

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: DRS. HERMAN & MACK P.C. PENSION PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/2006
2a Plan sponsor's name (employer, if for a single-employer plan): DRS. HERMAN & MACK P.C.
2b Employer Identification Number (EIN): 45-0375803
2c Sponsor's telephone number: 701-662-8191
2d Business code (see instructions): 621210
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: 32
5b Total number of participants at the end of the plan year: 31
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: 24
5d(2) Total number of active participants at the end of the plan year: 23
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 0

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 06/26/2025, DEANNA ANDERSON. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....  Yes  No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) .....  Yes  No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .....  Yes  No  Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 552580. (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 .....	1746521	2131917
<b>b</b>	Total plan liabilities .....		
<b>c</b>	Net plan assets (subtract line 7b from line 7a) .....	1746521	2131917
<b>8</b>		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b>	Contributions received or receivable from:		
	(1) Employers .....	175021	
	(2) Participants .....		
	(3) Others (including rollovers) .....		
<b>b</b>	Other income (loss) .....	210423	
<b>c</b>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....		385444
<b>d</b>	Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....		
<b>e</b>	Certain deemed and/or corrective distributions (see instructions) .		
<b>f</b>	Administrative service providers (salaries, fees, commissions) .....	48	
<b>g</b>	Other expenses .....		
<b>h</b>	Total expenses (add lines 8d, 8e, 8f, and 8g) .....		48
<b>i</b>	Net income (loss) (subtract line 8h from line 8c) .....		385396
<b>j</b>	Transfers to (from) the plan (see instructions) .....		

<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: 1A 1C
<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? .....  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 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q704851A.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

<b>A</b> Name of plan <u>DRS. HERMAN &amp; MACK P.C. PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>DRS. HERMAN &amp; MACK P.C.</u>	<b>D</b> Employer Identification Number (EIN) <u>45-0375803</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>1743318</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>1743318</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>0</u>	<u>0</u>
	<b>b</b> For terminated vested participants .....	<u>7</u>	<u>86370</u>
	<b>c</b> For active participants .....	<u>21</u>	<u>1123715</u>
	<b>d</b> Total .....	<u>28</u>	<u>1210085</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>5.56 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>83502</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>0</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>83502</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>07/27/2025</u>
	<u>ANTHONY L. URDAHL</u>	Date
	Type or print name of actuary	<u>23-05312</u>
	<u>USI CONSULTING GROUP</u>	Most recent enrollment number
	Firm name	<u>952-934-5554</u>
	<u>8000 NORMAN CENTER DRIVE SUITE 400</u>	Telephone number (including area code)
	<u>BLOOMINGTON, MN 55437</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



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

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code) ..... **21b** 0

**22** Weighted average retirement age ..... **22** 65

**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**

<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**

**31** Target normal cost and excess assets (see instructions):

<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	83502
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	83502

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</b> Waiver amortization installment.....		

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount..... **33**

<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
<b>35</b> Balances elected for use to offset funding requirement .....	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>	162228

**38** 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>	162228
<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)**

**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

Attachment to 2024 Form 5500 Schedule SB  
 Drs. Herman and Mack, P.C. Pension Plan  
 EIN: 45-0375803 P/N: 002

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

<b>Weighted Average Retirement Age</b>				
(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
65	21.0000	1.0000	21.0000	1365.0000
Total			21.0000	1365.0000
Average				65.0000

Attachment to 2024 Form 5500 Schedule SB  
 Drs. Herman and Mack, P.C. Pension Plan  
 EIN: 45-0375803 P/N: 002

**Schedule SB, Line 26 – Schedule of Active Participant Data**

Years of Credited Service											
Attained Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
Under 25	0	2	0	0	0	0	0	0	0	0	2
25 to 29	0	0	2	0	0	0	0	0	0	0	2
30 to 34	0	0	2	0	1	0	0	0	0	0	3
35 to 39	0	0	1	0	1	0	0	0	0	0	2
40 to 44	0	0	0	3	2	0	0	0	0	0	5
45 to 49	0	0	0	0	0	0	0	0	0	0	0
50 to 54	0	1	0	0	2	0	0	0	0	0	3
55 to 59	0	0	1	0	2	0	0	0	0	0	3
60 to 64	0	0	0	0	1	0	0	0	0	0	1
65 to 69	0	0	0	0	0	0	0	0	0	0	0
70 & up	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	0	3	6	3	9	0	0	0	0	0	21

Attachment to 2024 Form 5500 Schedule SB  
 Drs. Herman and Mack, P.C. Pension Plan  
 EIN: 45-0375803 P/N: 002

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Summary of Methods	
Valuation Date	January 1, 2024
Funding Method	Unit credit
Market Assets	Trustee value plus prior year accrued contributions discounted at the plan's effective interest rate to the Valuation Date
Actuarial Assets	Market Assets
Segment Rate Basis	24-month average with look back of 0 months
American Rescue Plan Act of 2021 (ARPA)	Reflects a 2021 effective date for ARPA elections for minimum funding interest rate relief and shortfall amortization fresh start with 15-year amortization

Economic Assumptions			
Segment Rates		<u>ARPA</u>	<u>Non-Stabilized</u>
	Segment 1: years 1-5	4.75%	4.37%
	Segment 2: years 5-20	4.96%	4.96%
	Segment 3: years 20+	5.59%	4.95%
Salary Increases	0.00%		
Cash Balance Crediting Rate	4.00%		

Other Assumptions	
Mortality (pre-retirement)	None
Mortality (post-retirement)	IRS 2024 Optional Small Plan
Disability	None
Withdrawal	None
Expenses Paid from Trust	Assumed paid outside of plan
Retirement Age	Age 65
Form of Payment	Lump Sum

Attachment to 2024 Form 5500 Schedule SB  
 Drs. Herman and Mack, P.C. Pension Plan  
 EIN: 45-0375803 P/N: 002

Schedule SB, Part V – Summary of Plan Provisions

Key Plan Provisions	
EIN / Plan Number	45-0375803 / 002
Effective Date	January 1, 2006
Plan Year	January 1, 2024 to December 31, 2024
Vesting Service	Plan years with at least 1000 hours of service (including years prior to Effective Date)
Participation	1 <sup>st</sup> of the month coincident with or next following date of hire
Vesting	100% after 3 years of Vesting Service (2-6 year graded vesting prior to 2008)
Compensation	415 pay (including salary deferrals)
Normal Retirement Date	First of the month coincident with or next following age 65
Benefit Allocations	Hypothetical allocations made as of December 31 based on Compensation earned during the year as a Participant: <ul style="list-style-type: none"> <li>• Benefit Tier 1: 20.00% not to exceed \$52,500 (Direct owners)</li> <li>• Benefit Tier 2: 0.00% (Former direct owners)</li> <li>• Benefit Tier 3: 4.00% (Spouses of direct owners)</li> <li>• Benefit Tier 4: 2.00% (All others)</li> </ul>
Interest Credits	Prior to 2015: Yield on 30-year Treasuries for the month of December prior to the plan year. After 2014: Greater of 4% or the yield on 30-year Treasuries for the month of December prior to the plan year.
Accrued Benefit	Cash balance account value
Death Benefit	Account balance as of date of death
Optional Payment Forms	Lump sum, Life only, J&S annuity (50%, 75%, 100%)

Attachment to 2024 Form 5500 Schedule SB  
 Drs. Herman and Mack, P.C. Pension Plan  
 EIN: 45-0375803 P/N: 002

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

<b>Weighted Average Retirement Age</b>				
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Total			21.0000	1365.0000
Average				65.0000

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Schedule SB, Line 26 – Schedule of Active Participant Data

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	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	0	2	0	0	0	0	0	0	0	0	2
25 to 29	0	0	2	0	0	0	0	0	0	0	2
30 to 34	0	0	2	0	1	0	0	0	0	0	3
35 to 39	0	0	1	0	1	0	0	0	0	0	2
40 to 44	0	0	0	3	2	0	0	0	0	0	5
45 to 49	0	0	0	0	0	0	0	0	0	0	0
50 to 54	0	1	0	0	2	0	0	0	0	0	3
55 to 59	0	0	1	0	2	0	0	0	0	0	3
60 to 64	0	0	0	0	1	0	0	0	0	0	1
65 to 69	0	0	0	0	0	0	0	0	0	0	0
70 & up	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	0	3	6	3	9	0	0	0	0	0	21

Attachment to 2024 Form 5500 Schedule SB  
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Actuarial Assets	Market Assets
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American Rescue Plan Act of 2021 (ARPA)	Reflects a 2021 effective date for ARPA elections for minimum funding interest rate relief and shortfall amortization fresh start with 15-year amortization

Economic Assumptions			
Segment Rates		<u>ARPA</u>	<u>Non-Stabilized</u>
	Segment 1: years 1-5	4.75%	4.37%
	Segment 2: years 5-20	4.96%	4.96%
	Segment 3: years 20+	5.59%	4.95%
Salary Increases	0.00%		
Cash Balance Crediting Rate	4.00%		

Other Assumptions	
Mortality (pre-retirement)	None
Mortality (post-retirement)	IRS 2024 Optional Small Plan
Disability	None
Withdrawal	None
Expenses Paid from Trust	Assumed paid outside of plan
Retirement Age	Age 65
Form of Payment	Lump Sum

Attachment to 2024 Form 5500 Schedule SB  
 Drs. Herman and Mack, P.C. Pension Plan  
 EIN: 45-0375803 P/N: 002

Schedule SB, Part V – Summary of Plan Provisions

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Plan Year	January 1, 2024 to December 31, 2024
Vesting Service	Plan years with at least 1000 hours of service (including years prior to Effective Date)
Participation	1 <sup>st</sup> of the month coincident with or next following date of hire
Vesting	100% after 3 years of Vesting Service (2-6 year graded vesting prior to 2008)
Compensation	415 pay (including salary deferrals)
Normal Retirement Date	First of the month coincident with or next following age 65
Benefit Allocations	Hypothetical allocations made as of December 31 based on Compensation earned during the year as a Participant: <ul style="list-style-type: none"> <li>• Benefit Tier 1: 20.00% not to exceed \$52,500 (Direct owners)</li> <li>• Benefit Tier 2: 0.00% (Former direct owners)</li> <li>• Benefit Tier 3: 4.00% (Spouses of direct owners)</li> <li>• Benefit Tier 4: 2.00% (All others)</li> </ul>
Interest Credits	Prior to 2015: Yield on 30-year Treasuries for the month of December prior to the plan year. After 2014: Greater of 4% or the yield on 30-year Treasuries for the month of December prior to the plan year.
Accrued Benefit	Cash balance account value
Death Benefit	Account balance as of date of death
Optional Payment Forms	Lump sum, Life only, J&S annuity (50%, 75%, 100%)

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).

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to  
Public Inspection

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

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: DRS. HERMAN & MACK P.C. PENSION PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/2006
2a Plan sponsor's name (employer, if for a single-employer plan): DRS. HERMAN & MACK P.C.
2b Employer Identification Number (EIN): 45-0375803
2c Sponsor's telephone number: 701-662-8191
2d Business code (see instructions): 621210
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: 32
5b Total number of participants at the end of the plan year: 31
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: 24
5d(2) Total number of active participants at the end of the plan year: 23
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, Name. Row 1: Deanna Anderson, 6-26-25, DEANNA ANDERSON. Row 2: Benjamin F. Mack, DDS, 6-26-25, BENJAMIN F. MACK, DDS.

- 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 552580. (See instructions.)

<b>Part III Financial Information</b>			
<b>7</b> Plan Assets and Liabilities		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	1,746,521	2,131,917
<b>b</b> Total plan liabilities .....	<b>7b</b>		
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	1,746,521	2,131,917
<b>8</b> Income, Expenses, and Transfers for this Plan Year		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	175,021	
<b>(2)</b> Participants .....	<b>8a(2)</b>		
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>		
<b>b</b> Other income (loss) .....	<b>8b</b>	210,423	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		385,444
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>		
<b>e</b> Certain deemed and/or corrective distributions (see instructions) .	<b>8e</b>		
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>	48	
<b>g</b> Other expenses .....	<b>8g</b>		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		48
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		385,396
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>		

<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: 1A 1C
<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> 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		500,000
<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>			

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

<b>A</b> Name of plan <u>Drs. Herman and Mack, P.C. Pension Plan</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Drs. Herman and Mack, P.C.</u>	<b>D</b> Employer Identification Number (EIN) <u>45-0375803</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>		1,743,318
<b>b</b> Actuarial value .....	<b>2b</b>		1,743,318
<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 .....	0	0	0
<b>b</b> For terminated vested participants .....	7	86,370	86,370
<b>c</b> For active participants .....	21	1,123,715	1,125,391
<b>d</b> Total .....	28	1,210,085	1,211,761
<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>		5.56%
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>		83,502
<b>b</b> Expected plan-related expenses .....	<b>6b</b>		0
<b>c</b> Target normal cost .....	<b>6c</b>		83,502

**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>07/27/2025</u> Date
	<u>Anthony L. Urdahl</u> Type or print name of actuary	<u>2305312</u> Most recent enrollment number
	<u>USI Consulting Group</u> Firm name	<u>952-934-5554</u> Telephone number (including area code)
	<u>8000 Norman Center Drive Suite 400</u> <u>Bloomington MN 55437</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

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.** **Schedule SB (Form 5500) 2024 v. 240311**



<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: 4.75%	2nd segment: 4.96%	3rd segment: 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 checked="" type="checkbox"/> Prescribed - combined <input 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> 83,502
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 83,502
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	0		0	
<b>b</b> Waiver amortization installment .....				
<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> 162,228
<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> 162,228
<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				

Attachment to 2024 Form 5500 Schedule SB  
 Drs. Herman and Mack, P.C. Pension Plan  
 EIN: 45-0375803 P/N: 002

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

<b>Weighted Average Retirement Age</b>				
(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
65	21.0000	1.0000	21.0000	1365.0000
Total			21.0000	1365.0000
Average				65.0000

Attachment to 2024 Form 5500 Schedule SB  
 Drs. Herman and Mack, P.C. Pension Plan  
 EIN: 45-0375803 P/N: 002

Schedule SB, Line 26 – Schedule of Active Participant Data

Attained Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	0	2	0	0	0	0	0	0	0	0	2
25 to 29	0	0	2	0	0	0	0	0	0	0	2
30 to 34	0	0	2	0	1	0	0	0	0	0	3
35 to 39	0	0	1	0	1	0	0	0	0	0	2
40 to 44	0	0	0	3	2	0	0	0	0	0	5
45 to 49	0	0	0	0	0	0	0	0	0	0	0
50 to 54	0	1	0	0	2	0	0	0	0	0	3
55 to 59	0	0	1	0	2	0	0	0	0	0	3
60 to 64	0	0	0	0	1	0	0	0	0	0	1
65 to 69	0	0	0	0	0	0	0	0	0	0	0
70 & up	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	0	3	6	3	9	0	0	0	0	0	21

Attachment to 2024 Form 5500 Schedule SB  
 Drs. Herman and Mack, P.C. Pension Plan  
 EIN: 45-0375803 P/N: 002

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Summary of Methods	
Valuation Date	January 1, 2024
Funding Method	Unit credit
Market Assets	Trustee value plus prior year accrued contributions discounted at the plan's effective interest rate to the Valuation Date
Actuarial Assets	Market Assets
Segment Rate Basis	24-month average with look back of 0 months
American Rescue Plan Act of 2021 (ARPA)	Reflects a 2021 effective date for ARPA elections for minimum funding interest rate relief and shortfall amortization fresh start with 15-year amortization

Economic Assumptions			
Segment Rates		<u>ARPA</u>	<u>Non-Stabilized</u>
	Segment 1: years 1-5	4.75%	4.37%
	Segment 2: years 5-20	4.96%	4.96%
	Segment 3: years 20+	5.59%	4.95%
Salary Increases	0.00%		
Cash Balance Crediting Rate	4.00%		

Other Assumptions	
Mortality (pre-retirement)	None
Mortality (post-retirement)	IRS 2024 Optional Small Plan
Disability	None
Withdrawal	None
Expenses Paid from Trust	Assumed paid outside of plan
Retirement Age	Age 65
Form of Payment	Lump Sum

Attachment to 2024 Form 5500 Schedule SB  
 Drs. Herman and Mack, P.C. Pension Plan  
 EIN: 45-0375803 P/N: 002

Schedule SB, Part V – Summary of Plan Provisions

Key Plan Provisions	
EIN / Plan Number	45-0375803 / 002
Effective Date	January 1, 2006
Plan Year	January 1, 2024 to December 31, 2024
Vesting Service	Plan years with at least 1000 hours of service (including years prior to Effective Date)
Participation	1 <sup>st</sup> of the month coincident with or next following date of hire
Vesting	100% after 3 years of Vesting Service (2-6 year graded vesting prior to 2008)
Compensation	415 pay (including salary deferrals)
Normal Retirement Date	First of the month coincident with or next following age 65
Benefit Allocations	<p>Hypothetical allocations made as of December 31 based on Compensation earned during the year as a Participant:</p> <ul style="list-style-type: none"> <li>• Benefit Tier 1: 20.00% not to exceed \$52,500 (Direct owners)</li> <li>• Benefit Tier 2: 0.00% (Former direct owners)</li> <li>• Benefit Tier 3: 4.00% (Spouses of direct owners)</li> <li>• Benefit Tier 4: 2.00% (All others)</li> </ul>
Interest Credits	<p>Prior to 2015: Yield on 30-year Treasuries for the month of December prior to the plan year.</p> <p>After 2014: Greater of 4% or the yield on 30-year Treasuries for the month of December prior to the plan year.</p>
Accrued Benefit	Cash balance account value
Death Benefit	Account balance as of date of death
Optional Payment Forms	Lump sum, Life only, J&S annuity (50%, 75%, 100%)

Attachment to 2024 Form 5500 Schedule SB  
 Drs. Herman and Mack, P.C. Pension Plan  
 EIN: 45-0375803 P/N: 002

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

<b>Weighted Average Retirement Age</b>				
(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
65	21.0000	1.0000	21.0000	1365.0000
Total			21.0000	1365.0000
Average				65.0000

Attachment to 2024 Form 5500 Schedule SB  
 Drs. Herman and Mack, P.C. Pension Plan  
 EIN: 45-0375803 P/N: 002

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Attained Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	0	2	0	0	0	0	0	0	0	0	2
25 to 29	0	0	2	0	0	0	0	0	0	0	2
30 to 34	0	0	2	0	1	0	0	0	0	0	3
35 to 39	0	0	1	0	1	0	0	0	0	0	2
40 to 44	0	0	0	3	2	0	0	0	0	0	5
45 to 49	0	0	0	0	0	0	0	0	0	0	0
50 to 54	0	1	0	0	2	0	0	0	0	0	3
55 to 59	0	0	1	0	2	0	0	0	0	0	3
60 to 64	0	0	0	0	1	0	0	0	0	0	1
65 to 69	0	0	0	0	0	0	0	0	0	0	0
70 & up	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	0	3	6	3	9	0	0	0	0	0	21

Attachment to 2024 Form 5500 Schedule SB  
 Drs. Herman and Mack, P.C. Pension Plan  
 EIN: 45-0375803 P/N: 002

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American Rescue Plan Act of 2021 (ARPA)	Reflects a 2021 effective date for ARPA elections for minimum funding interest rate relief and shortfall amortization fresh start with 15-year amortization

Economic Assumptions			
Segment Rates		<u>ARPA</u>	<u>Non-Stabilized</u>
	Segment 1: years 1-5	4.75%	4.37%
	Segment 2: years 5-20	4.96%	4.96%
	Segment 3: years 20+	5.59%	4.95%
Salary Increases	0.00%		
Cash Balance Crediting Rate	4.00%		

Other Assumptions	
Mortality (pre-retirement)	None
Mortality (post-retirement)	IRS 2024 Optional Small Plan
Disability	None
Withdrawal	None
Expenses Paid from Trust	Assumed paid outside of plan
Retirement Age	Age 65
Form of Payment	Lump Sum

Attachment to 2024 Form 5500 Schedule SB  
 Drs. Herman and Mack, P.C. Pension Plan  
 EIN: 45-0375803 P/N: 002

Schedule SB, Part V – Summary of Plan Provisions

Key Plan Provisions	
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Compensation	415 pay (including salary deferrals)
Normal Retirement Date	First of the month coincident with or next following age 65
Benefit Allocations	Hypothetical allocations made as of December 31 based on Compensation earned during the year as a Participant: <ul style="list-style-type: none"> <li>• Benefit Tier 1: 20.00% not to exceed \$52,500 (Direct owners)</li> <li>• Benefit Tier 2: 0.00% (Former direct owners)</li> <li>• Benefit Tier 3: 4.00% (Spouses of direct owners)</li> <li>• Benefit Tier 4: 2.00% (All others)</li> </ul>
Interest Credits	Prior to 2015: Yield on 30-year Treasuries for the month of December prior to the plan year. After 2014: Greater of 4% or the yield on 30-year Treasuries for the month of December prior to the plan year.
Accrued Benefit	Cash balance account value
Death Benefit	Account balance as of date of death
Optional Payment Forms	Lump sum, Life only, J&S annuity (50%, 75%, 100%)