varying maturities that are in the top three quality levels available.

In lieu of the segment rates described above, an employer may elect to determine the present value of benefits expected to be paid using interest rates from the full corporate bond yield curve in effect for the month prior to the beginning of the plan year, or any of the four prior months.

Asset Valuation Method

The regulations provide that plan assets must be valued either at their fair market value on the valuation date or at the "average" value of assets on the valuation date. Under this average value, the value of plan assets is set equal to the average of the fair market value of assets on the valuation date and the adjusted fair market value of assets determined for one or more earlier determination dates. The regulations would provide that the period of time between the valuation date and each of the earlier determination dates must be equal, not more than 12 months per period, and the earliest of these determination dates cannot be earlier than the last day of the 25th month before the valuation date of the plan year. The resulting average must be between 90 and 110 percent of the fair market value of plan assets.

For purposes of determining the minimum required contribution pursuant to the PPA, the Actuarial Value of Assets, under the plan's asset valuation method, is equal to the Average Value of Assets.

**2024 SCHEDULE SB (FORM 5500) LINE 3 – ACTUARIAL METHODS AND
ASSUMPTIONS USED TO DETERMINE PPA FUNDING TARGET**

Assumed Retirement Age	Age 64, or immediate if beyond age 64.										
Mortality Rates Before Retirement*	IRS 2024 Static Mortality Table for Males and Females.										
Mortality Rates After Retirement* (Actives and Terminated Vested)	2024 Unisex Mortality Table specified in IRS Notice 2023-73.										
Interest Rates for Funding Pre- and Post-Retirement	March 2024 – ARPA Segment Rates: 1st Segment: 4.75% 2nd Segment: 5.12% 3rd Segment: 5.59% Effective Rate: 5.17%										
Participant Withdrawal Rates	150% of T-5 Rates of Withdrawal from the Pension Actuary's Handbook, as illustrated below: <table> <tr> <td></td><td align="center">Annual Percent</td></tr> <tr> <td align="center"><u>Age</u></td><td align="center"><u>Withdrawing</u></td></tr> <tr> <td align="center">25</td><td align="center">11.5863</td></tr> <tr> <td align="center">40</td><td align="center">7.7256</td></tr> <tr> <td align="center">55</td><td align="center">1.4091</td></tr> </table>		Annual Percent	<u>Age</u>	<u>Withdrawing</u>	25	11.5863	40	7.7256	55	1.4091
	Annual Percent										
<u>Age</u>	<u>Withdrawing</u>										
25	11.5863										
40	7.7256										
55	1.4091										
Compensation Increase	0.0% per year.										
Social Security Wage Base Increase*	0.0% per year.										
Maximum Benefit and Compensation Increases	The maximum benefit and compensation limits are assumed <i>not</i> to increase in the future.										
Marital Status	80% of current participants are married.										
Spouse Age	Spouse of male participant is 3 years younger, and spouse of female participant is 3 years older.										
Form of Payment	Lump Sum										
Administrative Expenses*	Annual estimated administrative charges.										

* These assumptions are not used to determine the Present Value of Accumulated Plan Benefits.

2024 SCHEDULE SB (FORM 5500) PART I

LINE 22 – DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

Plan Sponsor:	Greater Miami Jewish Federation, Inc.	EIN #:	59-0624404
Plan Name:	Defined Benefit of Greater Miami Jewish Federation, Inc.	Plan #:	001

Assumed Retirement Age

Age 64, or immediate if beyond age 64.

ATTACHMENT TO 2024 SCHEDULE SB (FORM 5500) - LINE 26

SCHEDULE OF ACTIVE PARTICIPANT DATA

PLAN SPONSOR: Greater Miami Jewish Federation, Inc.

PLAN NAME: Defined Benefit of Greater Miami Jewish Federation, Inc.

EMPLOYER IDENTIFICATION NUMBER: 59-0624404

PLAN NUMBER: 001

	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	
Attained											
Age											
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	0	0	0	0	0	0	0	0	0
55 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	1	1	0	0	0	0	0	3
65 to 69	0	1	1	0	0	0	0	0	0	0	2
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	0	2	1	1	1	0	0	0	0	0	5

2024 Schedule SB (Form 5500) Line 27 – Actuarial Information Based on Pre-PPA Funding Rules

Plan Sponsor:	Greater Miami Jewish Federation, Inc.	EIN #:	59-0624404
Plan Name:	Defined Benefit of Greater Miami Jewish Federation, Inc.	Plan #:	001

Schedule B Attachments for 2024 Based on Pre-PPA Funding Rules

The Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2011 was signed into law on June 25, 2010. This law delays the effective date of the funding provisions of the Pension Protection Act of 2006 (PPA) until January 1, 2017 for “Eligible Charity Plans” (ECPs) or until the plan no longer satisfies the requirements to be considered an ECP, if earlier. An ECP is defined as a multiple employer plan which consists of only 501(c)(3) charitable organizations.

Since this plan meets the definition of an ECP, pre-PPA funding rules have been used to determine minimum funding requirements for 2024. The 2024 Schedule B is shown as an attachment to the 2024 Schedule SB. This Schedule B displays the Funding Standard Account under the pre-PPA provisions.

In accordance with the instructions for the 2024 Schedule SB only portions of the Schedule SB have been completed. In particular Part VIII of the Schedule SB, which determines the minimum required contribution under PPA rules, has not been completed. This information can now be found in the Schedule B attachment for 2024.

Cooperative and Small Employer Charity Pension Flexibility Act (CSEC)

The Cooperative and Small Employer Charity Pension Flexibility Act (CSEC) was signed into law on April 7, 2014. This law defines a subset of Eligible Charity Plans (ECPs) not subject to Pension Protection Act (PPA) minimum funding and benefit restriction rules. CSEC plans include plans maintained by more than one employer with each employer considered a charitable organization under Section 501(c)(3) of the Internal Revenue Code. **This plan is considered a CSEC Plan.** A summary of the pertinent CSEC provisions are as follows:

- Pre-PPA funding rules applicable to ECPs have been slightly changed. The amortization period for plan amendments has been lowered from 30 to 15 years and the assets are no longer reduced by the credit balance in the Full Funding Limitation calculations.
- The calculation of Funding Restoration Status has been added. A CSEC plan is in Funding Restoration Status if the plan’s funded percentage (Actuarial Value of Assets divided by Present Value of Accumulated Plan Benefits) is less than 80%. CSEC plans in Funding Restoration Status must develop a Funding Restoration Plan (FRP) to reach 100% funded within 7 years. This plan’s funded percentage as of July 1, 2024 is 114.8% and is not in Funding Restoration Status for the 2024 plan year.
- CSEC plan sponsors were given the option to elect to apply PPA funding rules either retroactively or prospectively. Plans that make no election by June 30, 2015 are deemed to be CSEC plans subject to pre-PPA funding rules as modified by CSEC. There was no advantage to adopting PPA funding rules for this plan and, therefore, the deemed CSEC plan election applies.
- Unlike pre-PPA funding rules for ECPs which expire in 2017, CSEC funding rules apply permanently.

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 07/01/2024 and ending 06/30/2025	
► 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 Defined Benefit of Greater Miami Jewish Federation, Inc.	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Greater Miami Jewish Federation, Inc.	D Employer Identification Number (EIN) 59-0624404
E Type of plan: ☐ Single ☐ Multiple-A ☒ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 07 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	1,795,327	
b	Actuarial value	2b	1,724,863	
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	4	466,343	466,343
b	For terminated vested participants	18	690,212	690,212
c	For active participants	5	402,767	402,767
d	Total	27	1,559,322	1,559,322
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	5.17%	
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	Rami Pinchevsky Signature of actuary Rami Pinchevsky, ASA, EA, MAAA, FCA Type or print name of actuary MUTUAL OF AMERICA Firm name 320 PARK AVE NEW YORK NY 10022-6839 Address of the firm
	04/09/2026 Date 2607539 Most recent enrollment number 212-224-1446 Telephone number (including area code)

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of _____%		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
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>5.13</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
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	0

Part III Funding Percentages

14 Funding target attainment percentage	14	110.61%
15 Adjusted funding target attainment percentage	15	%
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	%
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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

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: 5.12 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
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 1

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
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			
b Waiver amortization installment			
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			
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		
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		
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 B
(Form 5500)

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Actuarial Information

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.

- Attach to Form 5500 or 5500-EZ if applicable.
► See separate instructions.

Official Use Only

OMB No. 1210-0110

2024

This Form is Open to Public
Inspection (except when
attached to Form 5500-EZ).

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 , and ending 06/30/2025 ,

► 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 Defined Benefit of Greater Miami Jewish Federation, Inc.	B Three-digit plan number ... ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ. Greater Miami Jewish Federation, Inc.	D Employer Identification Number 59-0624404
E Type of plan: (1) ☐ Multiemployer (2) ☐ Single-employer (3) ☒ Multiple-employer	F ☒ 100 or fewer participants in prior plan year

Part I Basic Information (To be completed by all plans)

1a Enter the actuarial valuation date: Month 7 Day 1 Year 2024	
b Assets:	
(1) Current value of assets	b(1) 1,795,327
(2) Actuarial value of assets for funding standard account	b(2) 1,795,327
c (1) Accrued liability for plans using immediate gain methods	c(1) 1,564,034
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	c(2)(a)
(b) Accrued liability under entry age normal method	c(2)(b)
(c) Normal cost under entry age normal method	c(2)(c)

Statement by Enrolled Actuary (see instructions before signing):

To the best of my knowledge, the information supplied in this schedule and on the accompanying schedules, statements, and attachments, if any, is complete and accurate, and in my opinion each assumption, used in combination, represents my best estimate of anticipated experience under the plan. Furthermore, in the case of a plan other than a multiemployer plan, each assumption used (a) is reasonable (taking into account the experience of the plan and reasonable expectations) or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasonable; in the case of a multiemployer plan, the assumptions used, in the aggregate, are reasonable (taking into account the experience of the plan and reasonable expectations).

**SIGN
HERE**

Rami Pinchevsky

Signature of actuary

Rami Pinchevsky, ASA, EA, MAAA, FCA
Type or print name of actuary

MUTUAL OF AMERICA

Firm name

320 Park Avenue, New York, NY, 10022-6839

Address of the firm

04/09/2026

Date

G 2607539

Most recent enrollment number

(212) 224-1446

Telephone number (including area code)

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

For Paperwork Reduction Act Notice and OMB Control Numbers,
see the instructions for Form 5500 or 5500-EZ.

v10.1

Schedule B (Form 5500) 2024

0 8 0 7 3 5 0 1 0 0





5 Actuarial cost method used as the basis for this plan year's funding standard account computation:**a** ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit)**d** ☐ Aggregate **e** ☐ Frozen initial liability **f** ☐ Individual level premium**g** ☐ Individual aggregate **h** ☐ Other (specify) ▶ _____**i** Has a change been made in funding method for this plan year? ☐ Yes ☒ No**j** If line i is "Yes," was the change made pursuant to Revenue Procedure 2000-40? ☐ Yes ☐ No**k** If line i is "Yes," and line j is "No" enter the date of the ruling letter (individual or class) approving the change in funding method Month Day Year**6** Checklist of certain actuarial assumptions:**a** Interest rates for "RPA '94" current liability **6a** 5.59 % ☐ N/A**b** Weighted average retirement age **6b** 64 ☐ N/A**c** Rates specified in insurance or annuity contracts ... ☐ N/A **6c** ☐ Yes ☐ No ☐ Yes ☐ No ☐ N/A**d** Mortality table code for valuation purposes:(1) Males **d(1)** A A(2) Females **d(2)** A A**e** Valuation liability interest rate ☐ N/A **6e** 7.00 % 5.00 % ☐ N/A**f** Expense loading ☐ N/A **6f** 34.92 % 0.00 % ☐ N/A**g** Annual withdrawal rates:(1) Age 25 **g(1)** U 11.59 % U 11.59 %(2) Age 40 **g(2)** U 7.73 % U 7.73 %(3) Age 55 **g(3)** U 1.41 % U 1.41 %**h** Salary scale ☐ N/A **6h** 0.00 % 0.00 % ☐ N/A**i** Estimated investment return on actuarial value of assets for year ending on the valuation date **6i** 10.04 %**j** Estimated investment return on current value of assets for year ending on the valuation date . . . **6j** 10.04 %**7** New amortization bases established in the current plan year:

(1) Type of Base

(2) Initial Balance

(3) Amortization Charge/Credit

1 79,128 18,036

8 Miscellaneous information:**a** If a waiver of a funding deficiency or an extension of an amortization period has been approved for this plan year, enter the date of the ruling letter granting the approval Month Day Year

0 8 0 7 3 5 0 3 0 Q



8b If one or more alternative methods or rules (as listed in the instructions) were used for this plan year, enter the appropriate code in accordance with the instructions ▶ _____

c Is the plan required to provide a Schedule of Active Participant Data? (see instructions) If "Yes," attach schedule ☒ Yes ☐ No

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	6,298
c Amortization charges as of valuation date:	Outstanding Balance	
(1) All bases except funding waivers	▶ (\$ 79,128)	c(1) 18,036
(2) Funding waivers	▶ (\$ 0)	c(2) 0
d Interest as applicable on lines 9a, 9b, and 9c	9d	1,703
e Additional interest charge due to late quarterly contributions, if applicable	9e	0
f Adjusted additional funding charge from Part II, line 12q, if applicable ☐ N/A	9f	0
g Total charges. Add lines 9a through 9f	9g	26,037

Credits to funding standard account:

h Prior year credit balance, if any	9h	79,128
i Employer contributions. Total from column (b) of line 3	9i	
j Amortization credits as of valuation date	Outstanding Balance	
▶ (\$ 0)	9j	0
k Interest as applicable to end of plan year on lines 9h, 9i, and 9j	9k	5539
l Full funding limitation (FFL) and credits		
(1) ERISA FFL (accrued liability FFL)	l(1)	0
(2) "RPA '94" override (90% current liability FFL)	l(2)	0
(3) FFL credit	l(3)	26,037
m (1) Waived funding deficiency	m(1)	0
(2) Other credits	m(2)	0.00
n Total credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2)	9n	110,704
o Credit balance: If line 9n is greater than line 9g, enter the difference	9o	84,667
p Funding deficiency: If line 9g is greater than line 9n, enter the difference	9p	0

Reconciliation account:

q Current year's accumulated reconciliation account:		
(1) Due to additional funding charges as of the beginning of the plan year	q(1)	0
(2) Due to additional interest charges as of the beginning of the plan year	q(2)	0
(3) Due to waived funding deficiencies:		
(a) Reconciliation outstanding balance as of valuation date	q(3)(a)	0
(b) Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a)	q(3)(b)	0
(4) Total as of valuation date	q(4)	0

10 Contribution necessary to avoid an accumulated funding deficiency. Enter the amount in line 9p or the amount required under the alternative funding standard account if applicable **10** 0

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☒ Yes ☐ No

0 8 0 7 3 5 0 4 0 R



Part II Additional Information for Certain Plans Other Than Multiemployer PlansPlease see **Who Must File** in the Schedule B instructions to determine if you must complete Part II.**12** Additional required funding charge (see instructions):**a** Enter "Gateway %." Divide line 1b(2) by line 1d(2)(c) and multiply by 100.

If line 12a is at least 90%, go to line 12q and enter -0-.

If line 12a is less than 80%, go to line 12b.

If line 12a is at least 80% (but less than 90%), see instructions and, if applicable, go to line 12q

and enter -0-. Otherwise, go to line 12b **12a** %**b** "RPA '94" current liability. Enter line 1d(2)(a) **12b****c** Adjusted value of assets (see instructions) **12c****d** Funded current liability percentage. Divide line 12c by 12b and multiply by 100 **12d** %**e** Unfunded current liability. Subtract line 12c from line 12b. **12e****f** Liability attributable to any unpredictable contingent event benefit **12f****g** Outstanding balance of unfunded old liability **12g****h** Unfunded new liability. Subtract the total of lines 12f and 12g from line 12e. Enter -0- if negative **12h****i** Unfunded new liability amount (..... % of line 12h) **12i****j** Unfunded old liability amount **12j****k** Deficit reduction contribution. Add lines 12i, 12j and 1d(2)(b). **12k****l** Net charges in funding standard account used to offset the deficit reduction contribution. Enter a negative number if less than zero **12l****m** Unpredictable contingent event amount:(1) Benefits paid during year attributable to unpredictable contingent event ... **m(1)** 0(2) Unfunded current liability percentage. Subtract the percentage on line 12d from 100% **m(2)** 0.00 %(3) Enter the product of lines 12m(1) and 12m(2) **m(3)**(4) Ammortization of all unpredictable contingent event liabilities **m(4)**(5) "RPA '94" additional amount (see instructions) **m(5)**(6) Enter the greatest of lines 12m(3), 12m(4), or 12m(5) **m(6)****n** Preliminary additional funding charge: Enter the excess of line 12k over line 12l (if any), plus line 12m(6), adjusted to end of year with interest **12n****o** Contributions needed to increase current liability percentage to 100% (see instructions) **12o****p** Additional funding charge prior to adjustment: Enter the lesser of line 12n or 12o **12p****q** Adjusted additional funding charge. (..... .0% of line 12p) **12q**

0 8 0 7 3 5 0 5 0 S



ATTACHMENT TO 2024 SCHEDULE B (FORM 5500) ITEM 11

Plan Sponsor:	Greater Miami Jewish Federation, Inc.	EIN #:	59-0624404
Plan Name:	Defined Benefit of Greater Miami Jewish Federation, Inc.	Plan #:	001

The assumed mortality table has been changed from the IRS 2023 Static Mortality Table for Males and Females to the IRS 2024 Static Mortality Table for Males and Females (pre-retirement); From the 2023 Unisex Static Mortality Table specified in IRS Notice 2022-22 to the 2024 Unisex Static Mortality Table specified in IRS Notice 2023-73 (post-retirement).

Actuarial Methods and Assumptions

Actuarial Cost Method

The ultimate cost of a pension plan is the total benefits that are provided by the plan, plus all the expenses of managing the plan, less all investment income generated by the pension fund. The ultimate cost, therefore, cannot be determined until the last benefit is paid and all obligations discharged.

The actuarial valuation process estimates the ultimate cost of the plan attributable to current participants. An actuarial cost method allocates the estimated ultimate cost in some reasonable manner over the working lifetimes of the current plan participants. The principal difference between different actuarial cost methods is the proportion of the estimated ultimate cost (i.e., the present value of future benefits) that is allocated to past service and future service.

The actuarial cost method used for this plan is the Projected Unit Credit Method. Under this method, projected benefits are proportionately allocated to projected years of service for each participant. The Normal Cost for a particular plan year is equal to the sum of the present value of the portion of projected benefits allocated to that year for all participants plus estimated administrative expenses. The Actuarial Liability is equal to the sum of the present value of the portion of projected benefits allocated to prior years of service for all participants. The Unfunded Actuarial Liability is equal to the difference between the Actuarial Liability and the Actuarial Value of Assets. The Unfunded Actuarial Liability is usually amortized in level annual installments and funded as an addition to the Normal Cost.

To monitor plan experience, the Unfunded Actuarial Liability is compared to the expected Unfunded Actuarial Liability which would have resulted had all actuarial assumptions been realized. The difference between the expected and the actual Unfunded Actuarial Liability represents an experience gain (or loss), which is then usually amortized, in level dollar amounts, over a specified number of years.

Asset Valuation Method

For actuarial valuation purposes, the Actuarial Value of Assets, under the plan's asset valuation method, is equal to the Accrued Plan Assets.

Actuarial Methods and Assumptions

Retirement Age	Age 64, or immediate if beyond age 64.								
Mortality Rates Before Retirement	IRS 2024 Static Mortality Table for Males and Females.								
Pre-retirement Interest Rate for Funding	7.0% per year.								
Mortality Rates After Retirement	2024 Unisex Mortality Table specified in IRS Notice 2023-73.								
Post-retirement Interest Rate for Funding	5.0% per year.								
Participant Withdrawal Rates	150% of T-5 Rates of Withdrawal from the Pension Actuary's Handbook, as illustrated below:								
	<table> <tr> <th><u>Age</u></th><th><u>Annual Percent Withdrawing</u></th></tr> <tr> <td>25</td><td>11.5863</td></tr> <tr> <td>40</td><td>7.7256</td></tr> <tr> <td>55</td><td>1.4091</td></tr> </table>	<u>Age</u>	<u>Annual Percent Withdrawing</u>	25	11.5863	40	7.7256	55	1.4091
<u>Age</u>	<u>Annual Percent Withdrawing</u>								
25	11.5863								
40	7.7256								
55	1.4091								
Compensation Increase	0.0% per year.								
Social Security Wage Base Increase*	0.0% per year.								
Maximum Benefit and Compensation Increases	The maximum benefit and compensation limits are assumed <i>not</i> to increase in the future.								
Marital Status	80% of current participants are married.								
Spouse Age	Spouse of male participant is 3 years younger, and spouse of female participant is 3 years older.								
Form of Payment	Lump Sum								
Administrative Expenses*	Annual estimated administrative charges.								

* These assumptions are not used to determine the Present Value of Accumulated Plan Benefits.

Summary of Principal Plan Provisions

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

Effective Date of Plan	July 1, 1977.
Effective Date of Latest Amendment	June 30, 1999.
Fresh Start Date	June 30, 1998.
Eligibility	All employees become Participants of this Plan after completion of one year of service, and attainment of age 21. Service with an organization in the health and social service field counts towards the service requirement for eligibility. No new participants join the plan after June 30, 1999.
Compensation	Compensation includes all wages, salaries, fees and amounts received for personal service rendered in the course of employment. Compensation includes contributions made to a salary reduction or deferred compensation plan. Prior to 2002, compensation for any plan year, for benefit purposes, is limited to \$150,000 adjusted for increases prescribed by the Secretary of the Treasury. For the 2002 plan year, EGTRRA increased prospectively the limit to \$200,000 annually. For prospective years after 2002, the \$200,000 limit will be indexed for inflation. For 2024, the compensation limit is \$345,000.
Final Average Earnings	The highest average monthly compensation for 60 consecutive months within the last consecutive 120 months of service prior to July 1, 1999.
Social Security Average Monthly Wage	Monthly average of the Social Security Taxable Wage Bases for the 35 calendar years ending with the year the Participant attains Social Security Retirement Age.
Benefit Accrual Service	Years and months of employment after completing the eligibility requirements plus years and months of participation under a prior plan of this Employer. Benefit Accrual Service shall also include participation under any other pension plan underwritten by Mutual of America and any Jewish Federation plan provided that the participant was partially or fully vested in a retirement benefit under such plan. Benefit Accrual Service shall not be granted for any periods after June 30, 1999.

Summary of Principal Plan Provisions

Vesting	20% after 3 years of service, 40% after 4 years, 60% after 5 years, 80% after 6 years and 100% after 7 years. Benefits attributable to employment with a prior Employer are 100% vested only after 5 years of participation in this Plan.
Retirement Dates	
Normal	The first of the month coincident with or next following the Participant's 65th birthday.
Early	The first of the month on or after attainment of age 55 (but before age 65), on which the Participant elects to retire.
Deferred	The first of any month following Normal Retirement Date on which the Participant elects to retire.
Frozen Accrued Benefit	The Accrued Benefit as of the Fresh Start Date determined under the provisions of the Plan then in effect. The Accrued Benefit is reduced by the retirement benefit provided by a prior plan of this Employer, or a plan of a Prior Employer attributable to Benefit Accrual Service also recognized by this Plan.
Benefit Formula	The monthly Normal Retirement benefit is determined as follows: For Highly Compensated Employees, the annual benefit is the greater of (i) and (ii) below: (i) The Participant's Frozen Accrued Benefit. (ii) The sum of 1.5% of the Participant's Final Average Earnings times Credited Service, up to a maximum of 25 years, and 0.3% of the excess, if any, of the Participant's Final Average Earnings over the Social Security Average Monthly Wage times Credited Service, up to a maximum of 25 years. For Non-Highly Compensated Employees, the annual benefit is the sum of (i) and (ii), but in no event less than the benefit accrued to June 30, 1992: (i) 1.5% of Final Average Earnings times Credited Service; (ii) 0.3% of any excess of Final Average Earnings over the Social Security Average Wage times Credited Service, up to a maximum of 35 years. The annual benefit may be offset by vested benefits under a prior plan of the employer or any other plan for which Credited Service is granted under this plan.

Summary of Principal Plan Provisions

Accrued Benefit	The Accrued Benefit is computed under the Benefit Formula above using Benefit Accrual Service, Final Average Earnings and Social Security Average Monthly Wage at date of determination.
Early Retirement Benefit	The Accrued Benefit reduced by $\frac{1}{15}$ for each of the first five years and $\frac{1}{30}$ for each of the next five years by which the Early Retirement Date precedes the Normal Retirement Date. However, participants who have completed either: (a) 25 years of credited service including prior Jewish Federation service may retire at age 62 without reduction of benefit. Between ages 55 and 62 the reduction will be 2 percent a year. (b) 30 years of credited service including prior Jewish Federation service may retire at age 60 without reduction of benefit. Between ages 55 and 60 the reduction will be 2 percent a year.
Deferred Retirement Benefit	The Accrued Benefit reflecting Final Average Earnings and Benefit Accrual Service to the Deferred Retirement Date.
Maximum Benefit	The annual benefit shall not exceed the lesser of (i) \$160,000 indexed after 2002 for inflation adjustments and (ii) 100% of the average compensation for the 3 consecutive years producing the highest average. For 2024, the dollar amount of \$275,000 is in the form of a non-refund life annuity. This amount is adjusted to reflect commencement before age 62 or after age 65 for forms of payment other than a non-refund life annuity and Cost of Living Supplements, if any. It is prorated for less than 10 years of participation in the Plan.
Minimum Accrued Benefit	The Accrued Benefit computed under the provisions of the plan as of the latest amendment adoption date.
Normal Form of Payment	A non-refund monthly life annuity.
Automatic Form of Payment	For a married Participant, a monthly Joint and 66 $\frac{2}{3}$ % Survivor with 120 months certain and continuous annuity actuarially equivalent to the monthly benefit in the Normal form.
Optional Forms of Payment	The Plan provides other possible forms of annuity, all actuarially equivalent to the normal form of payment.

Summary of Principal Plan Provisions

Lump Sum	The Plan allows Participants to receive a single lump sum in lieu of a monthly annuity at retirement. The actuarial basis for determining the lump sum is different than for other optional forms. For the 2024 plan year, the interest rate is the monthly spot segment rate based on high quality corporate bonds and mortality using the 2024 Unisex Mortality Table specified in IRS Notice 2023-73.
Death Benefit Before Retirement	If a vested participant dies before retirement benefits have commenced, the death benefit shall be equal to the lump sum value of 100% of the retirement benefit otherwise payable.
Disability Benefit	Periods of disability while a participant receives a Social Security Disability Income are also counted as Benefit Accrual Service excluding the first six months of disability and ending on Normal or Early Retirement Date. The compensation rate in effect immediately prior to disability is assumed to continue while disabled. Such compensation rate shall not exceed 120% of the compensation rate in effect one year prior to disability.

2024 SCHEDULE B ATTACHMENT – FUNDING STANDARD ACCOUNT AMORTIZATION AMOUNTS

Plan Sponsor:	Greater Miami Jewish Federation, Inc.	EIN #:	59-0624404
Plan Name:	Defined Benefit of Greater Miami Jewish Federation, Inc.	Plan #:	001

Funding Standard Account Amortization Amounts

<u>Amortization Base</u>	<u>Date Established</u>	<u>Original Amortization Base</u>	<u>Outstanding Balance as of 7/1/2024</u>	<u>Remaining Years as of 7/1/2024</u>	<u>Annual Amortization Amount</u>
Charges					
Experience Loss	7/1/2024	79,128	79,128	5	18,036
Total Charges			<u>\$79,128</u>		<u>\$18,036</u>
Credits					
Total Credits			<u>\$0</u>		<u>\$0</u>
Net Amount			<u>\$79,128</u>		<u>\$18,036</u>