

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan WEINBERG, ROGER & ROSENFELD PENSION PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 02/01/1978
2a Plan sponsor's name (employer, if for a single-employer plan) WEINBERG, ROGER & ROSENFELD A PROFESSIONAL CORP.
2b Employer Identification Number (EIN) 94-2458080
2c Sponsor's telephone number 510-337-1001
2d Business code (see instructions) 541110
3a Plan administrator's name and address [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year 94
5b Total number of participants at the end of the plan year 97
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
5d(1) Total number of active participants at the beginning of the plan year 41
5d(2) Total number of active participants at the end of the plan year 41
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 1

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, and Name. Includes entries for EZEKIEL CARDER signed on 03/14/2025.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....  Yes  No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) .....  Yes  No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .....  Yes  No  Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 533897. (See instructions.)

| <b>Part III Financial Information</b> |   |                              |                        |
|---------------------------------------|---|------------------------------|------------------------|
| <b>7</b>                              |   | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
| <b>a</b>                              | Total plan assets .....   | 24131402                     | 27083820               |
| <b>b</b>                              | Total plan liabilities .....  |                              | 0                      |
| <b>c</b>                              | Net plan assets (subtract line 7b from line 7a) .....                                       | 24131402                     | 27083820               |
| <b>8</b>                              |   | <b>(a) Amount</b>            | <b>(b) Total</b>       |
| <b>a</b>                              | Contributions received or receivable from:  |                              |                        |
| <b>(1)</b>                            | Employers .....   | 2500000                      |                        |
| <b>(2)</b>                            | Participants .....  | 0                            |                        |
| <b>(3)</b>                            | Others (including rollovers) .....  | 0                            |                        |
| <b>b</b>                              | Other income (loss) .....   | 1887333                      |                        |
| <b>c</b>                              | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....                                  |                              | 4387333                |
| <b>d</b>                              | Benefits paid (including direct rollovers and insurance premiums to provide benefits) ..... | 1399373                      |                        |
| <b>e</b>                              | Certain deemed and/or corrective distributions (see instructions) .                         | 0                            |                        |
| <b>f</b>                              | Administrative service providers (salaries, fees, commissions) .....                        | 200                          |                        |
| <b>g</b>                              | Other expenses .....  | 35342                        |                        |
| <b>h</b>                              | Total expenses (add lines 8d, 8e, 8f, and 8g) .....   |                              | 1434915                |
| <b>i</b>                              | Net income (loss) (subtract line 8h from line 8c) .....                                     |                              | 2952418                |
| <b>j</b>                              | Transfers to (from) the plan (see instructions) .....                                       | 0                            |                        |

| <b>Part IV Plan Characteristics</b> |  |
|-------------------------------------|--|
| <b>9a</b>                           | If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:<br>1A 3D |
| <b>b</b>                            | If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:          |

| <b>Part V Compliance Questions</b> |  |            |           |               |
|------------------------------------|--|------------|-----------|---------------|
| <b>10</b>                          |  | <b>Yes</b> | <b>No</b> | <b>Amount</b> |
| <b>a</b>                           | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program) ..... |            | X         |               |
| <b>b</b>                           | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....  |            | X         |               |
| <b>c</b>                           | Was the plan covered by a fidelity bond? .....   | X          |           | 500000        |
| <b>d</b>                           | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....   |            | X         |               |
| <b>e</b>                           | Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) .....   |            | X         |               |
| <b>f</b>                           | Has the plan failed to provide any benefit when due under the plan? .....  |            | X         |               |
| <b>g</b>                           | Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....  |            | X         |               |
| <b>h</b>                           | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....  |            | X         |               |
| <b>i</b>                           | If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....   |            |           |               |

**Part VI Pension Funding Compliance**

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

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

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

Yes.

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

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

No. Other. Provide explanation \_\_\_\_\_

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

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

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

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

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

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

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

**Part VII Plan Terminations and Transfers of Assets**

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

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

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

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

| <b>13c(1)</b> Name of plan(s): | <b>13c(2)</b> EIN(s) | <b>13c(3)</b> PN(s) |
|--------------------------------|----------------------|---------------------|
|                                |                      |                     |

**Part VIII IRS Compliance Questions**

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

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

- Design-based safe harbor method
- "Prior year" ADP test
- "Current year" ADP test
- N/A

**15** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 30 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501366A.

|   |  |  |
|---|--|--|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|--|

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

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

|   |   |            |
|---|---|------------|
| <b>A</b> Name of plan<br><u>WEINBERG, ROGER &amp; ROSENFELD PENSION PLAN</u>  | <b>B</b> Three-digit plan number (PN) ▶   | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>WEINBERG, ROGER &amp; ROSENFELD A PROFESSIONAL CORP.</u>   | <b>D</b> Employer Identification Number (EIN)<br><u>94-2458080</u>  |            |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |            |

|   |                            |                           |                          |
|---|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>   |                            |                           |                          |
| <b>1</b> Enter the valuation date:  | Month <u>01</u>            | Day <u>01</u>             | Year <u>2024</u>         |
| <b>2</b> Assets:  |                            |                           |                          |
| <b>a</b> Market value .....   | <b>2a</b>                  | <u>24131402</u>           |                          |
| <b>b</b> Actuarial value .....  | <b>2b</b>                  | <u>24131402</u>           |                          |
| <b>3</b> Funding target/participant count breakdown   | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....   | <u>28</u>                  | <u>13936727</u>           | <u>13936727</u>          |
| <b>b</b> For terminated vested participants .....   | <u>26</u>                  | <u>1625670</u>            | <u>1625670</u>           |
| <b>c</b> For active participants .....  | <u>41</u>                  | <u>5069864</u>            | <u>5112321</u>           |
| <b>d</b> Total .....  | <u>95</u>                  | <u>20632261</u>           | <u>20674718</u>          |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>   |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....   | <b>4a</b>                  |                           |                          |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....  | <b>5</b>                   | <u>4.96 %</u>             |                          |
| <b>6</b> Target normal cost   |                            |                           |                          |
| <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                  | <u>412192</u>             |                          |
| <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                  | <u>0</u>                  |                          |
| <b>c</b> Target normal cost .....   | <b>6c</b>                  | <u>412192</u>             |                          |

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

|                  |  |                     |  |
|------------------|--|---------------------|--|
| <b>SIGN HERE</b> |  |                     |  |
|                  | Signature of actuary   | <u>03/10/2025</u>   | Date                                   |
|                  | <u>WILLIAM YEE</u>   | <u>23-03989</u>     | Most recent enrollment number          |
|                  | <u>WM YEE ACTUARIAL CONSULTING</u>                           | <u>510-381-1125</u> | Telephone number (including area code) |
|                  | <u>201 FOURTH STREET<br/>SUITE 202<br/>OAKLAND, CA 94607</u> |                     |  |
|                  | Address of the firm  |                     |  |

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



|  |                        |                        |   |
|--|------------------------|------------------------|---|
| <b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>  |                        |                        |   |
| <b>21</b> Discount rate:   |                        |                        |   |
| <b>a</b> Segment rates:  | 1st segment:<br>4.75 % | 2nd segment:<br>4.96 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....   |                        |                        | <b>21b</b> 0  |
| <b>22</b> Weighted average retirement age .....  |                        |                        | <b>22</b> 65  |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |   |

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

|   |  |  |             |
|---|--|--|-------------|
| <b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>   |  |  |             |
| <b>28</b> Unpaid minimum required contributions for all prior years .....   |  |  | <b>28</b> 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... |  |  | <b>29</b> 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....                                    |  |  | <b>30</b> 0 |

|  |                     |                    |                   |
|--|---------------------|--------------------|-------------------|
| <b>Part VIII Minimum Required Contribution For Current Year</b>  |                     |                    |                   |
| <b>31</b> Target normal cost and excess assets (see instructions):   |                     |                    |                   |
| <b>a</b> Target normal cost (line 6c) .....  | <b>31a</b>          | 412192             |                   |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....   | <b>31b</b>          | 412192             |                   |
| <b>32</b> Amortization installments:   | Outstanding Balance | Installment        |                   |
| <b>a</b> Net shortfall amortization installment .....  | 0                   | 0                  |                   |
| <b>b</b> Waiver amortization installment.....  | 0                   | 0                  |                   |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |                   |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....  | <b>34</b>           | 0                  |                   |
|  | Carryover balance   | Prefunding balance | Total balance     |
| <b>35</b> Balances elected for use to offset funding requirement .....   | 0                   | 0                  | 0                 |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....  |                     |                    | <b>36</b> 0       |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....  |                     |                    | <b>37</b> 2393228 |
| <b>38</b> Present value of excess contributions for current year (see instructions)  |                     |                    |                   |
| <b>a</b> Total (excess, if any, of line 37 over line 36)   | <b>38a</b>          | 2393228            |                   |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....   | <b>38b</b>          | 0                  |                   |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....  |                     |                    | <b>39</b> 0       |
| <b>40</b> Unpaid minimum required contributions for all years .....  |                     |                    | <b>40</b> 0       |

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

**Weinberg, Roger & Rosenfeld  
 Pension Plan  
 Actuarial Valuation as of January 1, 2024**

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**B. SCHEDULE OF ACTIVE PARTICIPANTS**

**Years of Service**

| <b>Age</b>   | <b>0-4</b> | <b>5-9</b> | <b>10-14</b> | <b>15-19</b> | <b>20-24</b> | <b>25-29</b> | <b>30-34</b> | <b>35-39</b> | <b>Total</b> |
|--------------|------------|------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| <b>20-24</b> |            |            |              |              |              |              |              |              | <b>0</b>     |
| <b>25-29</b> | 8          |            |              |              |              |              |              |              | <b>8</b>     |
| <b>30-34</b> | 3          | 1          |              |              |              |              |              |              | <b>4</b>     |
| <b>35-39</b> | 2          | 3          |              |              |              |              |              |              | <b>5</b>     |
| <b>40-44</b> |            | 2          | 1            | 3            |              |              |              |              | <b>6</b>     |
| <b>45-49</b> | 1          | 1          | 1            | 3            | 1            |              |              |              | <b>7</b>     |
| <b>50-54</b> |            |            |              | 1            | 2            |              |              |              | <b>3</b>     |
| <b>55-59</b> |            |            |              |              | 2            | 1            |              |              | <b>3</b>     |
| <b>60-64</b> |            | 1          |              | 1            |              | 2            |              |              | <b>4</b>     |
| <b>65-69</b> |            |            |              |              | 1            |              |              |              | <b>1</b>     |
| <b>70-74</b> |            |            |              |              |              |              |              |              | <b>0</b>     |
| <b>Total</b> | <b>14</b>  | <b>8</b>   | <b>2</b>     | <b>8</b>     | <b>6</b>     | <b>3</b>     | <b>0</b>     | <b>0</b>     | <b>41</b>    |

**Weinberg, Roger & Rosenfeld  
Pension Plan  
Actuarial Valuation as of January 1, 2024**

**VI. ACTUARIAL COST METHOD AND ASSUMPTIONS**

**A. ACTUARIAL COST METHOD**

The actuarial cost method used to determine the target normal cost, funding target liability and required contribution amounts for the plan is the traditional Unit Credit Actuarial Cost Method. Under this method, both the normal cost and funding target liability are based on the actual annual accrual of benefits.

The funding target liability of each active plan participant is equal to the actuarial present value of the participant's accrued benefit as of the valuation date. The total funding target liability of the plan is equal to the sum of such liabilities as determined for each active participant plus the actuarial present value of benefits being paid, or due to be paid, to retirees, beneficiaries and former participants with deferred vested benefits.

The normal cost of each active participant is equal to the actuarial present value of the benefit expected to be earned during the year starting on the valuation date. The total normal cost of the plan is the sum of the normal costs for each active plan participant.

Effective January 1, 2021 The Plan elects the Alternative Premium Funding Target using the discount rates that would have been used to determine the ERISA 303 funding target for the Premium Payment Year if not for the Interest Rate Stabilization Rules.

**B. ASSET VALUATION METHOD**

Beginning in 2009, the actuarial value of assets is set equal to the market value of assets averaged over the current valuation date and the two previous valuation dates, as prescribed by IRS Notice 2009-22. Beginning in 2017, the actuarial value of assets is reset to the market value of assets.

**C. ACTUARIAL ASSUMPTIONS**

Segment Interest Rates

|                | 24-Month Average | 24-Month Average with 25-Year Average Adjustment |
|----------------|------------------|--|
| First Segment  | 4.37%            | 4.75%  |
| Second Segment | 4.96%            | 4.96%  |
| Third Segment  | 4.95%            | 5.59%  |
| Effective Rate | 4.69%            | 4.96%  |

Pre- and Post-Retirement Mortality

None assumed pre-retirement. Post-retirement annuitant mortality table prescribed by IRC 430(h)(3)(A).

Salary Increases

Base pay increases at 3.00% per year

Social Security Wage Base increase

0.00%

Consumer Price Index

Not Applicable.

Lump Sum Conversion Interest Rate

Not Applicable

**Weinberg, Roger & Rosenfeld**  
**Pension Plan**  
**Actuarial Valuation as of January 1, 2024**

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|   |   |
|---|---|
| <u>Lump Sum Conversion Mortality</u>                    | Not Applicable.   |
| <u>Withdrawal Rates</u>                                 | None; it is deemed immaterial in the determination of liabilities   |
| <u>Disability Rates</u>                                 | None; it is deemed immaterial in the determination of liabilities   |
| <u>IRC Maximum Benefit and Compensation Limitations</u> |   |
| <i>Benefit Limit</i>                                    | \$275,000   |
| <i>Compensation Limit</i>                               | \$345,000   |
| <u>Retirement Age</u>                                   | 100% at age 65  |
| <u>Form of payment</u>                                  | Single life annuity with 10 years certain (unless participant has a subsidized joint & 100% survivor benefit accrued before June 2005.)   |
| <u>Marital Assumption</u>                               | Current marital status is assumed to remain unchanged. The actual spouse's age is used to value benefits of participants with a subsidized joint & 100% survivor accrued benefit. |
| <u>Plan Expenses</u>                                    | Plan administrative expenses are assumed to be paid directly by the Company.  |

**Weinberg, Roger & Rosenfeld**  
**Pension Plan**  
**Actuarial Valuation as of January 1, 2024**

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**VII. SUMMARY OF PLAN PROVISIONS**

|                                   |   |
|-----------------------------------|---|
| <u>Effective Date</u>             | Original effective date February 1, 1978 and restated January 1, 2019. Amendment number 4 effective May 28, 2016 excludes bonus compensation to the extent it exceeds \$10,000 in any Plan Year.  |
| <u>Plan Year</u>                  | January 1 to December 31.   |
| <u>Participation</u>              | Employees whose conditions of employment are not established by the terms of a collective bargaining agreement become a Participant after completing one Year of Service. Employees hired before July 9, 2020 become a Participant on date of employment.   |
| <u>Benefit Service</u>            | One Year of Benefit Service is credited for each year in which the employee works at least 1,000 hours.   |
| <u>Vesting Service</u>            | Vesting Service is credited under the same rule as for Benefit Service.   |
| <u>Compensation</u>               | Total amount paid to participant as reported on the Federal Income Tax Withholding Statement, plus contributions made pursuant to IRC §401(k) and dependent care assistance. Effective January 1, 2009 Compensation will exclude the cost of Employer-paid group-term life insurance in excess of \$50,000. For Plan Years beginning in and after January 1, 2016 Compensation shall exclude bonuses to the extent they exceed \$10,000 in any Plan Year. |
| <u>Final Average Compensation</u> | The average of compensation determined over the 5 consecutive calendar years in which such total is highest, or over all months of employment if the participant has worked fewer than 5 consecutive calendar years.  |
| <u>Normal Retirement Date</u>     | Age 65 and 5 <sup>th</sup> anniversary of participation.  |
| <u>Normal Form of Payment</u>     | The normal form of payment is a life annuity with 10 years certain.   |
| <u>Optional Forms of Payment</u>  | The optional forms of payment are: joint and survivor annuity with a 100%, 75% or 50% continuation percent. Married participants may elect the frozen July 1, 2005 accrued benefit payable as an unreduced 100% joint and survivor annuity.   |
| <u>Normal Retirement Benefit</u>  | One-twelfth of the sum of:<br><br>a) 38.75% of Final Average Compensation not in excess of Covered Compensation, plus   |

**Weinberg, Roger & Rosenfeld  
Pension Plan  
Actuarial Valuation as of January 1, 2024**

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b) 55% of Final Average Compensation.

The sum is reduced by 1/25 for each Year of Benefit Service by which the Participant's total potential Years of Benefit Service at Normal Retirement Date is less than 25.

Accrued Benefit

Projected Normal Retirement Pension amount that the Participant would be expected to receive assuming Benefit Service to Normal Retirement Date, multiplied by the ratio of years of Benefit Service to date divided by years of Benefit Service projected to Normal Retirement Date.

Early Retirement

A Participant who has terminated employment for any reason other than his/her death shall be entitled to either:

- 1) A monthly pension commencing on his/her Normal Retirement Date equal to his/her vested Accrued Benefit; or
- 2) A monthly pension commencing on or after his/her termination of service that is the actuarial equivalent of his/her vested Accrued Benefit.

Deferred Retirement

A Participant who retires on a Deferred Retirement Date shall be paid a benefit equal to the greater of:

- 1) His/her Accrued Benefit at Deferred Retirement Date and
- 2) His/her Accrued Benefit at Normal Retirement Date, increased by .75% per month for each month after Normal Retirement Date.

Vesting

Benefit accrued to termination of employment payable at Normal Retirement Date, multiplied by vesting percentage based on the following:

| <u>Years of<br/>Vesting Service</u> | <u>Percent Vested</u> |
|-------------------------------------|-----------------------|
| Less than 2                         | 0%                    |
| 2                                   | 20%                   |
| 3                                   | 40%                   |
| 4                                   | 60%                   |
| 5                                   | 80%                   |
| 6 or more                           | 100%                  |

Death Benefit

The Plan provides for married participants the Qualified Joint and 50% Survivor annuity.

Funding

The Company pays the entire cost of the Plan.

|   |  |  |
|---|--|--|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|--|

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

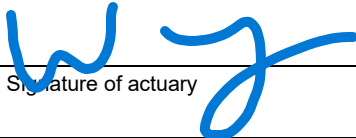
▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|   |   |            |
|---|---|------------|
| <b>A</b> Name of plan<br><u>WEINBERG, ROGER &amp; ROSENFELD PENSION PLAN</u>  | <b>B</b> Three-digit plan number (PN) ▶   | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>WEINBERG, ROGER &amp; ROSENFELD A PROFESSIONAL CORP.</u>   | <b>D</b> Employer Identification Number (EIN)<br><u>94-2458080</u>  |            |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |            |

**Part I Basic Information**

|          |   |                            |                           |
|----------|---|----------------------------|---------------------------|
| <b>1</b> | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>  |                            |                           |
| <b>2</b> | Assets:   |                            |                           |
|          | <b>a</b> Market value .....   | <b>2a</b>                  | <u>24131402</u>           |
|          | <b>b</b> Actuarial value .....  | <b>2b</b>                  | <u>24131402</u>           |
| <b>3</b> | Funding target/participant count breakdown  | (1) Number of participants | (2) Vested Funding Target |
|          | <b>a</b> For retired participants and beneficiaries receiving payment .....   | <u>28</u>                  | <u>13936727</u>           |
|          | <b>b</b> For terminated vested participants .....   | <u>26</u>                  | <u>1625670</u>            |
|          | <b>c</b> For active participants .....  | <u>41</u>                  | <u>5069864</u>            |
|          | <b>d</b> Total .....  | <u>95</u>                  | <u>20632261</u>           |
| <b>4</b> | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>  |                            |                           |
|          | <b>a</b> Funding target disregarding prescribed at-risk assumptions .....   | <b>4a</b>                  |                           |
|          | <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                           |
| <b>5</b> | Effective interest rate .....   | <b>5</b>                   | <u>4.96 %</u>             |
| <b>6</b> | Target normal cost  |                            |                           |
|          | <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                  | <u>412192</u>             |
|          | <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                  | <u>0</u>                  |
|          | <b>c</b> Target normal cost .....   | <b>6c</b>                  | <u>412192</u>             |

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

|                  |   |   |
|------------------|---|---|
| <b>SIGN HERE</b> | <br>Signature of actuary | <u>03/10/2025</u><br>Date                                     |
|                  | <u>WILLIAM YEE</u><br>Type or print name of actuary   | <u>23-03989</u><br>Most recent enrollment number              |
|                  | <u>WM YEE ACTUARIAL CONSULTING</u><br>Firm name   | <u>510-381-1125</u><br>Telephone number (including area code) |
|                  | <u>201 FOURTH STREET<br/>SUITE 202<br/>OAKLAND, CA 94607</u><br>Address of the firm                         |   |

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

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b> |  | (a) Carryover balance | (b) Prefunding balance |
|--|--|-----------------------|------------------------|
| <b>7</b>   | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....  | 0                     | 0                      |
| <b>8</b>   | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....   | 0                     | 0                      |
| <b>9</b>   | Amount remaining (line 7 minus line 8) .....   | 0                     | 0                      |
| <b>10</b>  | Interest on line 9 using prior year's actual return of <u>7.90</u> % .....   | 0                     | 0                      |
| <b>11</b>  | Prior year's excess contributions to be added to prefunding balance:   |                       |                        |
| <b>a</b>   | Present value of excess contributions (line 38a from prior year) .....   |                       | 0                      |
| <b>b(1)</b>  | Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>4.96</u> % ..... |                       | 0                      |
| <b>b(2)</b>  | Interest on line 38b from prior year Schedule SB, using prior year's actual return .....   |                       | 0                      |
| <b>c</b>   | Total available at beginning of current plan year to add to prefunding balance .....   |                       | 0                      |
| <b>d</b>   | Portion of (c) to be added to prefunding balance .....   |                       | 0                      |
| <b>12</b>  | Other reductions in balances due to elections or deemed elections .....  | 0                     | 0                      |
| <b>13</b>  | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....   | 0                     | 0                      |

| <b>Part III Funding Percentages</b> |  |           |         |
|-------------------------------------|--|-----------|---------|
| <b>14</b>                           | Funding target attainment percentage .....   | <b>14</b> | 116.72% |
| <b>15</b>                           | Adjusted funding target attainment percentage .....  | <b>15</b> | 116.72% |
| <b>16</b>                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 113.21% |
| <b>17</b>                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....  | <b>17</b> | %       |

| <b>Part IV Contributions and Liquidity Shortfalls</b> |                                | <b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b> |                       |                                |                              |
|---|--------------------------------|--|-----------------------|--------------------------------|------------------------------|
| (a) Date (MM-DD-YYYY)                                 | (b) Amount paid by employer(s) | (c) Amount paid by employees   | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
| 11/26/2024  | 2500000                        | 0  |                       |                                |                              |
|   |                                |  |                       |                                |                              |
|   |                                |  |                       |                                |                              |
|   |                                |  |                       |                                |                              |
|   |                                |  |                       |                                |                              |
|   |                                |  |                       |                                |                              |
|   |                                |  |                       |                                |                              |
|   |                                |  |                       |                                |                              |
|   |                                |  | <b>Totals ▶</b>       | <b>18(b)</b> 2500000           | <b>18(c)</b> 0               |

|  |  |   |
|--|--|---|
| <b>19</b>  | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |   |
| <b>a</b>   | Contributions allocated toward unpaid minimum required contributions from prior years .....                                | <b>19a</b> 0  |
| <b>b</b>   | Contributions made to avoid restrictions adjusted to valuation date .....  | <b>19b</b> 0  |
| <b>c</b>   | Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....             | <b>19c</b> 2393228  |
| <b>20</b>  | Quarterly contributions and liquidity shortfalls:  |   |
| <b>a</b>   | Did the plan have a "funding shortfall" for the prior year? .....  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>b</b>   | If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....             | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| <b>c</b>   | If line 20a is "Yes," see instructions and complete the following table as applicable:                                     |   |
| Liquidity shortfall as of end of quarter of this plan year |  |   |
| (1) 1st  | (2) 2nd  | (3) 3rd   |
|  |  |   |
|  |  | (4) 4th   |

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

|   |  |   |                                     |   |
|---|--|---|-------------------------------------|---|
| <b>21</b> Discount rate:                        |  |   |                                     |   |
| <b>a</b> Segment rates:                         | 1st segment:<br>4.75%                          | 2nd segment:<br>4.96%                                     | 3rd segment:<br>5.59%               | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....    |  |   |                                     | <b>21b</b> 0  |
| <b>22</b> Weighted average retirement age ..... |  |   |                                     | <b>22</b> 65  |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute |   |

**Part VI Miscellaneous Items**

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

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

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

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

|  |                     |                    |               |
|--|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c) .....  | <b>31a</b>          | 412192             |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....   | <b>31b</b>          | 412192             |               |
| <b>32</b> Amortization installments:   | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....  | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment.....  | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....  | <b>34</b>           | 0                  |               |
|  | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....   | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....  | <b>37</b>           | 2393228            |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)   | <b>38a</b>          | 2393228            |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....   | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....  | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....  | <b>40</b>           | 0                  |               |

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

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

**Form 5500-SF**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Short Form Annual Return/Report of Small Employee Benefit Plan**

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

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

OMB Nos. 1210-0110  
1210-0089

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

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


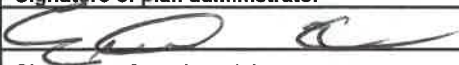
- A** This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
- B** This return/report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

**Part II Basic Plan Information**—enter all requested information

|  |  |  |                     |
|--|--|--|---------------------|
| <b>1a</b> Name of plan<br><u>WEINBERG, ROGER &amp; ROSENFELD PENSION PLAN</u>  |  | <b>1b</b> Three-digit plan number (PN) ▶       | <u>001</u>          |
|  |  | <b>1c</b> Effective date of plan               | <u>02/01/1978</u>   |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>WEINBERG, ROGER &amp; ROSENFELD A PROFESSIONAL CORP.</u><br><br><u>1375 55TH STREET</u><br><u>EMERYVILLE, CA 94608</u> |  | <b>2b</b> Employer Identification Number (EIN) | <u>94-2458080</u>   |
|  |  | <b>2c</b> Sponsor's telephone number           | <u>510-337-1001</u> |
|  |  | <b>2d</b> Business code (see instructions)     | <u>541110</u>       |
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.  |  | <b>3b</b> Administrator's EIN                  |                     |
|  |  | <b>3c</b> Administrator's telephone number     |                     |
| <b>4</b> 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.<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name   |  | <b>4b</b> EIN                                  |                     |
|  |  | <b>4d</b> PN                                   |                     |
| <b>5a</b> Total number of participants at the beginning of the plan year   |  | <b>5a</b>                                      | <u>94</u>           |
| <b>b</b> Total number of participants at the end of the plan year  |  | <b>5b</b>                                      | <u>97</u>           |
| <b>c(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)   |  | <b>5c(1)</b>                                   |                     |
| <b>c(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)   |  | <b>5c(2)</b>                                   |                     |
| <b>d(1)</b> Total number of active participants at the beginning of the plan year  |  | <b>5d(1)</b>                                   | <u>41</u>           |
| <b>d(2)</b> Total number of active participants at the end of the plan year  |  | <b>5d(2)</b>                                   | <u>41</u>           |
| <b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested   |  | <b>5e</b>                                      | <u>1</u>            |

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

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

|                  |   |                  |  |
|------------------|---|------------------|--|
| <b>SIGN HERE</b> |  | <u>3/14/2025</u> | <u>EZEKIEL CARMER</u>  |
|                  | Signature of plan administrator   | Date             | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |  | <u>3/14/2025</u> | <u>EZEKIEL CARMER</u>  |
|                  | Signature of employer/plan sponsor  | Date             | Enter name of individual signing as employer or plan sponsor |

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....  Yes  No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) .....  Yes  No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .....  Yes  No  Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 533897. (See instructions.)

**Part III Financial Information**

| <b>7 Plan Assets and Liabilities</b>   |              | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
|--|--------------|------------------------------|------------------------|
| <b>a</b> Total plan assets .....   | <b>7a</b>    | 24131402                     | 27083820               |
| <b>b</b> Total plan liabilities .....  | <b>7b</b>    |                              | 0                      |
| <b>c</b> Net plan assets (subtract line 7b from line 7a) .....                                       | <b>7c</b>    | 24131402                     | 27083820               |
| <b>8 Income, Expenses, and Transfers for this Plan Year</b>  |              | <b>(a) Amount</b>            | <b>(b) Total</b>       |
| <b>a</b> Contributions received or receivable from:  |              |                              |                        |
| (1) Employers .....  | <b>8a(1)</b> | 2500000                      |                        |
| (2) Participants .....   | <b>8a(2)</b> | 0                            |                        |
| (3) Others (including rollovers) .....   | <b>8a(3)</b> | 0                            |                        |
| <b>b</b> Other income (loss) .....   | <b>8b</b>    | 1887333                      |                        |
| <b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....                                  | <b>8c</b>    |                              | 4387333                |
| <b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) ..... | <b>8d</b>    | 1399373                      |                        |
| <b>e</b> Certain deemed and/or corrective distributions (see instructions) ..                        | <b>8e</b>    | 0                            |                        |
| <b>f</b> Administrative service providers (salaries, fees, commissions) .....                        | <b>8f</b>    | 200                          |                        |
| <b>g</b> Other expenses .....  | <b>8g</b>    | 35342                        |                        |
| <b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....   | <b>8h</b>    |                              | 1434915                |
| <b>i</b> Net income (loss) (subtract line 8h from line 8c) .....                                     | <b>8i</b>    |                              | 2952418                |
| <b>j</b> Transfers to (from) the plan (see instructions) .....                                       | <b>8j</b>    | 0                            |                        |

**Part IV Plan Characteristics**

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

**Part V Compliance Questions**

| <b>10</b> During the plan year:   |            | <b>Yes</b> | <b>No</b> | <b>Amount</b> |
|---|------------|------------|-----------|---------------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program) ..... | <b>10a</b> |            | X         |               |
| <b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....  | <b>10b</b> |            | X         |               |
| <b>c</b> Was the plan covered by a fidelity bond? .....   | <b>10c</b> | X          |           | 500000        |
| <b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....   | <b>10d</b> |            | X         |               |
| <b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) .....   | <b>10e</b> |            | X         |               |
| <b>f</b> Has the plan failed to provide any benefit when due under the plan? .....  | <b>10f</b> |            | X         |               |
| <b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....  | <b>10g</b> |            | X         |               |
| <b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....  | <b>10h</b> |            | X         |               |
| <b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....   | <b>10i</b> |            |           |               |

**Part VI Pension Funding Compliance**

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

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

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

Yes.

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

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

No. Other. Provide explanation \_\_\_\_\_

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .....  Yes  No

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

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

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

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

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

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

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

**Part VII Plan Terminations and Transfers of Assets**

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

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

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

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

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

**Part VIII IRS Compliance Questions**

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

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

- Design-based safe harbor method
- "Prior year" ADP test
- "Current year" ADP test
- N/A

**15** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03/30/2018 (MM/DD/YYYY) and the Opinion Letter serial number J501366A.