

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 [X] 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: PELZNER AND ASSOCIATES CASH BALANCE PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/2024
2a Plan sponsor's name (employer, if for a single-employer plan): PELZNER AND ASSOCIATES
2b Employer Identification Number (EIN): 90-2060042
2c Sponsor's telephone number: 650-697-8299
2d Business code (see instructions): 541211
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: 0
5b Total number of participants at the end of the plan year: 4
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: 0
5d(2) Total number of active participants at the end of the plan year: 4
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, 09/21/2025, DAVID PELZNER, Signature of plan administrator. Row 2: Filed with authorized/valid electronic signature, 09/21/2025, DAVID PELZNER, 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	0	227714
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	0	227714
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	227714	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	0	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		227714
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
e Certain deemed and/or corrective distributions (see instructions) .	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
i Net income (loss) (subtract line 8h from line 8c)	8i		227714
j Transfers to (from) the plan (see instructions)	8j	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 1C 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	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

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

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

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

Yes.

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

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

No. Other. Provide explanation _____

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

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

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

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

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

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

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

Part VII Plan Terminations and Transfers of Assets

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

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

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

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

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

Part VIII IRS Compliance Questions

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

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

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

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 07 / 30 / 2021 (MM/DD/YYYY) and the Opinion Letter serial number Q705110A.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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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.

A Name of plan <u>PELZNER AND ASSOCIATES CASH BALANCE PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PELZNER AND ASSOCIATES</u>	D Employer Identification Number (EIN) <u>90-2060042</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F 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			
1 Enter the valuation date:	Month <u>12</u>	Day <u>31</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	<u>0</u>	
b Actuarial value	2b	<u>0</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>	<u>0</u>
b For terminated vested participants	<u>0</u>	<u>0</u>	<u>0</u>
c For active participants	<u>4</u>	<u>0</u>	<u>0</u>
d Total	<u>4</u>	<u>0</u>	<u>0</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.27 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>219596</u>	
b Expected plan-related expenses	6b	<u>0</u>	
c Target normal cost	6c	<u>219596</u>	

Statement by Enrolled Actuary

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

SIGN HERE		
	Signature of actuary	<u>09/09/2025</u> Date
	<u>ROBERT M. HANESS</u> Type or print name of actuary	<u>23-04945</u> Most recent enrollment number
	<u>HANESS & ASSOCIATES, LLC</u> Firm name	<u>916-276-1256</u> Telephone number (including area code)
	<u>P.O. BOX 836</u> <u>ROCKLIN, CA 95677</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 II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of _____%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	100.00 %
15	Adjusted funding target attainment percentage	15	100.14 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	0.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
09/05/2025	227714	0					
			Totals ▶	18(b)	227714	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 219905
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	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
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
		(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 5.01 %	2nd segment: 5.26 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 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			
26 Demographic and benefit information			
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	219596	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	219596	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			
36 Additional cash requirement (line 34 minus line 35)	36	219596	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	219905	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	309	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 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.

A Name of plan <u>Pelzner and Associates Cash Balance Plan</u>		B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Pelzner and Associates</u>		D Employer Identification Number (EIN) <u>90-2060042</u>	

E Type of plan: Single Multiple-A Multiple-B **F** Prior year plan size: 100 or fewer 101-500 More than 500

Part I Basic Information

1 Enter the valuation date: Month 12 Day 31 Year 2024

2 Assets:

a Market value	2a	<u>0</u>
b Actuarial value	2b	<u>0</u>

3 Funding target/participant count breakdown:

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>	<u>0</u>
b For terminated vested participants	<u>0</u>	<u>0</u>	<u>0</u>
c For active participants	<u>4</u>	<u>0</u>	<u>0</u>
d Total	<u>4</u>	<u>0</u>	<u>0</u>

4 If the plan is in at-risk status, check the box and complete lines (a) and (b)


a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	

5 Effective interest rate **5** 5.27 %

6 Target normal cost

a Present value of current plan year accruals	6a	<u>219,596</u>
b Expected plan-related expenses	6b	<u>0</u>
c Target normal cost	6c	<u>219,596</u>

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

SIGN HERE		<u>09/09/2025</u>
	Signature of actuary	Date
	<u>Robert M. Hanes</u>	<u>23-04945</u>
	Type or print name of actuary	Most recent enrollment number
	<u>Hanes & Associates, LLC</u>	<u>(916) 276-1256</u>
	Firm name	Telephone number (including area code)
	<u>P.O. Box 836</u>	
	<u>US Rocklin CA 95677</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 II Beginning of Year Carryover and Prefunding Balances	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>0.00</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>0.00</u> % ...		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	100.00 %
15 Adjusted funding target attainment percentage	15	100.14 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	0.00 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls							
18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
09/05/2025	227,714						
Totals ▶			18(b)	227,714	18(c)	0	

19 Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	219,905
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 5.01 %	2nd segment: 5.26 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 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
26 Demographic and benefit information	
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	219,596	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	219,596	
	Carryover balance	Prefunding Balance	Total balance
35 Balances elected for use to offset funding requirement			
36 Additional cash requirement (line 34 minus line 35)	36	219,596	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	219,905	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	309	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

Pelzner and Associates Cash Balance Plan

For the plan year 01/01/2024 through 12/31/2024

Valuation Date: 12/31/2024

The Actuarial Report is comprised of the Actuarial Communications and Documents listed below for the above reference plan year:

- Valuation report including Plan Provisions and applied Actuarial Assumptions and Methods
- Form 5500 Schedule SB and its attachments
- AFTAP Certification(s)
- Contribution letter/communication
- Any other written, electronic or oral communications with respect to actuarial services provided in connection with the issuance of the valuation report

Additional Communications: No additional materials are incorporated into this Actuarial Report.

Compliance with Actuarial Standards: The Actuarial Standards of Practice (ASOPs) offer broad guidelines on whether the assumptions, data, methods, and models utilized in the Actuarial Report are suitable for the intended purpose, ensuring they are adequately reasonable, consistent, and comprehensive. The Actuary, in their professional judgment, has applied the pertinent ASOPs to assess, document, disclose, and present the Actuarial Report, along with the mentioned materials, to the designated recipients. Details regarding the Actuary's assessments, comments, modifications, and disclosures are outlined in this Actuarial Certification and Disclosure report.

Intended Users and Scope: The Actuarial Report is exclusively intended for the Plan Sponsor, ERISA Plan Administrator, and Trustee(s) of the Plan. It should not be relied upon for purposes beyond its specified scope, such as FAS Accounting, Participant Distribution, or Plan Termination. The report's focus is on providing the Minimum Required Contribution for the plan year, supporting compliance with Internal Revenue Code Sections 430 and 436.

Legislative Considerations: The Actuarial Report takes into account the provisions of the Pension Protection Act of 2006, incorporating modifications introduced by the Worker, Retiree, and Employer Recovery Act of 2008 (WRERA), the Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010 (PRA 2010), Moving Ahead for Progress in the 21st Century Act (MAP-21), the Cooperative and Small Employer Charity Pension Flexibility Act of 2014 (CSEC Act), the Highway and Transportation Funding Act of 2014 (HATFA), the Bipartisan Budget Act of 2015 (BBA'15), the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), the American Rescue Plan Act of 2021 (ARP), and any other amendments to the funding rules that have been enacted. It's essential to note that the report doesn't assess the likelihood or consequences of potential future changes in laws and regulations.

Reliability and Quality of Data: Data, including employer contribution(s) and plan documents, are sourced from the Plan Sponsor, ERISA Plan Administrator, Trustee(s), or their representatives. Data is relied upon for accuracy while quality reviews have been conducted consistent with ASOP 23. Inaccurate data may impact the correctness of the Actuarial Report.

Selection of Economic Assumptions:

Selection of Demographic and Other Noneconomic Assumptions:

Asset Valuation Method: The asset valuation method employed is the Market Value of Assets (MVA). In this method, the Actuarial Value of Assets is determined by utilizing the MVA and includes interest-adjusted contribution(s) from the prior plan year not included and excludes interest adjusted contribution(s) for the current plan year made during the year. The Actuarial Value of Assets is then reduced by credit and prefunding balances elected by the Plan Sponsor. Opting for the MVA as the asset valuation method allows for the recognition of full value of market fluctuations within a plan year. Consequently, both the Actuarial Value of Assets and plan cost may exhibit less stability even when assets are prudently invested.

Measuring Obligations and Determining Contributions:

Risk Assessment: While the Actuarial Report outlines its scope, it is important to acknowledge certain events and anomalies that are now identified to transparently disclose risks and their potential impact on the Plan and its cost. Recognizing that the assessment and disclosure of these risks may reasonably anticipate differences from actual future results, it is crucial to note that these risks can significantly influence pension obligations, actuarially determined contributions, and the funded status of the Plan.

Investment Risk: As the return on the plan trust assets is subject to market return, should the actual rate of return be lower than the expected return the cost of the plan will rise and vice versa.

Actuarial Certification and Disclosures

Pelzner and Associates Cash Balance Plan

For the plan year 01/01/2024 through 12/31/2024

Valuation Date: 12/31/2024

Asset Liability Mismatch Risk: The changes in assets are not tied to the changes in the value of liabilities.

Interest Rate Risk: If interest rates go up, plan liabilities and required contributions will go down, and vice versa.

To provide a better understanding of the effect of changing interest rates, if the Section 430 rates (the rates used for determining the required minimum funding amount) decrease by 10 percent, using data from the current valuation, the required minimum funding amount would increase by \$10,977.

Longevity and Other Demographic Risks: Cessation from employment due to termination, disability or death prior to the assumed retirement date under the plan may greatly sway the total liabilities payable from the plan. However, due to the small plan population, including these more unlikely events under this plan may greatly overstate the plan liabilities and likely cause the plan to be over funded. Thus, these decrements are not considered as in all likelihood, any unfunded benefits owed under the plan may be foregone by the substantial owner.

Actual retirement of plan participants may not directly align with the assumed retirement assumption(s) used to value the liabilities for the minimum required contribution. Typically, if a participant retires earlier than normal retirement, the liabilities will be lower than expected.

Contribution Risks: The minimum required contribution as stated in this valuation is mandated. Should this amount go unfunded, certainly the liabilities of this plan will become less covered by its trust assets. The current plan funding policy indicates that the minimum required contribution will be funded; thus, this valuation has not considered the possibility of unpaid contributions. If the Plan Sponsor knows of events that might impact its abilities to fund the minimum required contribution; these events should be discussed and evaluated as to how they may or may not impact the overall funded status of the plan.

Other Risks: Changes in your workforce could affect the discrimination testing of your Plan. It is not uncommon for one or two individuals to be responsible for allowing the discrimination testing to pass.

If you would like to discuss these risks, or any other risks to your Plan please contact your Administrator assigned to your Plan.

Modeling: The DATAIR Employee Benefit Systems, Inc. pension system was utilized for computations, leveraging its parameter-driven structure for accurate actuarial results. The decision to use this software was based on its reliability, efficiency, and the Actuary's expertise.

Actuarial Professional Credentials and Certifications: I am a member of the American Society of Pension Professionals and Actuaries (ASPPA).

I am actively enrolled by the Joint Board of the Enrollment of Actuaries. I am eligible to practice with respect to qualified retirement plans and to furnish the actuarial opinion outlined in the Actuarial Report, adhering to the qualification standards established by the American Academy of Actuaries. Throughout the preparation of the Actuarial Report, there was strict adherence to the guidance outlined in all Actuarial Standards of Practice. There is no discernible connection between the intended users, the Plan, its advisors, my firm, and/or myself that would compromise the impartiality of my findings or my actuarial opinion. Given the intended purpose of the Actuarial Report, there are no restrictions imposed on the report or its findings. To the best of my knowledge, the actuarial opinion and information presented in the Actuarial Report are comprehensive and accurate, developed in accordance with applicable laws and regulations, and align with widely accepted actuarial principles.

Conclusion:

Tax Advice Disclaimer: Please be aware that if the Actuarial Communications include tax advice, such advice is not intended or written to be used, and cannot be used by any taxpayer, for the purpose of evading any penalties that may be imposed under the Internal Revenue Code or in promoting, marketing, or recommending any entity, investment plan, or arrangement to any taxpayer.

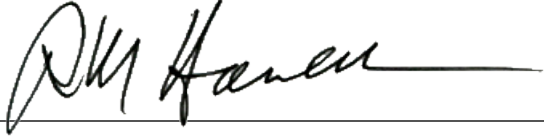
Adherence to Actuarial Standards: The content of the Actuarial Report is designed to encompass the necessary elements outlined in Actuarial Standards of Practice Nos. 1, 4, 23, 27, 35, 41, 44, 51, and 56. However, if additional information needs to be disclosed, please reach out to the Actuary directly.

Actuarial Certification and Disclosures

Pelzner and Associates Cash Balance Plan

For the plan year 01/01/2024 through 12/31/2024

Valuation Date: 12/31/2024



Robert M. Hanes, E.A.

09/09/2025

Date

23-04945

Enrollment Number

Enrolled Actuary
Hanes & Associates, LLC
P.O.Box 836
Rocklin, CA 95677-
Rob@HanesAssociates.com
Phone #: (916) 276-1256
Fax #: (916) 435-2697

**Administrator of the
Pelzner and Associates Cash Balance Plan
840 Hinckley Road, Suite #120
Burlingame, CA 94010**

Certification of Adjusted Funding Target Attainment Percentage (AFTAP) for the 2025 Plan Year

The Pension Protection Act of 2006 (PPA) and Section 436 of the Internal Revenue Code require the calculation of a funding ratio called the Adjusted Funding Target Attainment Percentage (AFTAP) in order to determine whether the Plan is subject to new restrictions on plan amendments, lump sum distributions and benefit accruals.

Determination of AFTAP as of December 31, 2024

1. Funding Target plus Target Normal Cost	\$219,596
2. a. Market Value of Assets	\$0
b. Discounted Receivable Contributions, Received by AFTAP Certification date	219,905
c. Carryover Balance	0
d. Carryover Balance Voluntary Reduction	0
e. Carryover Balance Deemed Reduction to Avoid Restrictions	0
e1. Deemed Reduction due to Presumed AFTAP at Beginning of Plan Year	0
e2. Deemed Reduction due to Presumed AFTAP at Beginning of Fourth Month	0
e3. Deemed Reduction at Certification of AFTAP	0
f. Remaining Carryover Balance (2c - 2d - 2e)	0
g. Prefunding Balance	0
h. Portion of Excess Contribution to Add to Prefunding Balance	0
i. Prefunding Balance Voluntary Reduction	0
j. Prefunding Balance Deemed Reduction to Avoid Restrictions	0
j1. Deemed Reduction due to Presumed AFTAP at Beginning of Plan Year	0
j2. Deemed Reduction due to Presumed AFTAP at Beginning of Fourth Month	0
j3. Deemed Reduction at Certification of AFTAP	0
k. Remaining Prefunding Balance (2g + 2h - 2i - 2j)	0
3. Funding Target Attainment Percentage (FTAP Exempt) (equals items (2a + 2b) divided by item 1)	100.14%
4. Adjustment for Annuity Purchases for NHCE's during the last 2 years	\$0
5. Adjusted Funding Target Attainment Percentage (AFTAP) (equals items (2a + 2b + 4) divided by items (1 + 4))	100.14%

If FTAP Exempt (Item 3) is greater than or equal to 100% then AFTAP (Item 5) is equal to FTAP Exempt adjusted for Annuity Purchase for NHCE's (Item 4)

	09/09/2025	23-04945
Robert M. Hanes, E.A.	Date	Enrollment Number

To the best of my knowledge, the information supplied in this certification is complete and accurate. I have relied on the asset, census, and plan provision information that has been provided by the Plan's third party administrator and/or Plan Administrator. Regulations for determining an AFTAP for a plan with an end of year valuation are not issued; however, this certification represents a good faith interpretation of the law.

Pelzner and Associates Cash Balance Plan

Assumptions Used for Determination of 2025 AFTAP as of December 31, 2024

Funding Method:

As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at nearest birthday

Retrospective Compensation - Current compensation

Form of Payment - Assumed form of payment for funding is lump sum which is the Hypothetical Account Balance. Funding Target for lump sum is the current Hypothetical Account Balance projected to the assumed retirement date using the Interest Credit Rate discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	5.01
Segment 2	6 - 20	5.26
Segment 3	> 20	5.36

Segment rates as of September 30, 2023 As permitted under IRC 430(h)(2)(C)(iv)(II) - ARP

Segment #	Year	Rate %
Segment 1	0 - 5	5.01
Segment 2	6 - 20	5.26
Segment 3	> 20	5.59

Pre-Retirement - Mortality Table - None
 Improvement Scale - None
 Early Retirement Table - None
 Turnover Table - None
 Disability Table - None
 Salary Scale - None
 Interest Credit Rate - Current Yr - 5% Projected Yrs - 5%
 Expense Load - None
 Ancillary Ben Load - None

Post-Retirement - Mortality Table - 24C - 2024 Combined
 Improvement Scale - None
 Cost of Living - None

Asset Valuation Method:

Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Pelzner and Associates

Pelzner and Associates Cash Balance Plan

For the plan year 01/01/2024 through 12/31/2024

**840 Hinckley Road, Suite #120
Burlingame, CA 94010
(650) 697-8299**

Employer ID Number: 90-2060042

Three Digit Plan Number: 002

Prepared By: Hicks

Plan Provisions

Pelzner and Associates Cash Balance Plan For the plan year 01/01/2024 through 12/31/2024

<u>Employer:</u>	Pelzner and Associates		
	Type of Entity -	S Corporation	
	EIN: 90-2060042	TIN:	Plan #: 002 Plan Type: Cash Balance
<u>Dates:</u>	Effective - 01/01/2024	Valuation - 12/31/2024	
<u>Eligibility:</u>	All employees excluding non-resident aliens, members of an excluded class and union		
	Minimum age - 21	Months of service - 12	
	Hours Required for - Eligibility - 1000	Benefit accrual - 1000	Vesting - 1000
	Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction		
<u>Retirement:</u>	Normal -	First of month coincident with or next following attainment of age 62 and completion of 5 years of participation	
	Early -	Not provided	
<u>Average Compensation:</u>	Current compensation		
	Top Heavy Minimum Benefit -	Highest 5 consecutive top heavy years of participation	
<u>Plan Benefits:</u>	Retirement -	Actuarial equivalent of the hypothetical account balance derived from annual Pay Credits and Interest Credits	
	Pay Credits -	Classification	Pay Credit Formula
		A	90.4% of compensation
		B	4.03% of compensation
	Interest Credit Rate -	Current Yr - 5%	Projected Yrs - 5%
	Accrued Benefit -	Hypothetical Account Balance	
		Minimum Benefit - None	
		Maximum Benefit - None	
		Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality	
	Early Retirement -	None	
	Death Benefit -	Present Value of Accrued Benefit	
	Disability Benefit -	None	
<u>Top Heavy Minimum:</u>	None		
<u>IRS Limitations:</u>	415 Limits -	Percent: 100	Dollar: \$275,000
	Maximum 401(a)(17) compensation - \$345,000		
<u>Normal Form:</u>	Life Annuity		
<u>Optional Forms:</u>	Lump Sum		
	Life Annuity Guaranteed for 10 Years		
	Joint with 50%, 75% or 100% Survivor Benefit		
<u>Vesting Schedule:</u>	100% vested in 3 years.		
	Service is calculated using all years of service		
<u>Present Value of Accrued Benefit:</u>	Based on the Hypothetical Account Balance.		

Plan Provisions

Pelzner and Associates Cash Balance Plan

For the plan year 01/01/2024 through 12/31/2024

Actuarial Equivalence:

Pre-Retirement - Interest -	5%
Mortality Table -	None
Post-Retirement - Interest -	5%
Mortality Table -	G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

Employee Census

Pelzner and Associates Cash Balance Plan

For the plan year 01/01/2024 through 12/31/2024

Valuation Date: 12/31/2024

Key	Percent		SVC		Gender	Ages			Dates			Compensation	Hours Worked	HCE	OEX
	Owner	PS	FS	PA		AA	ARA	Birth	Hire	Part	Retire				
Torreh Arasteh Kani -- ineligible - minimum service															
	0	0		F	0	57	0	07/09/67	02/01/23			\$41,415.00	690.00		
Tina Ku-Zarrabi -- new participant															
	1	4		F	64	65	69	01/26/60	01/01/22	01/01/24	01/01/29	\$130,000.00	2,080.00		
Danielle Pelzner -- new participant															
Y		1	8	F	53	54	62	01/01/71	01/01/22	01/01/24	01/01/33	\$34,181.87	2,080.00	Y	
David Pelzner -- new participant															
Y	100.00	1	9	M	52	53	62	05/07/72	01/01/22	01/01/24	06/01/34	\$239,730.39	2,080.00	Y	
Yolia Sesento-Espinoza -- new participant															
	1	36		F	26	27	62	06/12/98	01/01/22	01/01/24	07/01/60	\$83,883.00	1,851.00		
Paul Yago -- ineligible - participation date in future period, anticipated participation 1/1/2025															
	0	9		M	53	53	0	04/26/72	08/28/23	01/01/25		\$73,557.81	2,080.00		
Total:												\$602,768.07			

	Count	Compensation
Active Fully Vested Benefits	3	\$453,613
Active Partially Vested Benefits	0	\$0
Active Without Vested Benefits	1	\$34,182
Terminated with Vested Benefits	0	\$0
Terminated without Vested Benefits	0	\$0
Terminated with Deferred Vested Benefits	0	\$0
Terminated - Paid Out	0	\$0
Currently Receiving Benefits	0	\$0
Inactives	0	\$0
Ineligibles	2	\$114,973

Key:	
AA=Attained Age	HCE=Highly Compensated Employee
ARA=Assumed Retirement Age	OEX=Otherwise Excludable
BIS=Break in Service	PA=Participation Age
F=Former Key	PS=Past Service
FS=Future Service	

Schedule of Benefits

Pelzner and Associates Cash Balance Plan

For the plan year 01/01/2024 through 12/31/2024

Current									
Beg Year Acc Ben Monthly Compensation	End Year Acc Ben Monthly Compensation	Monthly Benefit	Lump Sum @ Ret	Accrued Benefit	Vest Pct	Vested Accrued Benefit	Present Value of Vested Accrued Benefit	Death Benefit	
Tina Ku-Zarrabi -- new participant									
0.00	10,833.33	227.68	28,949	50.08	100	50.08	5,239	5,239	
Danielle Pelzner -- new participant									
0.00	2,848.49	0.00	0	0.00	100	0.00	0	0	
David Pelzner -- new participant									
0.00	19,977.53	18,278.54	2,779,988	2,254.43	100	2,254.43	216,574	216,574	
Yolia Sesento-Espinoza -- new participant									
0.00	6,990.25	2,258.87	343,552	125.63	100	125.63	3,380	3,380	
Totals:	\$0.00	\$40,649.60	\$20,765.09	\$3,152,489	\$2,430.14	\$2,430.14	\$225,193		

Disclaimer: The PVVABs shown on this report should not be used for distribution purposes.

Present Value of Accrued Benefits

Pelzner and Associates Cash Balance Plan

For the plan year 01/01/2024 through 12/31/2024

Valuation Date: 12/31/2024

Accrued Benefit	PVAB Based on Plan Assumptions	PVAB Based on 417(e) Assumptions	PVAB Based on IRC Section 415	Greater of Plan or 417(e) Assumptions as Limited by 415	Vested Percent	PVVAB
Tina Ku-Zarrabi -- new participant	50.08	5,239	324,880	5,239	100	5,239
Danielle Pelzner -- new participant	0.00	0	150,126	0	100	0
David Pelzner -- new participant	2,254.43	216,574	216,574	216,574	100	216,574
Yolia Sesento-Espinoza -- new participant	125.63	3,380	57,899	3,380	100	3,380
Totals:	\$2,430.14	\$225,193	\$749,479	\$225,193		\$225,193

Disclaimer: The PVVABs shown on this report should not be used for distribution purposes.

Benefit Limits (415, 416 & 417(e))

Pelzner and Associates Cash Balance Plan

For the plan year 01/01/2024 through 12/31/2024

Benefits			Lump Sum Values						
Projected	Accrued	Top Heavy	415 Max Projected	415 Max Accrued	415 Offset	415 Max Proj Lump Sum	Plan PVAB <small>(Distributions Limited to 415 Limits)</small>	417(e)	415 Maximum PVAB
Tina Ku-Zarrabi -- new participant									
227.68	50.08	0.00	7,583.33	3,078.97	0.00	964,196	5,239		324,880
Danielle Pelzner -- new participant									
0.00	0.00	0.00	2,848.49	854.55	0.00	433,228	0		150,126
David Pelzner -- new participant									
18,278.54	2,254.43	0.00	19,977.53	2,291.67	0.00	3,038,388	216,574		216,574
Yolia Sesento-Espinoza -- new participant									
2,258.87	125.63	0.00	6,990.25	2,097.08	0.00	1,063,149	3,380		57,899
Totals:									
\$20,765.09	\$2,430.14					\$5,498,961	\$225,193		\$749,479

Account Balance Statement

Pelzner and Associates Cash Balance Plan For the plan year 01/01/2024 through 12/31/2024

Valuation Date: 12/31/2024

	Beginning Balance	Interest Credit	Pay Credit	Distribution	Adjustments	Ending Balance	Vested Percent	Vested Amount
Tina Ku-Zarrabi -- new participant								
Cash Balance								
Cash Balance	0.00	0.00	5,239.00	0.00	0.00	5,239.00	100	5,239.00
David Pelzner -- new participant								
Cash Balance								
Cash Balance	0.00	0.00	216,574.00	0.00	0.00	216,574.00	100	216,574.00
Yolia Sesento-Espinoza -- new participant								
Cash Balance								
Cash Balance	0.00	0.00	3,380.48	0.00	0.00	3,380.48	100	3,380.48
Grand Total:	\$0.00	\$0.00	\$225,193.48	\$0.00	\$0.00	\$225,193.48		\$225,193.48
Totals for each account:								
Cash Balance								
Cash Balance	\$0.00	\$0.00	\$225,193.48	\$0.00	\$0.00	\$225,193.48		\$225,193.48

Highly Compensated/Key Employees

Pelzner and Associates Cash Balance Plan

For the plan year 01/01/2024 through 12/31/2024

Limit HCEs to Top Paid Group

No

Highly Compensated Employees

Pct Own	Family Group	Birth	Hire	Term	414(q) Comp	HCE	Reason	Key	Reason
1) Danielle Pelzner -- new participant									
		01/01/71	01/01/22		\$34,181.87	Y	5% Owner	0	5% Owner
2) David Pelzner -- new participant									
100		05/07/72	01/01/22		\$239,730.39	Y	5% Owner	0	5% Owner

Key Status for TH Min Benefits for Current PY and Key Status used in TH Test for Next Plan Year:

- 0 = Key
- 1 = Key this Yr, Former Key next Yr for TH Test
- 2 = Non-Key this Yr for TH Min, Key next Yr for TH Test
- 3 = Former Key this Yr for TH Min, Key next Yr for TH test

Employee Summary

Pelzner and Associates Cash Balance Plan For the plan year 01/01/2024 through 12/31/2024

— Defined Benefit —

All

A. Total Number of Employees	6
B. Less Excludable Employees	2
(1) Minimum Age and Service	2
(2) Collective Bargaining	0
(3) Nonresident Aliens	0
(4) 500 Hours/Last Day Rule	0
(5) Excluded for Other Reasons	0
C. Total Not Excluded	4
(1) Total Benefiting	4
D. Highly Compensated Employees	2
(1) Benefiting	2
(2) Not Benefiting	0
E. Non-Highly Compensated Employees	2
(1) Benefiting	2
(2) Not Benefiting	0
F. Ratio Percentage or Exception	d

Exception codes: a=Only HCEs, b=No HCEs benefiting, d=All NHCEs benefiting

5500 Lines 5 & 6:

5. Total Participants at the Beginning of Plan Year	4
6a(1). Active Participants at the Beginning of the Plan Year (BOY)	4
6a(2). Active Participants at the End of the Plan Year (EOY)	4
6b. Retired or Separated Participants Receiving Benefits	0
6c. Retired or Separated Participants Entitled to Future Benefits	0
6d. Subtotal	4
6e. Deceased Participants Whose Beneficiaries are Entitled to Benefits	0
6f. Total Participants at the End of the Plan Year	4
6g(1). Participants with Account Balance at BOY (N/A for DB Plans)	
6g(2). Participants with Account Balance at EOY (N/A for DB Plans)	
6h. Terminated Participants with Accrued Benefits not 100% Vested	0

5500-SF Line 5:

5a. Total Participants at the Beginning of Plan Year	4
5b. Total Participants at the End of the Plan Year	4
5c(1). Participants with Account Balance at BOY (N/A for DB Plans)	
5c(2). Participants with Account Balance at EOY (N/A for DB Plans)	
5d(1). Active Participants at the Beginning of Plan Year	4
5d(2). Active Participants at the End of the Plan Year	4
5e. Terminated Participants with Accrued Benefits not 100% vested	0

Employee Summary (Detail)

Pelzner and Associates Cash Balance Plan

For the plan year 01/01/2024 through 12/31/2024

- Benefiting - Form 5500 Line

Status Code	Family Code	HCE	OE	E	K	M	(5.)	(6a1.)	(6a2.)	(6b.)	(6c.)	(6e.)	(6g1.)	(6g2.)	(6h.)
Torreh Arasteh Kani	101			X	X	X									
Tina Ku-Zarrabi	N0			Y	Y	X	x	x	x						
Danielle Pelzner	N0	Y		Y	Y	X	x	x	x						
David Pelzner	N0	Y		Y	Y	X	x	x	x						
Yolia Sesento-Espinoza	N0			Y	Y	X	x	x	x						
Paul Yago	103			X	X	X									
Totals:							4	4	4	0	0	0	0	0	0

Benefiting:

E=Employer, K=401(k), M=401(m), OE=Otherwise Excludable
 Key: Y=Benefiting, N=Not Benefiting, X=Excludable, Blank=N/A

Status Codes:

T=Terminated - Term Date, R=Retired, D=Deceased/Disabled, N=New Participant

0=Active

101=Ineligible - Minimum Service

103=Ineligible - Participation Date in Future Period

Schedule SB, Part V

Statement of Actuarial Assumptions/Methods

Pelzner and Associates Cash Balance Plan

90-2060042 / 002

For the plan year 01/01/2024 through 12/31/2024

Valuation Date: 12/31/2024

Funding Method: As prescribed in IRC Section 430
Age - Eligibility age at last birthday and other ages at nearest birthday

Retrospective Compensation - Current compensation

Form of Payment - Assumed form of payment for funding is lump sum which is the Hypothetical Account Balance. Funding Target for lump sum is the current Hypothetical Account Balance projected to the assumed retirement date using the Interest Credit Rate discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality

Interest Rates -	Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)	Segment rates as of September 30, 2023 As permitted under IRC 430(h)(2)(C)(iv)(II) - ARP
	Segment # Year Rate %	Segment # Year Rate %
	Segment 1 0 - 5 5.01	Segment 1 0 - 5 5.01
	Segment 2 6 - 20 5.26	Segment 2 6 - 20 5.26
	Segment 3 > 20 5.36	Segment 3 > 20 5.59

Pre-Retirement - Mortality Table - None
 Improvement Scale - None
 Early Retirement Table - None
 Turnover Table - None
 Disability Table - None
 Salary Scale - None
 Interest Credit Rate - Current Yr - 5% Projected Yrs - 5%
 Expense Load - None
 Ancillary Ben Load - None

Post-Retirement - Mortality Table - 24C - 2024 Combined
 Improvement Scale - None
 Cost of Living - None

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 8.5% CB Projection Rate - 5%

Post-Retirement - Interest - 8.5%
 Mortality Table - U84 - 1984 Unisex

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use average compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 100% Survivor Benefits

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Pelzner and Associates Cash Balance Plan

90-2060042 / 002

For the plan year 01/01/2024 through 12/31/2024

401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

Schedule SB, Part V Summary of Plan Provisions

Pelzner and Associates Cash Balance Plan

90-2060042 / 002

For the plan year 01/01/2024 through 12/31/2024

<u>Employer:</u>	Pelzner and Associates		
Type of Entity -	S Corporation		
EIN: 90-2060042	TIN:	Plan #: 002	Plan Type: Cash Balance
<u>Dates:</u>	Effective - 01/01/2024		Valuation - 12/31/2024
<u>Eligibility:</u>	All employees excluding non-resident aliens, members of an excluded class and union		
Minimum age - 21	Months of service - 12		
Hours Required for - Eligibility - 1000	Benefit accrual - 1000	Vesting - 1000	
Plan Entry -	First day of 1st or 7th month of plan year on or next following eligibility satisfaction		
<u>Retirement:</u>	Normal - First of month coincident with or next following attainment of age 62 and completion of 5 years of participation		
	Early - Not provided		
<u>Average Compensation:</u>	Current compensation		
Top Heavy Minimum Benefit -	Highest 5 consecutive top heavy years of participation		
<u>Plan Benefits:</u>	Retirement - Actuarial equivalent of the hypothetical account balance derived from annual Pay Credits and Interest Credits		
Pay Credits -	Classification	Pay Credit Formula	
	A	90.4% of compensation	
	B	4.03% of compensation	
Interest Credit Rate -	Current Yr - 5%	Projected Yrs - 5%	
Accrued Benefit -	Hypothetical Account Balance		
	Minimum Benefit - None		
	Maximum Benefit - None		
	Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality		
Early Retirement -	None		
Death Benefit -	Present Value of Accrued Benefit		
Disability Benefit -	None		
<u>Top Heavy Minimum:</u>	None		
<u>IRS Limitations:</u>	415 Limits -	Percent: 100	Dollar: \$275,000
	Maximum 401(a)(17) compensation - \$345,000		
<u>Normal Form:</u>	Life Annuity		
<u>Optional Forms:</u>	Lump Sum		
	Life Annuity Guaranteed for 10 Years		
	Joint with 50%, 75% or 100% Survivor Benefit		
<u>Vesting Schedule:</u>	100% vested in 3 years.		
	Service is calculated using all years of service		
<u>Present Value of Accrued Benefit:</u>	Based on the Hypothetical Account Balance.		

Schedule SB, Part V

Summary of Plan Provisions

Pelzner and Associates Cash Balance Plan

90-2060042 / 002

For the plan year 01/01/2024 through 12/31/2024

Actuarial Equivalence:

Pre-Retirement - Interest -	5%
Mortality Table -	None
Post-Retirement - Interest -	5%
Mortality Table -	G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

Schedule SB, line 19 - Discounted Employer Contributions

Pelzner and Associates Cash Balance Plan

90-2060042 / 002

For the plan year 01/01/2024 through 12/31/2024

Valuation Date: 12/31/2024

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	09/05/2025	\$227,714					
Applied to Additional Contribution	12/31/2024	320	309	0	0	5.27	0.00
Applied to MRC	12/31/2024	227,394	219,596	0	0	5.27	0.00
Totals for Deposited Contribution		\$227,714	\$219,905	\$0	\$0		

**Schedule SB, line 22 -
Description of Weighted Average Retirement Age**

Pelzner and Associates Cash Balance Plan

90-2060042 / 002

For the plan year 01/01/2024 through 12/31/2024

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Funding Election Form 430(g/h)

Pelzner and Associates Cash Balance Plan

90-2060042/002

Pursuant to the prescribed funding method under Internal Revenue Code Section 430, and as permitted under Regulations 1.430(g)-1(b)(2)(iv), 1.430(g)-1(c) and 1.430(h)(2)-1(e), I, as the Plan Sponsor, hereby provide you, Robert M. Hanes, E.A., the plan's Enrolled Actuary and, additionally, to the Plan Administrator the following elections(s) for the above named plan for the plan year beginning 01/01/2024 and thereafter, if not revoked:

1. Applicable Month (Sch SB line 21b)

Use the month containing the valuation date

Use 1st, 2nd, 3rd, or 4th month preceding the month which includes the valuation date

2. Interest Rates (Sch SB line 21a)

Use funding segment rates as specified in Code Section 430(h)(2)(B) and (C)

Use the bond rates full yield curve as specified in Code Section 430(h)(2)(D)

3. Plan Assets (Sch SB line 2b)

Use fair market value of assets

Use average value of assets

4. Valuation Date (Sch SB line 1)

Use beginning of plan year

Use end of plan year (only available for small plans with 100 or fewer participants per Reg. 1.430(g)-1(b)(2))

5. Mortality Table (Sch SB line 23)

Use prescribed separate mortality tables

Use prescribed combined mortality table (only available for small plans with 500 or fewer participants per Reg. 1.430(h)(3)-1(b)(2))

I understand any election made above will remain in effect for the plan unless the election is revoked/changed by 1) written notification to the plan's Enrolled Actuary and the Plan Administrator on or before the filing due date (including extensions) of the Schedule SB of Form 5500 and 2) with consent of the Commissioner.

Plan Sponsor Signature

Date

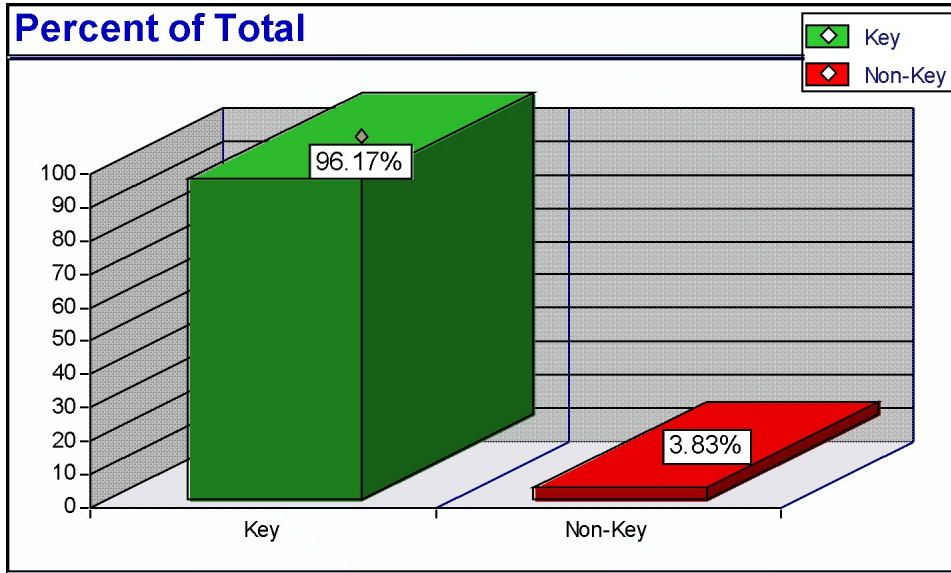
Top-Heavy Test

Pelzner and Associates Cash Balance Plan

For the plan year 01/01/2024 through 12/31/2024

The Plan is Top-Heavy for This Plan Year and Next Plan Year

Employee Classification	Employees Considered	Account Bal/PVAB	Receivable	Excluded Bal/PVAB	Prior Distributions	Adjusted Bal/PVAB	Percent of Total
Key Employees	2	216,574.00	0.00	0.00	0.00	216,574.00	96.17%
Non-Key Employees	2	8,619.48	0.00	0.00	0.00	8,619.48	3.83%
Totals:	4	\$225,193.48	\$0.00	\$0.00	\$0.00	\$225,193.48	100.00%



E-SIGNATURE AUTHORIZATION

for

Pelzner and Associates Cash Balance Plan

90-2060042/002

For Plan Year 01/01/2024 through 12/31/2024

I/We, the undersigned, understand that a 5500 Series filing for the plan listed above must be prepared, electronically signed and electronically transmitted to the EBSA Electronic Filing Acceptance System (EFAST).

I/We authorize HICKS PENSION SERVICES to electronically sign the 5500 Series filing on my/our behalf and to transmit that signed form to EFAST on or before the filing due date.

I/We understand that by granting this authority:

- A manually signed and dated Form 5500-SF that has been provided must be returned to HICKS PENSION SERVICES before they can begin the electronic filing process. I/We will retain a copy of this manually signed form and any schedules and attachments in the plan records.
- HICKS PENSION SERVICES will not be responsible for any late filing penalty assessed under ERISA should I/we not return the manually signed and dated Form 5500-SF prior to the filing due date.
- An electronic copy of the manually signed and dated Form 5500-SF showing my/our signatures will be included in the electronic filing and will be posted by the EBSA to the Internet for public disclosure.
- HICKS PENSION SERVICES will maintain a copy of this written authorization in its records.
- HICKS PENSION SERVICES will notify all signers about any inquiries and correspondence it receives about this filing from EFAST, EBSA, IRS or PBGC.
- HICKS PENSION SERVICES shall not be deemed to be a plan fiduciary with respect to this plan solely on account of providing the electronic signature and filing of the 5500-SF for the plan year listed above.



Plan Administrator

Sep 21, 2025

Date



Plan Sponsor

Sep 21, 2025

Date

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 section 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

1a Name of plan Pelzner and Associates Cash Balance Plan		1b Three-digit plan number (PN) ▶	002
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Pelzner and Associates 840 Hinkley Road Suite #120 US Burlingame CA 94010		1c Effective date of plan 01/01/2024	2b Employer Identification Number (EIN) 90-2060042
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		2c Sponsor's telephone number (650) 697-8299	2d Business code (see instructions) 541211
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name		3b Administrator's EIN	
		3c Administrator's telephone number	
		4b EIN	
		4d PN	
5a Total number of participants at the beginning of the plan year	5a	0	
b Total number of participants at the end of the plan year	5b	4	
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1)		
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2)		
d(1) Total number of active participants at the beginning of the plan year	5d(1)	0	
d(2) Total number of active participants at the end of the plan year	5d(2)	4	
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	0	

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

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

SIGN HERE		Sep 21, 2025	DAVID PELZNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		Sep 21, 2025	DAVID PELZNER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor