

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
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 If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
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	MANLEY, DEAS & KOCHALSKI LLC CASH BALANCE PLAN		1b Three-digit plan number (PN) ▶	002
			1c Effective date of plan	01/01/2008
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)	MANLEY, DEAS & KOCHALSKI, LLC		2b Employer Identification Number (EIN)	13-4225050
	1555 LAKE SHORE DRIVE COLUMBUS, OH 43204		2c Plan Sponsor's telephone number	614-220-5611
	1555 LAKE SHORE DRIVE COLUMBUS, OH 43204		2d Business code (see instructions)	541110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2023	MATT KAHNERT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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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
5 Total number of participants at the beginning of the plan year		5 231
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year		6a(1) 142
a(2) Total number of active participants at the end of the plan year		6a(2) 169
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 94
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 263
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 263
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 1D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) 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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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>MANLEY, DEAS & KOCHALSKI LLC CASH BALANCE PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MANLEY, DEAS & KOCHALSKI, LLC</u>	D Employer Identification Number (EIN) <u>13-4225050</u>
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 <u>01</u> Day <u>01</u> Year <u>2022</u>	
2 Assets:	
a Market value.....	2a <u>4445151</u>
b Actuarial value	2b <u>4445151</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants <u>0</u> (2) Vested Funding Target <u>0</u> (3) Total Funding Target <u>0</u>
b For terminated vested participants.....	<u>89</u> <u>232766</u> <u>232766</u>
c For active participants.....	<u>142</u> <u>3779527</u> <u>3779527</u>
d Total	<u>231</u> <u>4012293</u> <u>4012293</u>
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 <u>5.33 %</u>
6 Target normal cost	
a Present value of current plan year accruals.....	6a <u>178316</u>
b Expected plan-related expenses	6b <u>0</u>
c Total (line 6a + line 6b)	6c <u>178316</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		<u>10/09/2023</u>
Signature of actuary		Date
<u>DONALD BUNGENSTOCK, E.A., M.A.A.A.</u>		<u>23-05702</u>
Type or print name of actuary		Most recent enrollment number
<u>LATITUDE RETIREMENT</u>		<u>574-936-6200</u>
Firm name		Telephone number (including area code)
<u>1500 NORTH OAK DRIVE</u> <u>PLYMOUTH, IN 46563</u>		
Address of the firm		

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 3
22 Weighted average retirement age				22 62
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	178316	
b Excess assets, if applicable, but not greater than line 31a	31b	178316	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan MANLEY, DEAS & KOCHALSKI LLC CASH BALANCE PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 MANLEY, DEAS & KOCHALSKI, LLC	D Employer Identification Number (EIN) 13-4225050	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

FIRST MERCHANTS BANK N.A.

35-6412246

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	TRUSTEE	23789	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III	Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)
a Name:	JOHN GERLACH & COMPANY
b EIN:	31-4419361
c Position:	ACCOUNTANT
d Address:	37 W BROAD ST, 8TH FLOOR COLUMBUS, OH 43215
e Telephone:	614-224-2164

Explanation: JOHN GERLACH & COMPANY LLP'S AUDIT PRACTICE WAS ACQUIRED BY GBQ.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>MANLEY, DEAS & KOCHALSKI LLC CASH BALANCE PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MANLEY, DEAS & KOCHALSKI, LLC</u>	D Employer Identification Number (EIN) <u>13-4225050</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	00
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....		1b(1)	00
(2) Participant contributions.....		1b(2)	
(3) Other.....		1b(3)	1716417834
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	52201127997
(2) U.S. Government securities		1c(2)	174000167199
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other		1c(3)(B)	25061982115842
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common.....		1c(4)(B)	
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans.....		1c(8)	
(9) Value of interest in common/collective trusts.....		1c(9)	
(10) Value of interest in pooled separate accounts.....		1c(10)	
(11) Value of interest in master trust investment accounts.....		1c(11)	
(12) Value of interest in 103-12 investment entities		1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)	16955881500193
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other		1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4445151	3929065

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4445151	3929065
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	47883	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		47883
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	11015	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		11015
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	-1093	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-1093
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	-541031	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-541031

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-483226
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9071	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		9071
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	23789	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		23789
j Total expenses. Add all expense amounts in column (b) and enter total	2j		32860
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-516086
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **GBQ PARTNERS, LLC**

(2) EIN: **20-2122306**

d The opinion of an independent qualified public accountant is **not attached** because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 483885.

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan MANLEY, DEAS & KOCHALSKI LLC CASH BALANCE PLAN		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 MANLEY, DEAS & KOCHALSKI, LLC		D Employer Identification Number (EIN) 13-4225050
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 1
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:	
a	The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a
b	The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b
c	The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:	
a	The corresponding number for the plan year immediately preceding the current plan year.....	15a
b	The corresponding number for the second preceding plan year.....	15b
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:	
a	Enter the number of employers who withdrew during the preceding plan year	16a
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐	

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

• **Financial Statements**
• with Supplementary Information
•

• **Manley Deas &**
• **Kochalski, LLC**
• **Cash Balance Plan**

• December 31, 2022 and 2021



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To the Plan Administrator of
Manley Deas & Kochalski, LLC
Cash Balance Plan
Columbus, Ohio

Independent Auditor's Report

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

We have performed audits of the financial statements of Manley Deas & Kochalski, LLC Cash Balance Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the years then ended, stating that the certified investment information, as described in the notes to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and the procedures performed as described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report:

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP); and
- the certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

To the Plan Administrator of
Manley Deas & Kochalski, LLC
Cash Balance Plan
Page 4

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

Supplemental Schedules Required by ERISA

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022 and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2022 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

GBQ Partners LLC

Columbus, Ohio
October 13, 2023

MANLEY DEAS & KOCHALSKI, LLC CASH BALANCE PLAN

Statements of Net Assets Available for Benefits

December 31, 2022 and 2021

	2022	2021
Assets		
Cash	\$ -	\$ 4
Certificates of deposit	96,270	133,540
Investments, at fair value	3,814,961	4,294,443
	<u>3,911,231</u>	<u>4,427,983</u>
Accrued interest and dividends	17,834	17,164
	<u>17,834</u>	<u>17,164</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 3,929,065</u></u>	<u><u>\$ 4,445,151</u></u>

The accompanying notes are an integral part of the financial statements.

MANLEY DEAS & KOCHALSKI, LLC CASH BALANCE PLAN

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31, 2022 and 2021

	2022	2021
Additions to Net Assets Attributed to		
Interest and dividend income	\$ 58,898	\$ 117,298
Net appreciation in fair value of investments	-	381,161
Employer contributions	-	376,000
Total additions	58,898	874,459
Deductions from Net Assets Attributed to		
Benefits paid to participants and beneficiaries	9,071	2,331,278
Net depreciation in fair value of investments	542,124	-
Administrative fees	23,789	29,477
Total deductions	574,984	2,360,755
Net decrease	(516,086)	(1,486,296)
Net Assets Available for Benefits		
Beginning of year	4,445,151	5,931,447
End of year	\$ 3,929,065	\$ 4,445,151

The accompanying notes are an integral part of the financial statements.

MANLEY DEAS & KOCHALSKI, LLC CASH BALANCE PLAN

Notes to Financial Statements

December 31, 2022 and 2021

Plan Description

The following description of the Manley Deas & Kochalski, LLC Cash Balance Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a non-contributory, defined benefit pension plan established effective January 1, 2008. The Plan covers certain eligible employees based upon job title of Manley Deas & Kochalski, LLC and affiliated companies (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective December 31, 2022, the Plan was amended to freeze the benefit accruals for all participants. As of the effective date, no new participants will be added to the Plan and current participants will no longer accrue benefits under the Plan. Although the Plan is frozen, the Company has not elected a definite date of termination.

Contributions and Pension Benefits

Subject to the provisions of the Plan, a participant earns the right to receive a pension benefit when one of the following thresholds is met:

- Participants are 100% vested after the completion of 3 years of service;
- Participants have reached the later of normal retirement age (62) and 3 years of participation in the Plan, while in covered employment.

The aggregate period of service includes all years of service completed by the participant whether or not such years of service were completed consecutively. Additionally, the years of service must occur without a 5-year break in service. If a participant terminates employment with the Company before rendering three years of service, they forfeit their right to receive the non-vested portion of their accumulated plan benefits.

Under the Plan's benefit formula, which is the cash balance plan formula, if an individual is not an officer or an owner of the Company, their unit cash benefit is 2% of their pay for each year in which they are entitled to earn a unit cash benefit, but not less than an equal dollar amount for each participant who is not an officer or an owner up to the amount that allows the plan to meet the requirements prescribed in the Internal Revenue Code. The non-officer or owner cash balance benefit cannot exceed 100% of the participants pay in any year. The non-officer or owner benefit is not less than the greater of 0.5% of the participants pay for each year or the vested top heavy minimum benefit.

An officer or an owner who is a plan participant is eligible for a unit cash benefit of the least of ten times their benefit compensation or the maximum amount during any Plan year allowable under the Internal Revenue Code.

MANLEY DEAS & KOCHALSKI, LLC CASH BALANCE PLAN

Notes to Financial Statements

December 31, 2022 and 2021

Plan Description (continued)

Pension Benefits (continued)

For the purpose of calculating contributions, compensation of a participant cannot exceed the Internal Revenue Service annual compensation limit. Each participant's account is credited, at the end of the Plan year, at interest rates commensurate with the rates of high-quality corporate bonds.

Depending on circumstances described under the Plan, benefits can be paid in the form of a single lump-sum payment, life annuity, or a qualified joint and survivor annuity. Upon termination of employment with the Company, a participant can withdraw their vested account balance in the Plan, roll it over into an individual retirement account or other tax qualified retirement plan, or maintain their account balance in the Plan and continue to earn interest in accordance with the terms of the Plan.

Death and Disability Benefits

If a participant dies on or after the normal retirement date, a death benefit will be paid to the participant's spouse in the form of a qualified joint and survivor annuity or to the beneficiary in a lump-sum payment. In addition, if a participant dies before the normal retirement date, the spouse will be eligible for the pre-retirement survivor annuity, as defined in the Plan agreement. Active employees who become disabled may request payment of their entire accrued benefit.

SECURE Act 2.0

On December 23, 2022, Congress passed the Consolidated Appropriations Act of 2023 which included SECURE Act 2.0. SECURE Act 2.0 contains over 90 new retirement provisions, with varying effective dates through 2027. Since SECURE Act 2.0 provisions include both required and optional elements, the plan administrator will determine the optional provisions to elect and amend the Plan document accordingly. Most of the significant provisions will become effective in 2024 and thereafter. Accordingly, there is no material impact to the Plan's 2022 financial statements.

Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

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

MANLEY DEAS & KOCHALSKI, LLC CASH BALANCE PLAN

Notes to Financial Statements

December 31, 2022 and 2021

Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value, except for the certificates of deposit, which are valued at cost plus interest earned. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances--retirement, death, disability, and termination of employment--are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts of interest) and the probability of payment (by means of decrements such as for death or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2022 and 2021 are: (a) life expectancy of participants, (b) retirement age assumptions, and (c) investment returns. The valuation included an assumed average rate of return of approximately 5.00% for both 2022 and 2021.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue, although frozen. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Administrative Expenses

The Plan's administrative expenses are paid by either the Plan or the Company, as provided in the Plan agreement.

MANLEY DEAS & KOCHALSKI, LLC CASH BALANCE PLAN

Notes to Financial Statements

December 31, 2022 and 2021

Funding Policy

The Company's funding policy is to make annual contributions to the Plan based on an actuarial calculation of the Plan's normal cost, plus any additional amounts, to prevent a funding deficiency as determined by law. At December 31, 2022 and 2021, the Plan met the minimum funding requirements of ERISA.

Accumulated Plan Benefits

Information regarding the Plan's obligations and funded status is determined at a valuation date of January 1 of each year. The accumulated plan benefits consisted of the following as of the January 1, 2022 and 2021:

	2022	2021
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ -	\$ -
Other participants	4,135,471	5,987,955
	<u>4,135,471</u>	<u>5,987,955</u>
Nonvested benefits	72,872	53,553
Total	<u>\$ 4,208,343</u>	<u>\$ 6,041,508</u>

Changes in accumulated Plan benefits were as follows for the years ended January 1, 2022 and 2021:

	2022	2021
Actuarial present value of accumulated plan benefits at the beginning of year	\$ 6,041,508	\$ 5,376,493
(Decrease) increase during the year attributed to:		
Benefits paid	(2,331,278)	(4,097)
Benefits accumulated	252,091	425,020
Increase for interest	281,278	267,452
Actuarial gains	(35,256)	(23,360)
Net (decrease) increase	<u>(1,833,165)</u>	<u>665,015</u>
Actuarial present value of accumulated plan benefits at the end of year	<u>\$ 4,208,343</u>	<u>\$ 6,041,508</u>

MANLEY DEAS & KOCHALSKI, LLC CASH BALANCE PLAN

Notes to Financial Statements

December 31, 2022 and 2021

Information Prepared and Certified by the Trustee

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by First Merchants Private Wealth Advisors, a division of First Merchants Bank N.A. and the trustee of the Plan.

	2022	2021
Certificates of deposit	\$ 96,270	\$ 133,540
Money market funds	127,997	52,197
US Government notes	167,199	174,000
Bond funds	158,570	57,091
Exchange traded funds	145,413	145,616
Mutual funds	1,354,780	1,549,972
Corporate bonds and notes	1,861,002	2,315,567
Total	\$ 3,911,231	\$ 4,427,983

The trustee also certified the completeness and accuracy of the following related to the aforementioned assets for the years ended December 31:

	2022	2021
Interest and dividend income	\$ 58,898	\$ 117,298
Net (depreciation) appreciation in fair value of investments	(542,124)	381,161

Certificates of Deposit

The Plan invests in certificates of deposit with initial maturities of greater than three months. These investments are readily convertible to cash, but may be subject to a penalty upon conversion. The certificates of deposit bear interest at rates ranging from 2.00% - 2.85% as of December 31, 2022 and 2021, and mature at various dates through August 2024. Upon their respective maturity dates, the certificates of deposit are renewed under extended terms.

Fair Value Measurements

GAAP established a fair value hierarchy that prioritizes the inputs to measure the fair value of the assets or liabilities being measured. Fair value is defined as the exchange value that would be received on the measurement date to sell an asset or to value the amount paid to transfer a liability in the principal or most advantageous market available to the entity in an orderly transaction between market participants. The three levels of the fair value hierarchy are as follows:

- Level 1 Inputs are unadjusted quoted market prices in active markets for identical assets or liabilities that the entity has the ability to access at the measurement date. Level 1 inputs provide the most reliable measure of fair value as of the measurement date.

MANLEY DEAS & KOCHALSKI, LLC CASH BALANCE PLAN

Notes to Financial Statements

December 31, 2022 and 2021

Fair Value Measurements (continued)

Level 2 Inputs are based on significant observable inputs, including unadjusted quoted market prices for similar assets and liabilities in active markets, unadjusted quoted prices for identical or similar assets or liabilities in markets that are not active, or inputs other than quoted prices that are observable for the asset or liability.

Level 3 Are significant unobservable inputs for the asset or liability.

The level of the fair value hierarchy within which a fair value measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

*Money Market
Funds:*

Cost approximates fair value.

*US Government
Notes:*

Valued using evaluated prices based on a compilation of primarily observable market information or a broker quote in a non-active market. Inputs include benchmark yields, base spreads, spread adjustments, Yield To Maturity, adjustments for corporate actions, treasury feeds, broker feeds and CPI.

Bond Funds:

Valued using quoted market prices of similar securities with due dates or matrix pricing.

*Exchange Traded
Funds (ETFs) and
Mutual Funds:*

Valued at the net asset value of shares held by the Plan at year-end.

*Corporate Bonds
and Notes:*

Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing the value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote, if applicable.

MANLEY DEAS & KOCHALSKI, LLC CASH BALANCE PLAN

Notes to Financial Statements

December 31, 2022 and 2021

Fair Value Measurements (continued)

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

	2022			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 127,997	\$ -	\$ -	\$ 127,997
US government notes	-	167,199	-	167,199
Bond funds	-	158,570	-	158,570
ETFs	145,413	-	-	145,413
Mutual funds	1,354,780	-	-	1,354,780
Corporate bonds and notes	-	1,861,002	-	1,861,002
Total assets at fair value	\$ 1,628,190	\$ 2,186,771	\$ -	\$ 3,814,961

	2021			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 52,197	\$ -	\$ -	\$ 52,197
US government notes	-	174,000	-	174,000
Bond funds	-	57,091	-	57,091
ETFs	145,616	-	-	145,616
Mutual funds	1,549,972	-	-	1,549,972
Corporate bonds and notes	-	2,315,567	-	2,315,567
Total assets at fair value	\$ 1,747,785	\$ 2,546,658	\$ -	\$ 4,294,443

Tax Status

The Plan received its latest determination letter from the Internal Revenue Service (IRS) dated March 10, 2017, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC) and therefore, the related trust is exempt from taxation.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

MANLEY DEAS & KOCHALSKI, LLC CASH BALANCE PLAN

Notes to Financial Statements

December 31, 2022 and 2021

Plan Termination

The Company has the right to discontinue its contributions at any time. Although it has not expressed any intent to do so, the Company also has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, the participants' benefits will become fully vested.

In the event the Plan terminates, the net assets of the Plan generally will not be available on a pro rata basis to provide participants' benefits. Certain vested benefits are guaranteed by the Pension Benefit Guaranty Corporation (PBGC), a U.S. governmental agency. Whether a particular participant's accumulated Plan benefits will be received if the Plan terminates will depend on the priority of those benefits, the Plan's net assets at that time, and the level of benefits guaranteed by the PBGC. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

Party-in-Interest Transactions

Parties-in-interest are defined under Department of Labor Regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer and certain others. The trustee of the Plan received direct compensation for their services, and therefore, these transactions qualify as party-in-interest transactions. Administrative expenses paid by the plan for these services totaled \$23,789 and \$29,477 during 2022 and 2021, respectively.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the accompanying 2022 statement of net assets available for benefits.

Concentration of Investments

The Plan invests in the Vanguard 500 Index Fund, which represents approximately 27% of the Plan's net assets available for benefits as of December 31, 2022. A significant decline in the market value of this fund would significantly affect the net assets available for benefits.

Subsequent Event – Date of Management's Evaluation

Plan management has evaluated subsequent events through the date of the Independent Auditor's Report, the date on which the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

MANLEY DEAS & KOCHALSKI, LLC CASH BALANCE PLAN

EIN # 13-4225050 - PLAN #002

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	<i>Certificates of Deposit:</i>			
	MORGAN STANLEY BANK	\$50,000, 2.300%, 07/25/2024	\$ 50,000	\$ 48,321
	CAPITAL ONE BANK	\$50,000, 2.000%, 08/21/2024	50,000	47,949
	Total certificates of deposit		100,000	96,270
	<i>Money Market Funds:</i>			
	FEDERATED HERMES	Gov't Oblig Prin Fund 117	127,997	127,997
	<i>US Government Notes:</i>			
	UNITED STATES OF AMERICA TREASURY NOTES	\$70,000, 2.000%, 02/15/2023	69,519	69,810
	UNITED STATES OF AMERICA TREASURY NOTES	\$50,000, 2.125%, 11/30/2023	49,820	48,832
	UNITED STATES OF AMERICA TREASURY NOTES	\$50,000, 2.125%, 02/29/2024	49,883	48,557
	Total US government notes		169,222	167,199
	<i>Bond Funds:</i>			
	FEDERATED HERMES	Short Intermediate Total Return Bond R6	19,009	18,600
	FEDERATED HERMES	Total Return Bond Fund Class R6	24,227	21,795
	NORTHERN TRUST	Ultra-Short Fixed Income	71,381	71,348
	VANGUARD	Total Bond Market Fund 584	36,710	30,903
	VANGUARD	S/T Invest Admiral	16,166	15,924
	Total bond funds		167,493	158,570
	<i>Exchange Traded Funds:</i>			
	S&P	Mid-Cap 400 Growth ETF iShares	27,567	42,892
	S&P	Mid-Cap 400 Value ETF iShares	31,040	45,360
	S&P	Small Cap 600 Value ETF iShares	11,636	16,801
	S&P	Small Cap 600 Growth ETF iShares	11,375	17,940
	SCHWAB	International Dividend ETF	22,015	22,420
	Total Exchange Traded Funds		103,633	145,413
	<i>Mutual Funds:</i>			
	VANGUARD	500 Index Fund Admiral Class	801,799	1,066,780
	VANGUARD	Real Estate Index Admiral	80,070	76,373
	VANGUARD	International Growth Admiral	44,966	46,584
	VANGUARD	S/C Index Admiral	52,844	59,982
	NORTHERN TRUST	Mid-Cap Index Fund	42,726	43,791
	VANGUARD	Mid-Cap Index Fund Admiral Class	61,000	51,907
	MORGAN STANLEY	International Advantage Fund	10,000	9,363
	Total Mutual Funds		1,093,405	1,354,780
	<i>Corporate Bonds and Notes:</i>			
	AMERICAN WATER CAPITAL CORP.	\$50,000, 2.950%, 09/01/2027	50,715	46,181
	AMERIPRISE FINANCIAL	\$40,000, 3.700%, 10/15/2024	40,778	39,008
	AMGEN	\$100,000, 3.125%, 05/01/2025	101,750	96,036
	APPLE INC.	\$50,000, 3.250%, 02/23/2026	49,028	48,070
	BURLINGTON NORTHERN	\$25,000, 3.400%, 09/01/2024	26,205	24,400
	CHARLES SCHWAB CORP	\$75,000, 2.000%, 03/20/2028	76,965	65,943
	CITIGROUP INC.	\$75,000, 2.000%, 10/30/2028	75,000	61,183
	COLGATE-PALMOLIVE	\$15,000, 1.950%, 02/01/2023	14,415	14,969
	COSTCO	\$60,000, 1.375%, 06/20/2027	61,443	52,635
	COSTCO	\$55,000, 2.750%, 05/18/2024	55,698	53,587
	CSX CORP	\$30,000, 2.600%, 11/01/2026	28,939	27,642
	CSX CORP	\$50,000, 3.250%, 06/01/2027	52,442	46,778
	FISVER INC	\$50,000, 2.250%, 06/01/2027	51,397	44,669

See Independent Auditor's Report.

MANLEY DEAS & KOCHALSKI, LLC CASH BALANCE PLAN

EIN # 13-4225050 - PLAN #002

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

December 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Corporate Bonds and Notes: (continued)			
	GENERAL DYNAMICS	\$50,000, 3.375%, 05/15/2023	50,225	49,722
	GENERAL DYNAMICS	\$50,000, 2.625%, 11/15/2027	51,725	45,511
	IBM CORP	\$50,000, 3.375%, 08/01/2023	51,150	49,514
	IBM CORP	\$50,000, 3.625%, 02/12/2024	50,942	49,268
	IBM CORP	\$100,000, 3.300%, 01/27/2027	106,914	94,360
	LOEWS CORP	\$50,000, 3.750%, 04/01/2026	50,431	48,319
	LOWES COS	\$50,000, 3.100%, 05/03/2027	51,787	46,634
	LOWES COS	\$75,000, 1.300%, 04/15/2028	73,251	62,428
	MASTERCARD INC	\$50,000, 2.950%, 11/21/2026	48,500	47,195
	MCDONALD'S CORP	\$30,000, 3.700%, 01/30/2026	30,177	29,200
	MICROSOFT CORP	\$55,000, 3.125%, 11/03/2025	56,062	53,180
	NORTHERN TURST	\$45,000, 3.950%, 10/30/2025	46,704	44,094
	OMICOM GROUP	\$55,000, 3.600%, 04/15/2026	53,259	52,847
	ORACLE CORP	\$50,000, 3.625%, 07/15/2023	50,920	49,614
	O'REILLY AUTOMOTIVE SR NOTE	\$15,000, 3.850%, 06/15/2023	15,419	14,918
	PARKER HANNIFIN CORPORATION	\$50,000, 3.250%, 06/14/2029	48,888	44,766
	PRAXAIR INC.	\$70,000, 2.650%, 02/05/2025	72,045	67,078
	RYDER SYSTEM INC	\$50,000, 2.900%, 12/01/2026	50,569	45,637
	STARBUCKS CORP	\$25,000, 3.100%, 03/01/2023	24,999	24,927
	STARBUCKS CORP	\$50,000, 2.450%, 06/15/2026	49,946	46,382
	SYSCO CORPORATION	\$50,000, 3.300%, 07/15/2026	47,900	47,222
	TOYOTA MOTOR CREDIT CORP	\$40,000, 3.400%, 04/14/2025	40,796	38,797
	US BANKCORP SENIOR NOTES	\$75,000, 4.548%, 07/22/2028	74,607	73,237
	VISA INC	\$50,000, 3.150%, 12/14/2025	50,320	48,210
	WALT DISNEY COMPANY	\$75,000, 2.200%, 01/13/2028	76,628	66,841
	Total corporate bonds and notes		2,008,939	1,861,002
			\$ 3,770,689	\$ 3,911,231

See Independent Auditor's Report.

MANLEY DEAS & KOCHALSKI, LLC CASH BALANCE PLAN

EIN # 13-4225050 - PLAN #002

Schedule H, Line 4j – Schedule of Reportable Transactions For the Year Ended December 31, 2022



(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	Current Value of Asset on Transaction (h) Date	Net Gain or (i) (Loss)
<u>Category (iii) - series of transactions in a security issue aggregating 5% or more of plan assets</u>						
FEDERATE HERMES GOV'T OBLIG PRIN FUND 117	Money Market Fund 111 Purchases 13 Sales	\$ 486,184 -	\$ - 409,746	\$ 486,184 409,746	\$ 486,184 409,746	\$ - -

See Independent Auditor's Report.

Manley Deas Kochalski, LLC
Cash Balance Plan

Schedule of Active Participant Data

Plan Year: 1/1/2022 to 12/31/2022

Valuation Date: 1/1/2022

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	7	0	1	0	0	0	0	0	0	0	8
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
25-29	18	3	12	0	0	0	0	0	0	0	33
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	3099
30-34	7	2	27	15	1	0	0	0	0	0	52
Avg Mo Comp	n/a	n/a	3889	n/a	n/a	n/a	n/a	n/a	n/a	n/a	4043
35-39	6	1	8	10	0	0	0	0	0	0	25
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	3587
40-44	7	0	2	2	1	0	0	0	0	0	12
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
45-49	1	0	0	0	1	0	0	0	0	0	2
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
50-54	3	0	2	0	0	0	0	0	0	0	5
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
55-59	2	0	0	0	1	1	0	0	0	0	4
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
60-64	0	0	0	1	0	0	0	0	0	0	1
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65-69	0	0	0	0	0	0	0	0	0	0	0
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
70+	0	0	0	0	0	0	0	0	0	0	0
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total	51	6	52	28	4	1	0	0	0	0	142
Avg Mo Comp	2208	n/a	3864	4964	n/a	n/a	n/a	n/a	n/a	n/a	4071

* Employees who have not met the minimum eligibility requirements are excluded

Average Age: 34.1

Average Service: 5

Manley Deas Kochalski, LLC
Cash Balance Plan

Summary of Actuarial Assumptions and Method
Plan Year: 1/1/2022 to 12/31/2022
Valuation Date: 1/1/2022

	For Funding		For 417(e)	For Actuarial Equiv.
	Min	Max		
Interest Rates	Seg 1:	4.75% 1.01%	Seg 1:	1.16% Pre-Retirement: 5.00%
	Seg 2:	5.18% 2.65%	Seg 2:	2.72% Post-Retirement: 5.00%
	Seg 3:	5.92% 3.34%	Seg 3:	3.10%
Applicable Date	10/2021	10/2021	12/2021	
Pre-Retirement				
Turnover	None		None	None
Mortality	None		None	None
Assumed Ret Age	Normal retirement age 62 and 3 years of participation		Normal retirement age 62 and 3 years of participation	Normal retirement age 62 and 3 years of participation
Future Salary Incr	4% salary increase per year		None	None
Post-Retirement				
Mortality	Male-2022 Static Table - Combined Male Female-2022 Static Table - Combined Female		2022 Applicable Mortality Table from Notice 2020-85	2022 Applicable Mortality Table from Notice 2020-85
Assumed Benefit Form For Funding			100% Lump Sum / 0% Normal Form	
Assumed Spouse's Age	Spouse assumed to be the same age as participant		Spouse assumed to be the same age as participant	
	Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known		Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known	
Calculated Effective Interest Rate			5.33%	
Cash Balance Projected Interest Crediting Rate			5.00% annual rate	
Cash Balance Post-Retirement Conversion Assumptions			5.00% interest 2022 Applicable Mortality Table from Notice 2020-85	
Actuarial Cost Method			The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.	

Manley Deas Kochalski, LLC

Cash Balance Plan

Summary of Actuarial Assumptions and Method

Plan Year: 1/1/2022 to 12/31/2022

Valuation Date: 1/1/2022

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
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 If the plan is a collectively-bargained plan, check here. ☐	
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
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 MANLEY, DEAS & KOCHALSKI LLC CASH BALANCE PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; padding: 2px;">002</td> </tr> <tr> <td colspan="2" style="padding: 2px;">1c Effective date of plan 01/01/2008</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2b Employer Identification Number (EIN) 13-4225050</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2c Plan Sponsor's telephone number 614-220-5611</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2d Business code (see instructions) 541110</td> </tr> </table>	1b Three-digit plan number (PN) ▶	002	1c Effective date of plan 01/01/2008		2b Employer Identification Number (EIN) 13-4225050		2c Plan Sponsor's telephone number 614-220-5611		2d Business code (see instructions) 541110	
1b Three-digit plan number (PN) ▶	002										
1c Effective date of plan 01/01/2008											
2b Employer Identification Number (EIN) 13-4225050											
2c Plan Sponsor's telephone number 614-220-5611											
2d Business code (see instructions) 541110											
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) MANLEY, DEAS & KOCHALSKI, LLC 1555 LAKE SHORE DRIVE 1555 LAKE SHORE DRIVE COLUMBUS OH 43204 COLUMBUS OH 43204											

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

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

SIGN HERE		<u>10/12/2023</u>	<u>Matt Kahnert</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
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		3c Administrator's telephone number 4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 231
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year		6a(1) 142
a(2) Total number of active participants at the end of the plan year		6a(2) 169
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits		6c 94
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 263
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e 0
f Total. Add lines 6d and 6e		6f 263
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 1D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration 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.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

► 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 MANLEY, DEAS & KOCHALSKI LLC CASH BALANCE PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">B Three-digit plan number (PN) ►</td> <td style="width:40%; text-align: center;">002</td> </tr> </table>	B Three-digit plan number (PN) ►	002
B Three-digit plan number (PN) ►	002		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MANLEY, DEAS & KOCHALSKI, LLC	D Employer Identification Number (EIN) 13-4225050		
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 <u>01</u> Day <u>01</u> Year <u>2022</u>	
2	Assets:	
	a Market value.....	2a 4,445,151
	b Actuarial value.....	2b 4,445,151
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.....	89 232,766 232,766
	c For active participants.....	142 3,779,527 3,779,527
	d Total.....	231 4,012,293 4,012,293
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 5.33%
6	Target normal cost.....	
	a Present value of current plan year accruals.....	6a 178,316
	b Expected plan-related expenses.....	6b 0
	c Total (line 6a + line 6b).....	6c 178,316

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 DONALD BUNGENSTOCK, E.A., M.A.A.A. Type or print name of actuary	<u>October 9, 2023</u> Date 2305702 Most recent enrollment number 574-936-6200 Telephone number (including area code)
Latitude Retirement Firm name 1500 NORTH OAK DRIVE Address of the firm PLYMOUTH IN 46563		

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, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2022
v. 220413

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	3,887
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	3,887
10 Interest on line 9 using prior year's actual return of <u>7.67</u> %.....	0	298
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		359,196
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>5.61</u> %		20,151
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		379,347
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	4,185

Part III	Funding Percentages
-----------------	----------------------------

14	Funding target attainment percentage.....	14	110.68 %
15	Adjusted funding target attainment percentage	15	110.78 %
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	105.82 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ►	18(b)	0 18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ 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: 5.18 %	3rd segment: 5.92 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 3
22 Weighted average retirement age			22 62
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	178,316	
b Excess assets, if applicable, but not greater than line 31a	31b	178,316	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
	0		0
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			
		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

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

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

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN
EMPLOYER ID #: 13-4225050: PLAN #: 002
PLAN YEAR ENDING: 12/31/2022

SCHEDULE SB, LINE 22 –DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

The method for determining the Weighted Average Retirement Age is as follows:

A weighting factor is determined for each active participant by multiplying their assumed Retirement Age by the Present Value of their Accrued Benefit (PVAB). The sum of these factors is then divided by the sum of the PVAB's to determine the Weighted Average Retirement Age.

Manley Deas Kochalski, LLC

Cash Balance Plan

Summary of Plan Provisions
Plan Year: 1/1/2022 to 12/31/2022
Valuation Date: 1/1/2022

Plan Effective Date	January 1, 2008
Plan Year	From January 1, 2022 to December 31, 2022
Eligibility	<p>All employees not excluded by class are eligible to enter on the date coincident with or following the completion of the following requirements:</p> <p>1 hour of service</p>
Normal Retirement Age	<p>All participants are eligible to retire with their full retirement benefit on the later of the following:</p> <p>Attainment of age 62 Completion of 3 years of participation from beginning of entry year</p>
Cash Balance Contribution Credit	<p>The plan provides the following cash balance contribution credits to participants based on their group classification:</p> <p>Group 1: \$203,000</p> <p>Group 2: \$86,000</p> <p>Group 3: \$95,000</p> <p>Group 4: \$1,200</p> <p>Group 5: No contribution</p> <p>Group 6: \$326.99</p> <p>Group 7: \$1,317.66</p> <p>Group 8: \$217.18</p> <p>0% of average compensation</p> <p>The maximum monthly benefit is the lesser of \$20,416.66 and 100% of the highest 3-year average salary, subject to service requirements.</p> <p>Salary based contribution credits are applied to current compensation.</p>

Manley Deas Kochalski, LLC

Cash Balance Plan

Summary of Plan Provisions
Plan Year: 1/1/2022 to 12/31/2022
Valuation Date: 1/1/2022

Normal Form of Benefit

A benefit payable for the life of the participant

Accrued Benefit

The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date.

Credited years are plan years from date of hire excluding the following:

Years with less than 1 hour of service

Termination Benefit

Upon termination for any reason other than death or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

<u>Credited Years</u>	<u>Vested Percent</u>
1	0
2	0
3	100

Credited years are plan years from date of hire excluding the following:

Years before the effective date

Years before age 18

Years with less than 1,000 hours

Top-Heavy Minimum Benefit

Top-heavy minimum benefits are provided under another plan of the employer

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently top-heavy.

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death

Cash Balance

The annual Interest Crediting Rate for this plan year is 5.00%

MANLEY DEAS & KOCHALSKI, LLC CASH BALANCE PLAN

EIN # 13-4225050 - PLAN #002

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	<i>Certificates of Deposit:</i>			
	MORGAN STANLEY BANK	\$50,000, 2.300%, 07/25/2024	\$ 50,000	\$ 48,321
	CAPITAL ONE BANK	\$50,000, 2.000%, 08/21/2024	50,000	47,949
	Total certificates of deposit		100,000	96,270
	<i>Money Market Funds:</i>			
	FEDERATED HERMES	Gov't Oblig Prin Fund 117	127,997	127,997
	<i>US Government Notes:</i>			
	UNITED STATES OF AMERICA TREASURY NOTES	\$70,000, 2.000%, 02/15/2023	69,519	69,810
	UNITED STATES OF AMERICA TREASURY NOTES	\$50,000, 2.125%, 11/30/2023	49,820	48,832
	UNITED STATES OF AMERICA TREASURY NOTES	\$50,000, 2.125%, 02/29/2024	49,883	48,557
	Total US government notes		169,222	167,199
	<i>Bond Funds:</i>			
	FEDERATED HERMES	Short Intermediate Total Return Bond R6	19,009	18,600
	FEDERATED HERMES	Total Return Bond Fund Class R6	24,227	21,795
	NORTHERN TRUST	Ultra-Short Fixed Income	71,381	71,348
	VANGUARD	Total Bond Market Fund 584	36,710	30,903
	VANGUARD	S/T Invest Admiral	16,166	15,924
	Total bond funds		167,493	158,570
	<i>Exchange Traded Funds:</i>			
	S&P	Mid-Cap 400 Growth ETF iShares	27,567	42,892
	S&P	Mid-Cap 400 Value ETF iShares	31,040	45,360
	S&P	Small Cap 600 Value ETF iShares	11,636	16,801
	S&P	Small Cap 600 Growth ETF iShares	11,375	17,940
	SCHWAB	International Dividend ETF	22,015	22,420
	Total Exchange Traded Funds		103,633	145,413
	<i>Mutual Funds:</i>			
	VANGUARD	500 Index Fund Admiral Class	801,799	1,066,780
	VANGUARD	Real Estate Index Admiral	80,070	76,373
	VANGUARD	International Growth Admiral	44,966	46,584
	VANGUARD	S/C Index Admiral	52,844	59,982
	NORTHERN TRUST	Mid-Cap Index Fund	42,726	43,791
	VANGUARD	Mid-Cap Index Fund Admiral Class	61,000	51,907
	MORGAN STANLEY	International Advantage Fund	10,000	9,363
	Total Mutual Funds		1,093,405	1,354,780
	<i>Corporate Bonds and Notes:</i>			
	AMERICAN WATER CAPITAL CORP.	\$50,000, 2.950%, 09/01/2027	50,715	46,181
	AMERIPRISE FINANCIAL	\$40,000, 3.700%, 10/15/2024	40,778	39,008
	AMGEN	\$100,000, 3.125%, 05/01/2025	101,750	96,036
	APPLE INC.	\$50,000, 3.250%, 02/23/2026	49,028	48,070
	BURLINGTON NORTHERN	\$25,000, 3.400%, 09/01/2024	26,205	24,400
	CHARLES SCHWAB CORP	\$75,000, 2.000%, 03/20/2028	76,965	65,943
	CITIGROUP INC.	\$75,000, 2.000%, 10/30/2028	75,000	61,183
	COLGATE-PALMOLIVE	\$15,000, 1.950%, 02/01/2023	14,415	14,969
	COSTCO	\$60,000, 1.375%, 06/20/2027	61,443	52,635
	COSTCO	\$55,000, 2.750%, 05/18/2024	55,698	53,587
	CSX CORP	\$30,000, 2.600%, 11/01/2026	28,939	27,642
	CSX CORP	\$50,000, 3.250%, 06/01/2027	52,442	46,778
	FISVER INC	\$50,000, 2.250%, 06/01/2027	51,397	44,669

See Independent Auditor's Report.

MANLEY DEAS & KOCHALSKI, LLC CASH BALANCE PLAN

EIN # 13-4225050 - PLAN #002

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

December 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Corporate Bonds and Notes: (continued)			
	GENERAL DYNAMICS	\$50,000, 3.375%, 05/15/2023	50,225	49,722
	GENERAL DYNAMICS	\$50,000, 2.625%, 11/15/2027	51,725	45,511
	IBM CORP	\$50,000, 3.375%, 08/01/2023	51,150	49,514
	IBM CORP	\$50,000, 3.625%, 02/12/2024	50,942	49,268
	IBM CORP	\$100,000, 3.300%, 01/27/2027	106,914	94,360
	LOEWS CORP	\$50,000, 3.750%, 04/01/2026	50,431	48,319
	LOWES COS	\$50,000, 3.100%, 05/03/2027	51,787	46,634
	LOWES COS	\$75,000, 1.300%, 04/15/2028	73,251	62,428
	MASTERCARD INC	\$50,000, 2.950%, 11/21/2026	48,500	47,195
	MCDONALD'S CORP	\$30,000, 3.700%, 01/30/2026	30,177	29,200
	MICROSOFT CORP	\$55,000, 3.125%, 11/03/2025	56,062	53,180
	NORTHERN TURST	\$45,000, 3.950%, 10/30/2025	46,704	44,094
	OMICOM GROUP	\$55,000, 3.600%, 04/15/2026	53,259	52,847
	ORACLE CORP	\$50,000, 3.625%, 07/15/2023	50,920	49,614
	O'REILLY AUTOMOTIVE SR NOTE	\$15,000, 3.850%, 06/15/2023	15,419	14,918
	PARKER HANNIFIN CORPORATION	\$50,000, 3.250%, 06/14/2029	48,888	44,766
	PRAXAIR INC.	\$70,000, 2.650%, 02/05/2025	72,045	67,078
	RYDER SYSTEM INC	\$50,000, 2.900%, 12/01/2026	50,569	45,637
	STARBUCKS CORP	\$25,000, 3.100%, 03/01/2023	24,999	24,927
	STARBUCKS CORP	\$50,000, 2.450%, 06/15/2026	49,946	46,382
	SYSCO CORPORATION	\$50,000, 3.300%, 07/15/2026	47,900	47,222
	TOYOTA MOTOR CREDIT CORP	\$40,000, 3.400%, 04/14/2025	40,796	38,797
	US BANKCORP SENIOR NOTES	\$75,000, 4.548%, 07/22/2028	74,607	73,237
	VISA INC	\$50,000, 3.150%, 12/14/2025	50,320	48,210
	WALT DISNEY COMPANY	\$75,000, 2.200%, 01/13/2028	76,628	66,841
	Total corporate bonds and notes		2,008,939	1,861,002
			<u>\$ 3,770,689</u>	<u>\$ 3,911,231</u>

See Independent Auditor's Report.