

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: NEAL, GERBER & EISENBERG LLP CASH BALANCE PLAN
1b Three-digit plan number (PN): 007
1c Effective date of plan: 01/01/2020
2a Plan sponsor's name (employer, if for a single-employer plan): NEAL, GERBER & EISENBERG LLP
2b Employer Identification Number (EIN): 36-3532950
2c Sponsor's telephone number: 312-269-8000
2d Business code (see instructions): 541110
3a Plan administrator's name and address: [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year: 75
5b Total number of participants at the end of the plan year: 77
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: 75
5d(2) Total number of active participants at the end of the plan year: 74
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: JASON WENSEL, 09/25/2025. Row 2: THOMAS W. VAN DER MOERE, 09/25/2025.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year: 550534. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	13779713	17318307
b Total plan liabilities	7b	0	
c Net plan assets (subtract line 7b from line 7a)	7c	13779713	17318307
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	3779712	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	576054	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		4355766
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	780458	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	36714	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		817172
i Net income (loss) (subtract line 8h from line 8c)	8i		3538594
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:
1B 1C
- 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)		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c Was the plan covered by a fidelity bond?	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.)		X	
f Has the plan failed to provide any benefit when due under the plan?		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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			

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 ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

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>NEAL, GERBER & EISENBERG LLP CASH BALANCE PLAN</u>	B Three-digit plan number (PN) ▶	<u>007</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NEAL, GERBER & EISENBERG LLP</u>	D Employer Identification Number (EIN) <u>36-3532950</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>13538595</u>
	b Actuarial value	2b	<u>13538595</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>
	b For terminated vested participants	<u>3</u>	<u>87568</u>
	c For active participants	<u>74</u>	<u>11976075</u>
	d Total	<u>77</u>	<u>12063643</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>3344039</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>3344039</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>09/22/2025</u>	Date
	<u>JEFFREY VAN WAGNER, FSA, EA, MAAA</u>	<u>23-06395</u>	Most recent enrollment number
	Type or print name of actuary	<u>847-291-9440</u>	Telephone number (including area code)
	<u>ALLIANCE PENSION CONSULTANTS, LLC</u>		
	Firm name		
	<u>3 PARKWAY NORTH SUITE 200 DEERFIELD, IL 60015</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:

a Segment rates:	1st segment: 5.01 %	2nd segment: 5.26 %	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

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	3344039
b Excess assets, if applicable, but not greater than line 31a	31b	1474952

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	1869087
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	0
36 Additional cash requirement (line 34 minus line 35)	36	1869087
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	3738456

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	1869369
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

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

**Neal, Gerber & Eisenberg LLP
Neal, Gerber & Eisenberg LLP Cash Balance Plan**

Attachment to 2024 Form 5500
Schedule SB, Line 26 - Schedule of Active Participant Data
EIN/PN: 36-3532950/007

Schedule of Active Participant Data
As of 12/31/2024

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 and up	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	1	0	0	0	0	0	0	0	0	1
35 to 39	0	6	0	0	0	0	0	0	0	0	6
40 to 44	0	4	7	0	0	0	0	0	0	0	11
45 to 49	0	2	4	0	0	0	0	0	0	0	6
50 to 54	0	3	15	0	0	0	0	0	0	0	18
55 to 59	0	1	8	0	0	0	0	0	0	0	9
60 to 64	0	1	12	0	0	0	0	0	0	0	13
65 to 69	0	1	7	0	0	0	0	0	0	0	8
70 and up	0	1	1	0	0	0	0	0	0	0	2
Total	0	20	54	0	0	0	0	0	0	0	74

Neal, Gerber & Eisenberg LLP
Neal, Gerber & Eisenberg LLP Cash Balance Plan

Attachment to 2024 Form 5500
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
EIN/PN: 36-3532950/007

Valuation Date	December 31, 2024
Actuarial Cost Method	
<i>Funding Target Liability</i>	The Funding Target Liability is determined using the Unit Credit Actuarial Cost Method. Under this method, an accrued benefit is determined for each individual based upon service and compensation / benefit components as of the beginning of the plan year; a present value of this amount is then determined based upon each individual's anticipated future date(s) of decrement (allowing for anticipated future eligibility for benefits).
<i>Target Normal Cost</i>	Target Normal Cost is determined as the increase in a participant's accrued benefit (inherent in the determination of the Target Liability) for an additional year of service earned during the plan year. Target Normal Cost also includes the assumed value of any administrative expenses payable from the plan trust for the plan year.
Actuarial Value of Assets Method	Fair value of assets, including the discounted value of any receivable contributions and excluding the accumulated value of any advance contributions.
Excess Assets	The excess of the Plan's Actuarial Value of Assets (reduced for any Carryover Balance / Prefunding Balance) over the Plan's Funding Target Liability, if any.
Funding Shortfall	The excess of the Plan's Funding Target Liability over the Plan's Actuarial Value of Assets (reduced for any Carryover Balance / Prefunding Balance), if any.
Amortization of Funding Shortfall	<p>The Plan's Funding Shortfall is amortized using a 15-year closed amortization method.</p> <p>Under this method, the Plan's Funding Shortfall is determined each year and a new shortfall amortization charge is established (if applicable). The new shortfall amortization charge is determined as the amortization of the difference in the Funding Shortfall and the present value of all remaining shortfall amortizations. Once established, a shortfall amortization is maintained and amortized over a 15-year period (unless and until the Plan no longer has a Funding Shortfall).</p> <p>A new shortfall amortization charge is not established for a plan year if the Funding Shortfall (determined without reduction for any Carryover Balance) is less than zero.</p>

Neal, Gerber & Eisenberg LLP
Neal, Gerber & Eisenberg LLP Cash Balance Plan

Attachment to 2024 Form 5500
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
EIN/PN: 36-3532950/007

Minimum Required Contribution	<p>Equal to the Target Normal Cost plus any Shortfall Amortization Charges, less the value of any Excess Assets.</p> <p>Certain assumptions used for the purposes of determining the Minimum Required Contribution are prescribed by law and subject to sponsor elections.</p>
Maximum Deductible Contribution	<p>Equal to the Funding Target Liability, plus Target Normal Cost, plus a Cushion Amount (50% of the Funding Target Liability*), plus an adjustment to the Funding Target Liability* for assumed salary increases (if applicable), less the value of the Actuarial Value of Assets.</p> <p>Certain assumptions used for the purposes of determining the Maximum Deductible Contribution are prescribed by law and subject to sponsor elections.</p>
Determination of Vested Funding Target Liability	<p>Determined under the same methodology as the Funding Target Liability but based upon the vested amount of a participant's accrued benefit considering the participant's age and service as of the valuation date. At each future decrement age, only benefits for which a participant is fully or partially vested as of the valuation date are valued.</p> <p>For these purposes, pre-retirement death benefits are considered vested based upon a participant's age and service as of the valuation date.</p>
Roll-Forward Methodology	<p>The current methodology is to prepare a robust valuation every year, based on census information as of the Valuation Date. There is no roll-forward methodology used.</p>
Inclusion Date	<p>Employees are included in the valuation upon attaining eligibility to participate in the Plan; no future or re-hired employees or participants are anticipated as of the valuation date, and former non-vested participants are excluded from the valuation as provided under Treasury Regulation §1.430(d)-1(e)(2).</p>
Compensation	<p>Current year plan compensation is provided by Neal, Gerber & Eisenberg LLP and is used directly to prepare the Funding Target Liability and Target Normal Cost as of the valuation date.</p>

* For these purposes, the value of benefit increases for highly compensated employees (within the last two years) are excluded.

Neal, Gerber & Eisenberg LLP
Neal, Gerber & Eisenberg LLP Cash Balance Plan

Attachment to 2024 Form 5500
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
EIN/PN: 36-3532950/007

**American Rescue Plan Act
(ARPA) of 2021**

The results have been prepared reflecting the provisions of the American Rescue Plan Act (ARPA) of 2021. This includes the changes to the provisions of IRC Section 430(h)(2)(C)(iv) regarding the stabilized interest rates required to be used for the actuarial valuation.

This also includes the provisions of IRC §430(c)(8) regarding the reset of all prior shortfall amortizations and the extension of the amortization period to 15 years for all subsequent shortfall amortizations.

The results have been prepared based upon our understanding of the provisions of ARPA, and represent a good faith effort to adhere to the provisions of the law. Future guidance provided by the Internal Revenue Service may conflict with this understanding; ultimate results will conform to all guidance provided regarding the act.

Neal, Gerber & Eisenberg LLP
Neal, Gerber & Eisenberg LLP Cash Balance Plan

Attachment to 2024 Form 5500
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
EIN/PN: 36-3532950/007

Interest Rates	Election: IRS published rates for December of 2024	
	<u>For Minimum Required:</u>	<u>For Maximum Deductible:</u>
First Segment	5.01%	5.01%
Second Segment	5.26%	5.26%
Third Segment	5.59%	5.36%
Effective Interest Rate	5.27%	
Interest Crediting Rate (Cash Balance Account)	For those Participants whose Earnings Credit is based upon the market-based Rate of Return, it is assumed the interest crediting rate is 3.50%.	
Mortality	<u>Pre-Retirement</u>	<u>Post-Retirement</u>
	None	2024 Static Mortality Table for males and females / annuitants and non-annuitants as prescribed under Treasury Regulation §1.430(h)(3)-1 (published October 20, 2023)
Retirement	Normal Retirement Age, or end of plan year if later	
Other Pre-Retirement Decrements	None	
Election of Form of Payment	100% of future retirees are assumed to elect a lump sum upon decrement (or the valuation date, if the participant is no longer active). Actual data is used for any current retiree who has commenced receipt of their benefits.	
415 Benefit Limit	For the purposes of benefit limitations under IRC Section 415, lump sums are no larger than the actuarial equivalent determined using 5.5% interest and the 2024 Applicable Mortality Table under IRC Section 417(e)(3).	
Administrative Expenses payable from Plan Trust	None	
Future Increases in Maximum Benefits / Plan Compensation Limits	Benefits expected to be paid in future years are limited to the maximum benefit currently allowed under IRC Section 415 and are determined using compensation limited by the maximum allowed under IRC Section 401(a)(17). Future increases in the maximum benefit or maximum compensation limit are not reflected in the valuation.	

Neal, Gerber & Eisenberg LLP
Neal, Gerber & Eisenberg LLP Cash Balance Plan

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Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
EIN/PN: 36-3532950/007

**Changes Since the Last
Actuarial Valuation**

The interest rate assumptions were changed from the 3-segment rates (based on the 24-month average of monthly yields) for December 2023 (as adjusted for the 25-year average segment rate stabilization provisions of IRC Section 430(h)(2)(C)(iv), reflecting ARPA) to the 3-segment rates for December 2024 (as adjusted for the 25-year average segment rate stabilization provisions of IRC Section 430(h)(2)(C)(iv), reflecting ARPA), as prescribed by law.

The post-retirement mortality assumption was changed from the 2023 Combined Static Mortality Table for males and females to the 2024 Combined Static Mortality Table for males and females (each as identified in IRS Notice 2022-22, and Treasury Regulation §1.430(h)(3)-1 (published October 20, 2023), respectively), as prescribed by law.

Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

B This return/report is the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

C Check box if filing under: Form 5558 automatic extension DFVC program
 special extension (enter description)

D If the plan is a collectively-bargained plan, check here

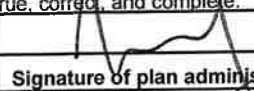
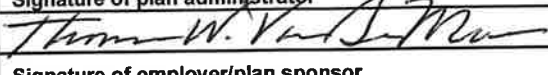
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan NEAL, GERBER & EISENBERG LLP CASH BALANCE PLAN	1b Three-digit plan number (PN) ▶ 007
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) Neal, Gerber & Eisenberg LLP 225 W. Randolph Street Suite 2800 Chicago IL 60606-1976	1c Effective date of plan 01/01/2020
	2b Employer Identification Number (EIN) 36-3532950
	2c Sponsor's telephone number 312-269-8000
	2d Business code (see instructions) 541110
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	4b EIN
	4d PN
5a Total number of participants at the beginning of the plan year	5a 75
b Total number of participants at the end of the plan year	5b 77
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) 75
d(2) Total number of active participants at the end of the plan year	5d(2) 74
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		<u>9/25/2025</u>	Jason Wensel
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>9/25/2025</u>	Thomas W. Van Der Moere
	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 550534. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	13,779,713	17,318,307
b Total plan liabilities	7b	0	
c Net plan assets (subtract line 7b from line 7a)	7c	13,779,713	17,318,307
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	3,779,712	
(2) Participants.....	8a(2)	0	
(3) Others (including rollovers).....	8a(3)	0	
b Other income (loss).....	8b	576,054	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	8c		4,355,766
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	780,458	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions).....	8f	36,714	
g Other expenses.....	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		817,172
i Net income (loss) (subtract line 8h from line 8c).....	8i		3,538,594
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:
1B 1C
- 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		500,000
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			
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 (MM/DD/YYYY) and the Opinion Letter serial number _____

**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.

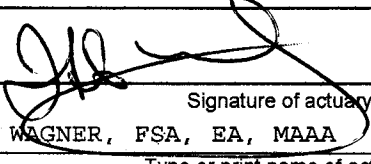
A Name of plan NEAL, GERBER & EISENBERG LLP CASH BALANCE PLAN		B Three-digit plan number (PN) ▶	007
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Neal, Gerber & Eisenberg LLP		D Employer Identification Number (EIN) 36-3532950	
E Type of plan: <input checked="" type="checkbox"/> Single <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		13,538,595
b Actuarial value	2b		13,538,595
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	3	87,568	87,568
c For active participants	74	11,976,075	11,976,075
d Total	77	12,063,643	12,063,643
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		5.27%
6 Target normal cost			
a Present value of current plan year accruals	6a		3,344,039
b Expected plan-related expenses	6b		0
c Target normal cost	6c		3,344,039

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 JEFFREY VAN WAGNER, FSA, EA, MAAA Type or print name of actuary ALLIANCE PENSION CONSULTANTS, LLC Firm name 3 PARKWAY NORTH SUITE 200 DEERFIELD IL 60015 Address of the firm	09/22/2025 Date 2306395 Most recent enrollment number 847-291-9440 Telephone number (including area code)
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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

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** 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

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	3,344,039
b Excess assets, if applicable, but not greater than line 31a	31b	1,474,952

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	1,869,087
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	1,869,087
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	3,738,456

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	1,869,369
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years **40** 0

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

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

**Neal, Gerber & Eisenberg LLP
Neal, Gerber & Eisenberg LLP Cash Balance Plan**

**Attachment to 2024 Form 5500
Schedule SB, Line 22 - Description of Weighted Average Retirement Age
EIN/PN: 36-3532950/007**

All Participants are assumed to retire at their Normal Retirement Age (age 65), or the end of the plan year, if later.

Considering the current population, the weighted average retirement age for the current year as of the valuation date is age 65.

Neal, Gerber & Eisenberg LLP
Neal, Gerber & Eisenberg LLP Cash Balance Plan

Summary of Plan Provisions

Plan Effective Date	January 1, 2020
Date of Last Amendment	Last amended December 27, 2021 (effective January 1, 2021)
Plan Year Date	January 1, 2024
Eligible Employee	<p>An employee who is a Partner, the Firm’s Chief Operating Officer or the Firm’s Chief Financial Officer (or similar positions thereto).</p> <p>For eligibility purposes, a Partner means any person who is designated an income partner or equity partner of the Firm by the Executive Committee and who is actively performing legal services with the Firm. For this purpose, any individual who is a retired partner, senior counsel, counsel, “of counsel”, staff attorney, associate, staff or any other person shall not be eligible to participate.</p>
Eligibility Requirements	Each Eligible Employee shall become a participant as of the January 1 or July 1 coincident with or next following the date he or she: (1) has attained age 21 and completed one Year of Service, and (2) is not a non-resident alien who receives no U.S. source-based income.
Benefit Eligibility	
Normal Retirement	Age 65
Early Retirement	Not available
Disability Retirement	Eligibility for disability under the Firm's long-term disability insurance plan
Pre-Retirement Death	Death prior to retirement date
Compensation	
<i>Partner:</i>	Earned income under Code Section 401(c)(2) from the profession of the Firm which means net earnings from self-employment (as defined in Code Section 1402(a)), paid to the Partner for the Plan Year, but (i) with regard to deductions allowed under Code Section 404, (ii) with regard to the deduction allowed to the Participant by Code Section 164(f) and (iii) including any pre-tax contributions made by the Participant under Code Section 402(e)(3).
<i>Non-Partner:</i>	Wages and other amounts received for personal services rendered to the Firm to the extent includable in gross income.
Year of Service	A Year of Service is a plan year in which a participant works at least 1,000 hours. For Vesting purposes, Years of Service prior to the Effective Date are included.
Vesting	100% after 3 Years of Service

Neal, Gerber & Eisenberg LLP
Neal, Gerber & Eisenberg LLP Cash Balance Plan

Summary of Plan Provisions

Cash Balance Account

A notional account representing the accumulation of a Participant's Cash Balance Credits and Earnings Credits, subject to certain maximums and minimums.

For each Participant's Cash Balance Account, there shall be three subaccounts, known as the Basic Account, the Maximum Account and the Preservation Account (as further described below).

If, as of the earlier of the last day of a Plan Year or a Participant's Annuity Starting Date, the Participant's Basic Account is larger than the Participant's Maximum Account, the Basic Account shall be reset to be equal to the Maximum Account as of that date. A Participant's Cash Balance Account shall never be less than the Participant's Preservation Account.

Separate accounts will be determined for a Participant for their participation as an Equity Partner and for their participation as an otherwise eligible employee, should there be any change in Partnership Status.

Basic Account:

The Basic Account shall be equal to the sum of the participant's Cash Balance Credits and Basic Earnings Credits.

Maximum Account:

The Maximum Account shall be equal to the sum of the participant's Cash Balance Credits and Maximum Earnings Credits.

Preservation Account:

The Preservation Account shall be equal to the sum of the participant's Cash Balance Credits.

Cash Balance Credit

A Cash Balance Credit shall be credited as of each December 31 to the Cash Balance Account of each participant who has completed a Year of Service during a Plan Year.

For the Plan Year ending December 31, 2020, the Cash Balance Credit for each Participant is directly and uniquely identified pursuant to the plan document.

For Plan Years, beginning on or after January 1, 2021, the Cash Balance Credit for a Plan Year is equal to the Formula Credit Amount (multiplied by the number of months of Service completed by such Participant in the Plan Year and divided by 12 if the Participant is a Partner).

Neal, Gerber & Eisenberg LLP
Neal, Gerber & Eisenberg LLP Cash Balance Plan

Summary of Plan Provisions

Formula Credit Amount

The Formula Credit Amount is defined for an Equity Partner and all other Eligible Employees as follows:

Equity Partner:

The Formula Credit Amount for an Equity Partner for the Plan Year is equal to a dollar amount based on the Participant's age (computed in completed years) as of the last day of the Plan Year and the Group (as defined below) to which the Participant belongs for the Plan Year. Representative dollar amounts are shown below:

Age	Dollar Amount					
	<i>Group 1</i>	<i>Group 2</i>	<i>Group 3</i>	<i>Group 4</i>	<i>Group 5</i>	<i>Group 6</i>
25	7,500	12,500	25,000	25,000	32,500	38,000
30	10,000	12,500	30,000	30,000	40,000	48,000
35	10,000	12,500	30,000	35,000	50,000	62,000
40	12,500	15,000	35,000	40,000	60,000	79,000
45	12,500	15,000	35,000	45,000	70,000	102,000
50	15,000	17,500	42,500	55,000	85,000	131,000
55	15,000	22,500	50,000	65,000	100,000	168,000
60	17,500	25,000	65,000	85,000	130,000	215,000
65	20,000	32,500	85,000	110,000	165,000	276,000

An Equity Partner shall be a member of one of the following groups (a "Group") based on that Participant's Partner Points attributable to the applicable Plan Year as follows:

<u>Group</u>	<u>Partner Points</u>
Group 1	Under 1,000
Group 2	1,000 to 1,199
Group 3	1,200 to 1,399
Group 4	1,400 to 1,699
Group 5	1,700 to 1,999
Group 6	2,000 or more

Partner Points mean an Equity Partner's "Partnership Percentage," effective as of the first day of the firm's fiscal year, multiplied by 1,000 (e.g., a Partnership Percentage of 1.0% equals 1,000 Partner Points). An Equity Partner's Partnership Percentage shall be determined in accordance with the terms of the firm's partnership agreement.

Neal, Gerber & Eisenberg LLP
Neal, Gerber & Eisenberg LLP Cash Balance Plan

Summary of Plan Provisions

**Formula Credit Amount
(continued)**

The Formula Credit Amount is defined for an Equity Partner and all other Eligible Employees as follows:

Other Eligible Employees: The Formula Credit Amount for a Participant who is not an Equity Partner is equal to a percentage of Compensation based on the Participant's age (computed in completed years) as of the last day of the Plan Year.

<u>Age</u>	<u>Percentage of Compensation</u>	<u>Age</u>	<u>Percentage of Compensation</u>
21	1.40%	44	3.20%
22	1.40%	45	3.30%
23	1.50%	46	3.40%
24	1.50%	47	3.60%
25	1.60%	48	3.70%
26	1.60%	49	3.80%
27	1.70%	50	4.00%
28	1.80%	51	4.10%
29	1.80%	52	4.30%
30	1.90%	53	4.50%
31	2.00%	54	4.60%
32	2.00%	55	4.80%
33	2.10%	56	5.00%
34	2.20%	57	5.20%
35	2.30%	58	5.40%
36	2.40%	59	5.60%
37	2.50%	60	5.80%
38	2.60%	61	6.10%
39	2.60%	62	6.30%
40	2.70%	63	6.50%
41	2.90%	64	6.80%
42	3.00%	65	7.10%
43	3.10%		

Neal, Gerber & Eisenberg LLP
Neal, Gerber & Eisenberg LLP Cash Balance Plan

Summary of Plan Provisions

Earnings Credit

For each Plan Year the plan shall determine a Basic Earnings Credit and a Maximum Earnings Credit on behalf of each Participant. Each such Earnings Credit shall be credited to the applicable separate Cash Balance Account described above as of the last day of each Plan Year.

Basic Earnings Credit:

The Basic Earnings Credit is determined as follows:

<u>Equity Partners</u>	<u>Non-Equity Partners</u>
A market Rate of Return	A 4.00% annualized rate of return

The Basic Earnings Credit for the Plan Year is determined by applying the applicable rate above to the Basic Account as of the beginning of the Plan Year prior to the Cash Balance Credit accrued for the current Plan Year.

Maximum Earnings Credit:

The Maximum Earnings Credit shall be the amount determined by applying a 4.00% annualized rate of return to the participant's Maximum Cash Balance Account as of the beginning of the Plan Year prior to the Cash Balance Credit accrued for the current Plan Year.

Rate of Return

The Rate of Return equals the Change in Net Asset Value divided by the Adjusted Assets.

Change in Net Asset Value:

For any given Plan Year, the market value of assets in the Fund at the end of the Plan Year, reduced by the market value of assets in the Fund at the end of the prior Plan Year and any contributions made to the Fund during the Plan Year, and increased by any benefit payments made from the Fund during the Plan Year.

Adjusted Assets:

The market value of assets in the Fund at the end of the prior Plan Year, increased by the time-weighted value of any contributions made to the Fund during the Plan Year, and reduced by the time-weighted value of any benefit payments made from the Fund during the Plan Year.

Neal, Gerber & Eisenberg LLP
Neal, Gerber & Eisenberg LLP Cash Balance Plan

Summary of Plan Provisions

Normal Form of Benefit

Normal Form	Single Life Annuity
Automatic Form	Married Participants: 50% Joint and Survivor Annuity Unmarried Participants: Single Life Annuity
Optional Forms	50% and 75% Joint and Survivor annuity options Single lump-sum payment

Actuarial Equivalence

	<u>Pre-Retirement</u>	<u>Post-Retirement</u>
Mortality	None	2024 417(e)(3) Applicable Mortality Table
Interest	4.00%	4.00%

Minimum Lump Sum

Actuarial Equivalence

Stability Period	Plan Year
Mortality	417(e)(3) Applicable Mortality Table
Interest	417(e)(3) Applicable Interest Rates for the 2nd month prior to the beginning of the plan year

Benefit Not Valued

All benefits provided under the plan have been valued

Significant Events Since the Last Actuarial Valuation

None

Changes Since the Last Actuarial Valuation

None