

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: [] 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: LAW OFFICE OF PETER T. NICHOLL 401(K) PROFIT SHARING PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1996
2a Plan sponsor's name (employer, if for a single-employer plan): LAW OFFICES OF PETER T. NICHOLL
2b Employer Identification Number (EIN): 52-1917796
2c Sponsor's telephone number: 410-244-7005
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: 64
5b Total number of participants at the end of the plan year: 64
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item): 62
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item): 62
5d(1) Total number of active participants at the beginning of the plan year: 42
5d(2) Total number of active participants at the end of the plan year: 42
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 0

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Row 1: Filed with authorized/valid electronic signature, 06/17/2025, CAITLIN K CARPENTER, Signature of plan administrator. Row 2: Filed with authorized/valid electronic signature, 06/17/2025, CAITLIN K CARPENTER, Signature of employer/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 _____ (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	13343636	15652687
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	13343636	15652687
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)		
(2) Participants	8a(2)	401873	
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	2141424	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		2543297
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	161402	
e Certain deemed and/or corrective distributions (see instructions) .	8e	2296	
f Administrative service providers (salaries, fees, commissions)	8f	70548	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		234246
i Net income (loss) (subtract line 8h from line 8c)	8i		2309051
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 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				
10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X		44045
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		X	

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**

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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702751A.

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

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SIGN HERE: Caitlin K. Carpenter, 6/17/25, Caitlin K. Carpenter
Signature of plan administrator, Date, Enter name of individual signing as plan administrator
SIGN HERE: Caitlin K. Carpenter, 6/17/25, Caitlin K. Carpenter
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
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- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.
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No. Other. Provide explanation _____

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

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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**

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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

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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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702751A.

SUMMARY ANNUAL REPORT

For Law Office of Peter T. Nicholl 401(k) Profit Sharing Plan

This is a January 1, 2024 through December 31, 2024 summary of the annual report for:

- Law Office of Peter T. Nicholl 401(k) Profit Sharing Plan
- 52-1917796, Plan Number 001

This annual report has been filed with the Employee Benefits Security Administration, U.S. Dept. of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement

Benefits under the plan are provided through a trust fund. Plan expenses were \$234,246. These expenses included \$161,402 in benefits paid to participants and beneficiaries. A total of 62 persons were participants in or beneficiaries of the plan at the beginning of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was \$15,652,687 as of December 31, 2024, compared to \$13,343,636 as of January 1, 2024. During the plan year the plan experienced an increase in its net assets of \$2,141,424. This increase includes unrealized appreciation and/or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of \$2,543,297, including employer contributions of \$0, employee contributions of \$401,873, rollover contributions of \$0, and net earnings of \$2,309,051.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request.

The items listed below are included in that report:

- Financial Information

To obtain a copy of the full annual report, or any part thereof, write or call:

- Law Office of Peter T. Nicholl
- 36 South Charles Street, Suite 1700 Baltimore, MD 21201
- (410) 244 - 7005

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the Plan and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. DOL, 200 Constitution Avenue, N.W., Washington, D.C. 20210

Maria Hardy

From: Bryce York <bryce.york@rose401k.com>
Sent: Wednesday, April 30, 2025 1:07 PM
To: Maria Hardy; Caitlin Carpenter
Cc: jason.s.sarratea@morganstanley.com
Subject: Rose Financial - Law Office of Peter T Nicholl 401k - 2024 Form 5500
Attachments: 7 - Form 5500 - Peter Nicholl - 2024 Draft.pdf; 7 - SAR - Peter Nicholl - 2024.pdf

Importance: High

This message was sent securely using Zix*

Good afternoon, Caitlin and Maria!

Enclosed please find our draft of your 2024 Form 5500. This draft has been prepared based on the Plan Document as well as information provided by your office, your recordkeeping platform provider, and payroll data received throughout the year. We ask that you review the attached Form 5500 at your earliest convenience to ensure there are no discrepancies with your records. Please let us know if any of your static data such as company name, address, etc. has changed.

One item of specific note is your Fidelity Bond which must be in place for the proper amount (typically 10% of Plan Assets) for each plan your company sponsors. If you do not currently have a Fidelity Bond in place for this plan, or it is not for the correct amount, you should reach out to your insurance carrier to update your current insurance package. If this proves to be necessary, please let us know and we will include this data on the Form 5500 going forward.

We also recommend you review Section V, Question 10(a) regarding late contributions. We have left the default option "No" based on our conversations and your Plan activity throughout 2024. If upon review you determine that this section should be completed differently, please let me know and I can walk you through what is involved in doing so.

To make the process as easy as possible, we are offering to electronically file the 2024 return on your behalf. To do so, we will need you to approve the attached draft Form 5500 by signing in BOTH PLACES indicated on the bottom of Page 1 and return it to my attention. I will then use that signed Form 5500 as authorization to log onto the EFAST2 website and electronically sign the return on your behalf. You will receive an email confirming this has been done.

If you prefer to electronically sign your return and file it via the DOL EFast2 website, you will first need to register. To do so, go to <https://www.efast.dol.gov/portal/app/login?execution=e1s1> and click the "Register" button. This will take you through a process of establishing your username and password for this and future filings. Please be sure to set up the username as the individual with signing authority (typically the Trustee).

The deadline for filing your 2024 Form 5500 July 31, 2025. We ask that you return the attached document by June 15th to ensure a timely filing. Attached you will also find the Summary Annual Report, which breaks down the data from the form into a letter format for distribution to your staff. Once you have returned the signed Form 5500 to us, please distribute the summary to your staff.

If you wish to discuss any part of the enclosed Form 5500, please do not hesitate to call, or email me with any questions you might have.

Thank you,

Bryce York
317-558-8000 Ext 220

Keaton Graves
Team Manager
Ext. 219
keaton.graves@rose401k.com

Joshua Richter
Distributions Processor
Ext. 212
joshua.richter@rose401k.com



The Rose Financial Group, LLC

Pension Administration
6602 E. 75th Street, Suite 200
Indianapolis, IN 46250
(317) 558-8000 | Main
(317) 558-0010 | Fax
www.rose401k.com

If you would like to send us an email with confidential attachments, please use The Rose Financial Group, LLC Secure Portal by [clicking here](#).

NOTICE: *The Rose Financial Group, LLC is not a fiduciary and does not act in a discretionary capacity for any retirement plan clients. The submission of contribution data is performed on behalf of the client as a means of facilitation. This courtesy is not a billable service, and does not transfer any responsibility for accuracy, timeliness, or investment of assets to The Rose Financial Group, LLC.*

The Rose Financial Group, LLC performs recordkeeping functions supervised by and at the direction of Plan Sponsors, Plan Administrators, and Trustees. Information conveyed herein via statements, announcements, answers, reminders, reports, spreadsheets, or other communication and documentation should not be considered as discretionary direction, advice, recommendations, or any other authority to take action. Recipients of this email should first verify accuracy and confirm inferred direction with responsible parties including Plan Sponsors, Plan Administrators, Trustees, Custodians, and Financial Advisors.

All source material or appropriate authority used or referenced in preparing information contained herein is available upon request by any party receiving this email.

The communication of any disagreement with or questions regarding the information contained herein is the responsibility of the recipient and should be brought to the attention of the sender as soon as is administratively feasible.

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