

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

This form is required to be filed for employee benefit plans 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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

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 multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, etc.
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: NELSON MULLINS RILEY & SCARBOROUGH LLP CASH BALANCE RETIREMENT PLAN
1b Three-digit plan number (PN): 004
1c Effective date of plan: 01/01/2017
2a Plan sponsor's name, mailing address, city, etc.: NELSON MULLINS RILEY & SCARBOROUGH LLP, P.O. BOX 11070, COLUMBIA, SC 29211-1070
2b Employer Identification Number (EIN): 57-0215445
2c Plan Sponsor's telephone number: 803-799-2000
2d Business code (see instructions): 541110

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 accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for James K. Lehman and fields for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

|   |  |     |
|---|--|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |     |
|   | <b>3c</b> Administrator's telephone number |     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |     |
|   | <b>4d</b> PN                               |     |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 268 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 257 |
|   | <b>6a(2)</b>                               | 248 |
|   | <b>6b</b>                                  | 10  |
|   | <b>6c</b>                                  | 1   |
|   | <b>6d</b>                                  | 259 |
|   | <b>6e</b>                                  | 1   |
|   | <b>6f</b>                                  | 260 |
|   | <b>6g(1)</b>                               |     |
| <b>6g(2)</b>  |  |     |
| <b>6h</b>   |  | 0   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   |     |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1C 3B

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

|   |   |
|---|---|
| <b>9a</b> Plan funding arrangement (check all that apply)               | <b>9b</b> Plan benefit arrangement (check all that apply)               |
| (1) <input type="checkbox"/> Insurance                                  | (1) <input type="checkbox"/> Insurance                                  |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust                           | (3) <input checked="" type="checkbox"/> Trust                           |
| (4) <input type="checkbox"/> General assets of the sponsor              | (4) <input type="checkbox"/> General assets of the sponsor              |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

|  |  |
|--|--|
| <b>a Pension Schedules</b>   | <b>b General Schedules</b>   |
| (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)   | (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)                 |
| (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)               |
| (3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                    | (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u> |
| (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____  | (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)          |
| (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)  | (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)    |
|  | (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)                  |

---

**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

---

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

---

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

---

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

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

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

|   |   |            |
|---|---|------------|
| <b>A</b> Name of plan<br><u>NELSON MULLINS RILEY &amp; SCARBOROUGH LLP CASH BALANCE RETIREMENT PLAN</u>                                   | <b>B</b> Three-digit plan number (PN) ▶   | <u>004</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>NELSON MULLINS RILEY &amp; SCARBOROUGH LLP</u>             | <b>D</b> Employer Identification Number (EIN)<br><u>57-0215445</u>  |            |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |            |

|   |                            |                           |                          |
|---|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>   |                            |                           |                          |
| <b>1</b> Enter the valuation date:  | Month <u>01</u>            | Day <u>01</u>             | Year <u>2024</u>         |
| <b>2</b> Assets:  |                            |                           |                          |
| <b>a</b> Market value .....   | <b>2a</b>                  | <u>123747206</u>          |                          |
| <b>b</b> Actuarial value .....  | <b>2b</b>                  | <u>123747206</u>          |                          |
| <b>3</b> Funding target/participant count breakdown   | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....   | <u>11</u>                  | <u>6842319</u>            | <u>6842319</u>           |
| <b>b</b> For terminated vested participants .....   | <u>0</u>                   | <u>0</u>                  | <u>0</u>                 |
| <b>c</b> For active participants .....  | <u>257</u>                 | <u>72230988</u>           | <u>72230988</u>          |
| <b>d</b> Total .....  | <u>268</u>                 | <u>79073307</u>           | <u>79073307</u>          |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>   |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....   | <b>4a</b>                  |                           |                          |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....  | <b>5</b>                   | <u>5.01 %</u>             |                          |
| <b>6</b> Target normal cost   |                            |                           |                          |
| <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                  | <u>17389220</u>           |                          |
| <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                  | <u>323525</u>             |                          |
| <b>c</b> Target normal cost .....   | <b>6c</b>                  | <u>17712745</u>           |                          |

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

|   |  |
|---|--|
| <b>SIGN HERE</b><br><br><u>NATHAN BRAGG</u><br>Signature of actuary<br><br><u>WILLIS TOWERS WATSON US LLC</u><br>Firm name<br><br><u>1120 SOUTH TRYON STREET</u><br><u>SUITE 650</u><br><u>CHARLOTTE, NC 28203</u><br>Address of the firm | <u>09/02/2025</u><br>Date<br><br><u>23-07999</u><br>Most recent enrollment number<br><br><u>704-620-6538</u><br>Telephone number (including area code) |
|---|--|

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

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b> |  | (a) Carryover balance | (b) Prefunding balance |
|--|--|-----------------------|------------------------|
| <b>7</b>   | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....  | 0                     | 0                      |
| <b>8</b>   | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....   | 0                     | 0                      |
| <b>9</b>   | Amount remaining (line 7 minus line 8) .....   | 0                     | 0                      |
| <b>10</b>  | Interest on line 9 using prior year's actual return of <u>16.35</u> % .....  | 0                     | 0                      |
| <b>11</b>  | Prior year's excess contributions to be added to prefunding balance:   |                       |                        |
|  | <b>a</b> Present value of excess contributions (line 38a from prior year) .....  |                       | 21968970               |
|  | <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.00</u> % ..... |                       | 1098449                |
|  | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....   |                       | 0                      |
|  | <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....  |                       | 23067419               |
|  | <b>d</b> Portion of (c) to be added to prefunding balance .....  |                       | 0                      |
| <b>12</b>  | Other reductions in balances due to elections or deemed elections .....  | 0                     | 0                      |
| <b>13</b>  | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....   | 0                     | 0                      |

| <b>Part III Funding Percentages</b> |  |           |          |
|-------------------------------------|--|-----------|----------|
| <b>14</b>                           | Funding target attainment percentage .....   | <b>14</b> | 156.49 % |
| <b>15</b>                           | Adjusted funding target attainment percentage .....  | <b>15</b> | 156.49 % |
| <b>16</b>                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 151.15 % |
| <b>17</b>                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....  | <b>17</b> | %        |

| <b>Part IV Contributions and Liquidity Shortfalls</b> |                                | <b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b> |                       |                                |                              |              |   |
|---|--------------------------------|--|-----------------------|--------------------------------|------------------------------|--------------|---|
| (a) Date (MM-DD-YYYY)                                 | (b) Amount paid by employer(s) | (c) Amount paid by employees   | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |              |   |
| 01/18/2024  | 68646                          | 0  | 07/12/2024            | 987100                         | 0                            |              |   |
| 02/14/2024  | 36487                          | 0  | 08/14/2024            | 2942183                        | 0                            |              |   |
| 03/14/2024  | 54487                          | 0  | 09/12/2024            | 2954683                        | 0                            |              |   |
| 04/12/2024  | 54487                          | 0  | 10/11/2024            | 2936350                        | 0                            |              |   |
| 05/14/2024  | 45941                          | 0  | 11/14/2024            | 2973017                        | 0                            |              |   |
| 06/14/2024  | 52850                          | 0  | 12/12/2024            | 2954686                        | 0                            |              |   |
|   |                                |  | <b>Totals ▶</b>       | <b>18(b)</b>                   | 16060917                     | <b>18(c)</b> | 0 |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|   |            |          |
|---|------------|----------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0        |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0        |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 15478284 |

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year?  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?  Yes  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 |
|  |         |         |         |

|  |                        |                        |   |
|--|------------------------|------------------------|---|
| <b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>  |                        |                        |   |
| <b>21</b> Discount rate:   |                        |                        |   |
| <b>a</b> Segment rates:  | 1st segment:<br>4.75 % | 2nd segment:<br>4.96 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....   |                        |                        | <b>21b</b> 4  |
| <b>22</b> Weighted average retirement age .....  |                        |                        | <b>22</b> 65  |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |   |

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

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

|  |                     |                    |                     |
|--|---------------------|--------------------|---------------------|
| <b>Part VIII Minimum Required Contribution For Current Year</b>  |                     |                    |                     |
| <b>31</b> Target normal cost and excess assets (see instructions):   |                     |                    |                     |
| <b>a</b> Target normal cost (line 6c) .....  |                     |                    | <b>31a</b> 17712745 |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....   |                     |                    | <b>31b</b> 17712745 |
| <b>32</b> Amortization installments:   | Outstanding Balance | Installment        |                     |
| <b>a</b> Net shortfall amortization installment .....  | 0                   | 0                  |                     |
| <b>b</b> Waiver amortization installment.....  | 0                   | 0                  |                     |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... |                     |                    | <b>33</b>           |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....  |                     |                    | <b>34</b> 0         |
|  | Carryover balance   | Prefunding balance | Total balance       |
| <b>35</b> Balances elected for use to offset funding requirement .....   | 0                   | 0                  | 0                   |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....  |                     |                    | <b>36</b> 0         |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....  |                     |                    | <b>37</b> 15478284  |
| <b>38</b> Present value of excess contributions for current year (see instructions)  |                     |                    |                     |
| <b>a</b> Total (excess, if any, of line 37 over line 36)   |                     |                    | <b>38a</b> 15478284 |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....   |                     |                    | <b>38b</b> 0        |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....  |                     |                    | <b>39</b> 0         |
| <b>40</b> Unpaid minimum required contributions for all years .....  |                     |                    | <b>40</b> 0         |

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

|  |  |   |
|--|--|---|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

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

|   |   |     |
|---|---|-----|
| <b>A</b> Name of plan<br>NELSON MULLINS RILEY & SCARBOROUGH LLP CASH BALANCE RETIREMENT PLAN            | <b>B</b> Three-digit plan number (PN) ▶                     | 004 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>NELSON MULLINS RILEY & SCARBOROUGH LLP | <b>D</b> Employer Identification Number (EIN)<br>57-0215445 |     |

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)...  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

WILLIS TOWERS WATSON US LLC

53-0181291

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 11 17 50               | NONE  | 180450   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

(a) Enter name and EIN or address (see instructions)

BERNSTEIN PRIVATE WEALTH MANAGEMENT

13-4064930

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 27 70                  | NONE  | 117454   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

(a) Enter name and EIN or address (see instructions)

PNC BANK

22-1146430

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 21 50                  | NONE  | 61973  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

RSM US LLP

42-0714325

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10                     | NONE  | 24255  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

(a) Enter name and EIN or address (see instructions)

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
|                        |   |  | Yes <input type="checkbox"/> No <input type="checkbox"/>   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

(a) Enter name and EIN or address (see instructions)

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
|                        |   |  | Yes <input type="checkbox"/> No <input type="checkbox"/>   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

|  |   |  |
|--|---|--|
| <b>(a)</b> Enter service provider name as it appears on line 2             | <b>(b)</b> Service Codes<br>(see instructions)  | <b>(c)</b> Enter amount of indirect compensation |
|  |   |  |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |  |
|  |   |  |
| <b>(a)</b> Enter service provider name as it appears on line 2             | <b>(b)</b> Service Codes<br>(see instructions)  | <b>(c)</b> Enter amount of indirect compensation |
|  |   |  |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |  |
|  |   |  |
| <b>(a)</b> Enter service provider name as it appears on line 2             | <b>(b)</b> Service Codes<br>(see instructions)  | <b>(c)</b> Enter amount of indirect compensation |
|  |   |  |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |  |
|  |   |  |

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
|   |                                      |  |

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
|   |                                      |  |

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
|   |                                      |  |

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
|   |                                      |  |

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
|   |                                      |  |

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
|   |                                      |  |

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|   |  |  |
|---|--|--|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><hr/> <b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---|--|--|

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>NELSON MULLINS RILEY &amp; SCARBOROUGH LLP CASH BALANCE RETIREMENT PLAN</u>                   | <b>B</b> Three-digit plan number (PN)                              | <u>004</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>NELSON MULLINS RILEY &amp; SCARBOROUGH LLP</u> | <b>D</b> Employer Identification Number (EIN)<br><u>57-0215445</u> |            |

|               |  |
|---------------|--|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL STRAT CORE EQUITY COL INV FD

**b** Name of sponsor of entity listed in (a): ALLIANCE BERNSTEIN

|                                       |                               |   |
|---------------------------------------|-------------------------------|---|
| <b>c</b> EIN-PN <u>04-6948485-033</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16551350</u> |
|---------------------------------------|-------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|





|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>           |  |
| <b>A</b> Name of plan<br><b>NELSON MULLINS RILEY &amp; SCARBOROUGH LLP CASH BALANCE RETIREMENT PLAN</b>            | <b>B</b> Three-digit plan number (PN) ▶ <b>004</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>NELSON MULLINS RILEY &amp; SCARBOROUGH LLP</b> | <b>D</b> Employer Identification Number (EIN)<br><b>57-0215445</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

|  | (a) Beginning of Year | (b) End of Year     |
|--|-----------------------|---------------------|
| <b>Assets</b>  |                       |                     |
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>             |                     |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                       |                     |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>          |                     |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>          |                     |
| <b>(3)</b> Other .....   | <b>1b(3)</b>          | 31181 190606        |
| <b>c</b> General investments:  |                       |                     |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>          | 5041640 9570667     |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>          |                     |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                       |                     |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b>       |                     |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b>       |                     |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                       |                     |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b>       |                     |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b>       |                     |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>          |                     |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>          |                     |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>          |                     |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>          |                     |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>          | 13293414 16551350   |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>         |                     |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>         |                     |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>         |                     |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>         | 100990276 125369783 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>         |                     |
| <b>(15)</b> Other .....  | <b>1c(15)</b>         |                     |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....  | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 119356511             | 151682406       |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....   | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....  | <b>1j</b>    | 0                     | 0               |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 119356511             | 151682406       |

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| <b>Income</b>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers.....  | <b>2a(1)(A)</b> | 20465917   |           |
| (B) Participants.....  | <b>2a(1)(B)</b> |            |           |
| (C) Others (including rollovers).....  | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions.....   | <b>2a(2)</b>    |            | 20465917  |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            |           |
| <b>b Earnings on investments:</b>  |                 |            |           |
| <b>(1) Interest:</b>   |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit).....               | <b>2b(1)(A)</b> | 457492     |           |
| (B) U.S. Government securities.....  | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments.....  | <b>2b(1)(C)</b> | 1995033    |           |
| (D) Loans (other than to participants).....  | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans.....   | <b>2b(1)(E)</b> |            |           |
| (F) Other.....   | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 2452525   |
| <b>(2) Dividends:</b>  |                 |            |           |
| (A) Preferred stock.....   | <b>2b(2)(A)</b> |            |           |
| (B) Common stock.....  | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds).....  | <b>2b(2)(C)</b> | 1271737    |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 1271737   |
| (3) Rents.....   | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| (A) Aggregate proceeds.....  | <b>2b(4)(A)</b> |            |           |
| (B) Aggregate carrying amount (see instructions).....  | <b>2b(4)(B)</b> |            |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                          | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |            |           |
| (A) Real estate.....   | <b>2b(5)(A)</b> |            |           |
| (B) Other.....   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            |           |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | -2839788  |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 15044945  |
| <b>c</b> Other income .....   | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 36395336  |

**Expenses**

|   |               |         |         |
|---|---------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 3659655 |         |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |         |         |
| (3) Other .....   | <b>2e(3)</b>  |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |         | 3659655 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |         |         |
| <b>h</b> Interest expense .....   | <b>2h</b>     |         |         |
| <b>i</b> Administrative expenses:   |               |         |         |
| (1) Salaries and allowances .....   | <b>2i(1)</b>  |         |         |
| (2) Contract administrator fees .....   | <b>2i(2)</b>  |         |         |
| (3) Recordkeeping fees .....  | <b>2i(3)</b>  |         |         |
| (4) IQPA audit fees .....   | <b>2i(4)</b>  | 24255   |         |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 117454  |         |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  | 61973   |         |
| (7) Actuarial fees .....  | <b>2i(7)</b>  | 180450  |         |
| (8) Legal fees .....  | <b>2i(8)</b>  | 0       |         |
| (9) Valuation/appraisal fees .....  | <b>2i(9)</b>  |         |         |
| (10) Other trustee fees and expenses .....  | <b>2i(10)</b> |         |         |
| (11) Other expenses .....   | <b>2i(11)</b> | 25654   |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |         | 409786  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |         | 4069441 |

**Net Income and Reconciliation**

|   |              |  |          |
|---|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 32325895 |
| <b>l</b> Transfers of assets:   |              |  |          |
| (1) To this plan .....  | <b>2l(1)</b> |  |          |
| (2) From this plan .....  | <b>2l(2)</b> |  |          |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: RSM US LLP

(2) EIN: 42-0714325

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

|  | Yes | No | Amount  |
|--|-----|----|---------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 |     | X  |         |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     | X  |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)   |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?   | X   |    | 5000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)   | X   |    |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   |     |    |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  |     |    |         |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 545272.

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>NELSON MULLINS RILEY &amp; SCARBOROUGH LLP CASH BALANCE RETIREMENT PLAN</u>            | <b>B</b> Three-digit plan number (PN) ▶                            | <u>004</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>NELSON MULLINS RILEY &amp; SCARBOROUGH LLP</u> | <b>D</b> Employer Identification Number (EIN)<br><u>57-0215445</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

**All references to distributions relate only to payments of benefits during the plan year.**

|   |   |   |
|---|---|---|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... | 1 | 0 |
|---|---|---|

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 22-1146430

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

|  |   |    |
|--|---|----|
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 16 |
|--|---|----|

|                |   |
|----------------|---|
| <b>Part II</b> | <b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.) |
|----------------|---|

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** 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 ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

|   |    |  |
|---|----|--|
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....  | 6a |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....  | 6b |  |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)..... | 6c |  |

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? .....  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....  Yes  No  N/A

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

|                |   |
|----------------|---|
| <b>Part IV</b> | <b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|----------------|---|

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

**11 a** Does the ESOP hold any preferred stock? .....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? .....  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

|   |            |  |
|---|------------|--|
| <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....   | <b>14b</b> |  |
| <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....  | <b>14c</b> |  |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

|   |            |  |
|---|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

|   |            |  |
|---|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....  | <b>16a</b> |  |
| <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers..... | <b>16b</b> |  |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero?  Yes  No

**b** If line 20a is "Yes," 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: \_\_\_\_\_

**Part VII IRS Compliance Questions**

**21a** 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

**21b** 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

**22** 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 \_\_\_\_\_.

# **Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan**

Financial Report  
December 31, 2024

## Contents

---

|  |      |
|--|------|
| Independent auditor's report                                 | 1-3  |
| <hr/>  |      |
| Financial statements   |      |
| Statements of net assets available for benefits              | 4    |
| Statement of changes in net assets available for benefits    | 5    |
| Notes to financial statements                                | 6-12 |
| Supplemental schedules                                       |      |
| Schedule H, line 4i—schedule of assets (held at end of year) | 13   |
| Schedule H, line 4j—schedule of reportable transactions      | 14   |

---

## Independent Auditor's Report

Executive Committee  
Nelson Mullins Riley & Scarborough LLP  
Cash Balance Retirement Plan

### Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of the Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings and certain internal control-related matters that we identified during the audit.

**Other Matter—Supplemental Schedules Required by ERISA**

The supplemental schedule of assets (held at end of year) as of December 31, 2024, and schedule of reportable transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*RSM US LLP*

Schaumburg, Illinois  
September 18, 2025

**Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan**

**Statements of Net Assets Available for Benefits**

**December 31, 2024 and 2023**

|  | <b>2024</b>           | <b>2023</b>    |
|--|-----------------------|----------------|
| <b>Assets</b>                            |                       |                |
| Investments at fair value                | <b>\$ 151,491,800</b> | \$ 117,925,330 |
| Noninterest-bearing cash                 | -                     | 1,400,000      |
| Receivables:                             |                       |                |
| Company contributions                    | -                     | 4,405,000      |
| Accrued income                           | <b>190,606</b>        | 31,181         |
|  | <b>190,606</b>        | 4,436,181      |
| <b>Net assets available for benefits</b> | <b>\$ 151,682,406</b> | \$ 123,761,511 |

See notes to financial statements.

## Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan

### Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2024

---

Additions to net assets attributed to:

Investment income:

|   |                  |
|---|------------------|
| Net appreciation in fair value of investments | \$ 12,212,122    |
| Interest and dividends                        | <u>3,717,297</u> |
|   | 15,929,419       |

Company contributions

16,060,917

**Total additions**

31,990,336

Deductions from net assets attributed to:

Benefits paid to participants

3,659,655

Administrative expenses

409,786

**Total deductions**

4,069,441

**Net increase in net assets available for benefits**

27,920,895

Net assets available for benefits:

Beginning of year

123,761,511

End of year

\$ 151,682,406

See notes to financial statements.

## Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan

### Notes to Financial Statements

---

#### Note 1. Plan Description

The following description of the Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

**General:** The Plan is a defined cash balance benefit pension plan, which provides certain retirement and death benefits on a noncontributory basis to eligible partners of Nelson Mullins Riley & Scarborough LLP (the Sponsor). The Sponsor's Executive Committee is responsible for oversight of the Plan. The Benefits Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Administrator. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Contributions and calculation of benefits earned:** For each plan year, the Sponsor will make contributions to the Plan on behalf of each active participant. The participant's cash balance account will be credited for that plan year with a contribution as determined by the Sponsor. The contribution formula is based on the participant's level assigned and their average of book income percentage for the prior year and base income percentage for the current year.

**Funding policy:** The Plan's funding policy is for the Sponsor to contribute an amount that will meet or exceed the annual ERISA minimum funding requirement. For the year ended December 31, 2024, the Sponsor made contributions totaling \$16,060,917. The Sponsor's contributions for 2024 exceeded the minimum funding requirements of ERISA.

**Participant notional accounts:** An accounting of benefits is maintained for each Plan participant. Each participant's notional account is the sum of his or her allocated contributions plus investment experience less Plan distributions. Contribution allocations are based upon participant earnings as calculated in the formula described above. Investment experience is an increase for earnings, or reduction for losses not to exceed cumulative prior year allocation of investment experiences, based on the actual rate of return on Plan assets.

The Plan invests in a variety of investments in an attempt to match the cumulative targeted annualized return as stated in the investment policy, and minimize volatility. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

**Vesting:** Benefits are fully and immediately vested.

**Payment of benefits:** Plan participants are entitled to receive the full amount of the benefit that can be provided from their accounts after the participant reaches age 62. Participants who terminate, including for reasons of death or disability, or their beneficiaries, are entitled to receive up to 100% of the account balances determined at the most recent valuation date. If an active participant dies on or before their normal retirement age and the beneficiary is a surviving spouse, a death benefit may be paid to the surviving spouse as a qualified preretirement survivor annuity. If a participant dies after distribution of benefit has commenced, the remaining portion of the benefit, if any, will continue to be distributed under the method of distribution in effect prior to the participant's death. Payments of participant accounts are made in lump-sum distributions or through an annuity, as permitted by the Plan.

**Pension Protection Act:** The Pension Protection Act of 2006 as amended by the Worker, Retiree and Employer Recovery Act of 2008 imposes certain benefit restrictions for qualified defined benefit plans that do not meet certain funding thresholds. The "At-Risk" status is referred to as the Funding Target Attainment Percentage. A plan's funded percentage is referred to as the Adjusted Funding Percentage (AFTAP). The AFTAP for the Plan as of January 1, 2025, is 152.36%. Because the Plan's AFTAP equals or exceeds 80%, the Plan is not subject to any benefit restrictions.

## Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan

### Notes to Financial Statements

---

#### Note 2. Summary of Significant Accounting Policies

**Basis of accounting:** The financial statements of the Plan are prepared on the accrual basis of accounting.

**Use of estimates:** The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

**Investment valuation and income recognition:** Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Benefits Committee determines the Plan's valuation policies utilizing information provided by its investment advisors and trustee. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Payment of benefits:** Benefits are recorded when paid.

**Expenses:** Administrative expenses include certain recordkeeping fees, Pension Benefit Guaranty Corporation (PBGC) premiums, legal and audit fees paid by the Plan. Investment-related expenses are included in net appreciation in fair value of investments.

**Subsequent events:** The Plan Administrator has evaluated subsequent events (events occurring after December 31, 2024) through September 18, 2025, the date the financial statements were available to be issued.

The Plan was amended effective January 1, 2025, to update the list of eligible partners and their plan year allocation levels.

#### Note 3. Information Certified and Provided by PNC Bank, National Association

The following is a summary of the Plan's asset information as of December 31, 2024 and 2023, and for the year ended December 31, 2024, included throughout the Plan's financial statements and ERISA-required supplemental schedules, obtained by management and agreed to or derived from information certified as complete and accurate by PNC Bank, National Association, a qualified institution.

|                                 | 2024                 | 2023                 |
|---------------------------------|----------------------|----------------------|
| Investments at fair value:      |                      |                      |
| Registered investment companies | \$101,324,364        | \$ 86,977,713        |
| Common collective trust fund    | 16,551,350           | 13,293,414           |
| Exchange traded funds           | 33,616,086           | 17,654,203           |
|                                 | <u>\$151,491,800</u> | <u>\$117,925,330</u> |

PNC Bank, National Association also certified to the completeness and accuracy of \$12,212,122 of net appreciation in fair value of investments and \$3,717,297 of interest and dividends related to the aforementioned assets for the year ended December 31, 2024.

## Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan

### Notes to Financial Statements

---

#### Note 4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

**Level 1:** Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

**Level 2:** Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

**Level 3:** Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

**Registered investment companies (mutual funds):** Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

**Exchange traded funds:** Valued at the closing price reported on the active market on which the security is traded.

**Common collective trust fund:** Valued at the NAV of shares in each account held by the Plan at year-end. The NAV is not a public-quoted price in an active market. The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. The NAV is based upon the fair value of the underlying investments comprising the trust less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

## Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan

### Notes to Financial Statements

#### Note 4. Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

| Description                     | 2024                  |             |             | Total                 |
|---------------------------------|-----------------------|-------------|-------------|-----------------------|
|                                 | Level 1               | Level 2     | Level 3     |                       |
| Registered investment companies | \$ 101,324,364        | \$ -        | \$ -        | \$ 101,324,364        |
| Exchange traded funds           | 33,616,086            | -           | -           | 33,616,086            |
|                                 | <u>\$ 134,940,450</u> | <u>\$ -</u> | <u>\$ -</u> | 134,940,450           |
| Investments measured at NAV (a) |                       |             |             | 16,551,350            |
| Investments at fair value       |                       |             |             | <u>\$ 151,491,800</u> |

| Description                     | 2023                  |             |             | Total                 |
|---------------------------------|-----------------------|-------------|-------------|-----------------------|
|                                 | Level 1               | Level 2     | Level 3     |                       |
| Registered investment companies | \$ 86,977,713         | \$ -        | \$ -        | \$ 86,977,713         |
| Exchange traded funds           | 17,654,203            | -           | -           | 17,654,203            |
|                                 | <u>\$ 104,631,916</u> | <u>\$ -</u> | <u>\$ -</u> | 104,631,916           |
| Investments measured at NAV (a) |                       |             |             | 13,293,414            |
| Investments at fair value       |                       |             |             | <u>\$ 117,925,330</u> |

(a) In accordance with the Fair Value Measurements topic, certain investments that were measured at NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table summarizes investments for which fair value is estimated using NAV per share (or its equivalent) as a practical expedient as of December 31, 2024 and 2023:

| Investment                   | Fair Value           |                      | Unfunded Commitment | Redemption Frequency | Redemption Notice Period |
|------------------------------|----------------------|----------------------|---------------------|----------------------|--------------------------|
|                              | 2024                 | 2023                 |                     |                      |                          |
| Common collective trust fund | <u>\$ 16,551,350</u> | <u>\$ 13,293,414</u> | None                | Daily                | None                     |

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another.

The Plan evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2024, there were no transfers in or out of Level 3.

#### Note 5. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died and (c) present participants or their beneficiaries. Benefits under the Plan are based on accumulated account balances as defined in the plan document.

## Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan

### Notes to Financial Statements

#### Note 5. Actuarial Present Value of Accumulated Plan Benefits (Continued)

Benefits payable under all circumstances, retirement, death and termination of employment, are included to the extent they are attributable to participant service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary. It is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of December 31, 2024 and 2023, are summarized below:

|                         | 2024                        | 2023                        |
|-------------------------|-----------------------------|-----------------------------|
| Retirement age          | 65                          | 65                          |
| Discount valuation rate | 5.50%                       | 5.00%                       |
| Mortality               | Pri-2012 with Scale MP-2021 | Pri-2012 with Scale MP-2021 |

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025 and 2024. Had the valuation been performed as of December 31, 2024 and 2023, there would be no material differences.

The actuarial present value of accumulated plan benefits as of December 31, 2024 and 2023, are summarized as follows:

|   | 2024                 | 2023                 |
|---|----------------------|----------------------|
| Vested benefits:                          |                      |                      |
| Participants currently receiving payments | \$ 6,681,387         | \$ 7,174,848         |
| Other participants                        | 91,417,669           | 72,323,936           |
|   | 98,099,056           | 79,498,784           |
| Nonvested benefits                        | -                    | -                    |
|   | <u>\$ 98,099,056</u> | <u>\$ 79,498,784</u> |

The changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2024, were as follows:

|   |                      |
|---|----------------------|
| Actuarial present value of accumulated plan benefits, beginning of year | <u>\$ 79,498,784</u> |
| Increase (decrease) during the year attributable to:                    |                      |
| Benefits accumulated  | 17,512,303           |
| Actuarial gains   | 3,696,259            |
| Increase for interest due to decrease in the discount period            | 4,759,063            |
| Benefits paid   | (3,659,655)          |
| Assumption changes  | (3,707,698)          |
| Net increase  | <u>18,600,272</u>    |
| Actuarial present value of accumulated plan benefits, end of year       | <u>\$ 98,099,056</u> |

## Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan

### Notes to Financial Statements

---

#### Note 6. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the PBGC (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

If the Plan terminates, certain benefits are insured by the PBGC. Generally, the PBGC guarantees vested, normal-age retirement benefits, early retirement benefits and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants, or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits, should the Plan terminate at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Sponsor and the level of benefits guaranteed by the PBGC.

#### Note 7. Related-Party and Party-in-Interest Transactions

The Plan's investments are held and invested by the Trustee and, therefore, these transactions qualify as party-in-interest transactions. Fees paid to the Trustee totaled approximately \$62,000 in 2024. Fees paid by the Plan for investment advisory services and actuary services totaled approximately \$298,000 in 2024. Fees paid by the Plan to other parties-in-interest totaled approximately \$24,000 in 2024.

Certain employees of the Plan Sponsor provide administrative services to the Plan. These employees do not receive any compensation from the Plan for their services.

#### Note 8. Risks and Uncertainties

Investment securities are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near-term and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

## Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan

### Notes to Financial Statements

---

#### Note 8. Risks and Uncertainties (Continued)

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

#### Note 9. Tax Status

The Plan Sponsor has received a determination letter from the Internal Revenue Service dated August 29, 2018, stating that the Plan is qualified under the Internal Revenue Code (the Code), and, therefore, the related trust is exempt from taxation. Although the Plan has been amended since receiving the determination letter, the Executive Committee believes the Plan is currently designed and is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken any significant uncertain tax positions that more likely than not would not be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

#### Note 10. Reconciliation of the Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2024 and 2023:

|  | 2024                  | 2023                  |
|--|-----------------------|-----------------------|
| Net assets available for benefits per the financial statements | \$ 151,682,406        | \$ 123,761,511        |
| Noninterest-bearing cash                                       | -                     | (1,400,000)           |
| Interest-bearing cash  | 9,570,667             | 5,041,640             |
| Registered investment companies                                | 24,045,419            | 14,012,563            |
| Exchange traded funds  | (33,616,086)          | (17,654,203)          |
| Company contribution receivable                                | -                     | (4,405,000)           |
| Net assets available for benefits per the Form 5500            | <u>\$ 151,682,406</u> | <u>\$ 119,356,511</u> |

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2024:

|  |                      |
|--|----------------------|
| Net increase in net assets available for benefits per the financial statements | \$ 27,920,895        |
| Company contributions  | 4,405,000            |
| Net increase in net assets available for benefits per the Form 5500            | <u>\$ 32,325,895</u> |

**Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan**

**Schedule H, Line 4i—Schedule of Assets (Held at End of Year)  
December 31, 2024**

Employer Identification Number: 57-0215445

Plan Number: 004

| (a)   | (b)  | (c)            | (d)              | (e) |
|---|--|----------------|------------------|-----|
| Identity of Issue,<br>Borrower, Lessor,<br>or Similar Party | Description of Investment<br>Including Maturity Date, Rate of Interest,<br>Collateral, Par, Maturity Value | Cost           | Current<br>Value |     |
|   | Registered investment companies:   |                |                  |     |
| Vanguard  | 500 Index Fund   | \$ 22,030,621  | \$ 34,632,091    |     |
| * AllianceBernstein   | Global Bond Fund   | 22,401,287     | 20,578,202       |     |
| Vanguard  | Total International Stock Index Fund   | 5,466,806      | 6,797,019        |     |
| * AllianceBernstein   | Emerging Markets Multi-Asset Advisor   | 1,701,678      | 1,897,036        |     |
| * AllianceBernstein   | Limited Short Duration High Yield ETF  | 1,809,226      | 7,636,483        |     |
| * AllianceBernstein   | Income Fund Advisor Class  | 6,369,369      | 5,714,440        |     |
| Vanguard  | Total Bond Market Index Fund   | 5,532,597      | 5,479,526        |     |
| * AllianceBernstein   | Cap Fund—AB Global Core Equity Portfolio   | 3,469,015      | 3,749,828        |     |
| * AllianceBernstein   | Intermediate Duration Portfolio  | 12,670,373     | 12,905,555       |     |
| * AllianceBernstein   | Conservative Buffer ETF  | 7,563,444      | 7,625,694        |     |
| BlackRock   | iShares Core S&P ETF   | 10,725,620     | 14,561,970       |     |
| BlackRock   | iShares Core MSCI ETF  | 3,680,737      | 3,791,939        |     |
|   |  | 103,420,773    | 125,369,783      |     |
|   | Common collective trust fund:  |                |                  |     |
| * AllianceBernstein   | Global Strategic Core Equity   | 11,375,361     | 16,551,350       |     |
|   | Interest-bearing cash:   |                |                  |     |
| Federated Hermes  | Treasury Obligations Fund  | 9,570,667      | 9,570,667        |     |
|   |  | \$ 124,366,801 | \$ 151,491,800   |     |

\* Designates party-in-interest.

The above information has been certified by PNC Bank, National Association, to be complete and accurate.

**Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan**

**Schedule H, Line 4j—Schedule of Reportable Transactions  
Year Ended December 31, 2024**

Employer Identification Number: 57-0215445

Plan Number: 004

| (a)   | Identity of Party Involved | Description of Asset      | Purchase Price | Selling Price | Cost of Asset | Current Value on Transaction Date | Net Gain (Loss) |
|---|----------------------------|---------------------------|----------------|---------------|---------------|-----------------------------------|-----------------|
| <b>Single transactions by issue in excess of 5%:</b>    |                            |                           |                |               |               |                                   |                 |
|   | Federated Hermes           | Treasury Obligations Fund | \$ -           | \$ 8,247,535  | \$ 8,247,535  | \$ 8,247,535                      | \$ -            |
|   | Federated Hermes           | Treasury Cash Reserves    | 8,283,545      | -             | 8,283,545     | 8,283,545                         | -               |
| *   | Alliance Bernstein         | Conservative Buffer ETF   | 6,516,964      | -             | 6,516,964     | 6,516,964                         | -               |
| <b>Series of transactions by issue in excess of 5%:</b> |                            |                           |                |               |               |                                   |                 |
| *   | Alliance Bernstein         | Conservative Buffer ETF   | -              | 28,243        | 27,969        | 28,243                            | 274             |
| *   | Alliance Bernstein         | Conservative Buffer ETF   | 7,591,414      | -             | 7,591,414     | 7,591,414                         | -               |
|   | BlackRock                  | iShares Core S&P          | -              | 5,314,222     | 3,970,099     | 5,314,222                         | 1,344,123       |
|   | BlackRock                  | iShares Core S&P          | 2,014,107      | -             | 2,014,107     | 2,014,107                         | -               |
|   | Federated Hermes           | Treasury Obligations Fund | -              | 11,971,035    | 11,971,035    | 11,971,035                        | -               |
|   | Federated Hermes           | Treasury Obligations Fund | 8,329,395      | -             | 8,329,395     | 8,329,395                         | -               |
|   | Federated Hermes           | Treasury Cash Reserves    | -              | 94,316        | 94,316        | 94,316                            | -               |
|   | Federated Hermes           | Treasury Cash Reserves    | 9,664,983      | -             | 9,664,983     | 9,664,983                         | -               |

\* Denotes party-in-interest.

The above information has been certified by PBC Bank, National Association, to be complete and accurate.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

| Attained Age | Attained Years of Credited Service <sup>1</sup> |     |     |       |       |       |       |       |       |           | Total |     |
|--------------|---|-----|-----|-------|-------|-------|-------|-------|-------|-----------|-------|-----|
|              | Under 1   | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Over |       |     |
| Under 25     | 0   | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 0   |
| 25-29        | 0   | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 0   |
| 30-34        | 0   | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 0   |
| 35-39        | 2   | 4   | 1   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 7   |
| 40-44        | 7   | 13  | 7   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 27  |
| 45-49        | 3   | 19  | 27  | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 49  |
| 50-54        | 5   | 17  | 23  | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 45  |
| 55-59        | 1   | 10  | 48  | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 59  |
| 60-64        | 4   | 12  | 30  | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 46  |
| 65-69        | 0   | 1   | 19  | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 20  |
| 70 & over    | 0   | 0   | 4   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 4   |
| Total        | 22  | 76  | 159 | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 257 |

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.  
 Plan Name: Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan  
 EIN / PN: 57-0215445/004  
 Plan Sponsor: Nelson Mullins Riley & Scarborough LLP  
 Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

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

### Economic Assumptions

#### Interest rate basis

- Applicable month September
- Interest rate basis 3-Segment Rates

#### Interest rates

|                           | Reflecting Stabilization | Not Reflecting Stabilization |
|---------------------------|--------------------------|------------------------------|
| • First segment rate      | 4.75%                    | 3.62%                        |
| • Second segment rate     | 4.96%                    | 4.46%                        |
| • Third segment rate      | 5.59%                    | 4.62%                        |
| • Effective interest rate | 5.01%                    | 4.39%                        |

#### Annual rates of increase

- Cash balance interest crediting rate 5.50%
- Compensation: N/A
- Future Social Security wage bases N/A
- Statutory limits on compensation N/A

**Plan-related expenses** \$323,525

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and the PBGC 4010 FS.

Plan Name: Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan  
EIN / PN: 57-0215445/004  
Plan Sponsor: Nelson Mullins Riley & Scarborough LLP  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Demographic Assumptions

|                                   |  |
|-----------------------------------|--|
| <b>Inclusion date</b>             | The valuation date coincident with or next following the date on which the employee becomes a participant.   |
| <b>New or rehired employees</b>   | It was assumed there will be no new or rehired employees.  |
| <b>Healthy Mortality</b>          | Separate IRS-prescribed annuitant and non-annuitant tables with “generational” projection of assumed mortality improvements based on the Pri-2012 Society of Actuaries study and subsequent updates (including, for 2024 plan years, the use of the IRS-adjusted MP-2021 mortality improvement scale).   |
| <b>Retirement</b>                 | Participants are assumed to retire at age 65 or current age, if later.   |
| <b>Pre-Retirement Decrements</b>  | None (other than mortality).   |
| <b>Benefit commencement date:</b> |  |
| • Preretirement death benefit     | Upon the death of the active participant   |
| • Deferred vested benefit         | The later of age 65 or termination of employment   |
| • Disability benefit              | N/A  |
| • Retirement benefit              | Upon termination of employment   |
| <b>Form of payment</b>            | Lump sum   |
| <b>Percent married</b>            | None   |
| <b>Spouse age</b>                 | None   |
| <b>At-risk assumptions</b>        | For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the lump sum form of payment. |
| <b>Timing of benefit payments</b> | Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.   |

Plan Name: Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan  
EIN / PN: 57-0215445/004  
Plan Sponsor: Nelson Mullins Riley & Scarborough LLP  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Methods

|   |  |
|---|--|
| <b>Valuation date</b>   | First day of plan year   |
| <b>Funding target</b>   | Present value of accrued benefits as required by regulations under IRC §430.   |
| <b>Target normal cost</b>   | Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.  |
| <b>Actuarial value of assets [for determining minimum required contributions]</b> | The actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the prior plan year, discounted using the effective interest rate for the prior plan year.  |
| <b>Benefits not valued</b>  | All benefits described in the Plan Provisions section of this report were valued based on discussions with the plan sponsor regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not. |

## Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor and/or trustee. Data and other information were reviewed for reasonableness and consistency, but no audit was performed.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Name: Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan  
EIN / PN: 57-0215445/004  
Plan Sponsor: Nelson Mullins Riley & Scarborough LLP  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Assumptions Rationale - Significant Economic Assumptions

|   |   |
|---|---|
| <b>Discount rate</b>                        | The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.  |
| <b>Cash Balance Interest crediting rate</b> | The plan credits interest to cash balance accounts using actual investment experience, but with a maximum cumulative interest credit rate of 6.00% per year over a participant's lifetime in the plan. Based on Nelson Mullins's asset allocation, the valuation reflects a 5.50% assumption, gross of expenses. We believe that this approach to setting cash balance interest crediting rate does not significantly conflict with what would be reasonable. |
| <b>Plan-related expenses</b>                | As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust), or using actual, if available. We believe that this approach to setting assumed future expenses does not significantly conflict with what would be reasonable.     |

## Assumptions Rationale - Significant Demographic Assumptions

|                          |  |
|--------------------------|--|
| <b>Healthy Mortality</b> | Assumptions used for funding purposes are as prescribed by IRC §430(h).  |
| <b>Form of payment</b>   | <p>All active participants are assumed to receive a lump sum distribution. Although there are 11 retirees in the plan, these individuals chose annuities under the terminated Defined Benefit Plan prior to 2017.</p> <p>In 2017, when the Defined Benefit Plan was terminated, all remaining participants chose lump sums.</p> <p>We believe that this approach to setting assumed form of payment does not significantly conflict with what would be reasonable.</p> |

## Prescribed Methods

|                        |  |
|------------------------|--|
| <b>Funding methods</b> | The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430. |
|------------------------|--|

|                 |   |
|-----------------|---|
| Plan Name:      | Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan |
| EIN / PN:       | 57-0215445/004  |
| Plan Sponsor:   | Nelson Mullins Riley & Scarborough LLP                              |
| Valuation Date: | January 1, 2024   |

# SCHEDULE SB ATTACHMENTS

---

## Changes in Assumptions and Methods

### Change in assumptions and methods since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.

The mortality table used to calculate the funding target and target normal cost was updated to reflect the latest mortality improvement scale, as required by guidance issued by IRS under IRC §430.

The cash balance interest crediting rate was updated to 5.50% from 5.00%.

The retirement age assumption was updated to age 65 from age 62 to better reflect plan experience.

Plan Name: Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan  
EIN / PN: 57-0215445/004  
Plan Sponsor: Nelson Mullins Riley & Scarborough LLP  
Valuation Date: January 1, 2024

|                         |  |
|-------------------------|--|
| <b>Plan Name</b>        | <b>Nelson Mullins Riley &amp; Scarborough LLP Cash Balance Retirement Plan</b> |
| <b>Plan Sponsor EIN</b> | <b>57-0215445</b>  |
| <b>ERISA Plan #</b>     | <b>004</b>   |
| <b>Plan Year Ending</b> | <b>December 31, 2024</b>   |

The required attachment marked with an “X” in the Attachment column is included within the Accountant’s Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan’s Independent Qualified Public Accountant (IQPA).

| <b>Form/Schedule</b> | <b>Line #</b> | <b>Description</b>  | <b>Attachment</b> |
|----------------------|---------------|---|-------------------|
| 5500 Sch. H          | Line 3        | Financial statements used in formulating the IQPA's opinion | X                 |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Held at End of Year)                    | X                 |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Acquired and Disposed of Within Year)   |                   |
| 5500 Sch. H          | Line 4j       | Schedule of Reportable Transactions                         | X                 |
| 5500 Sch. H          | Line 4a       | Schedule of Delinquent Participant Contributions            |                   |

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

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

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

|   |   |     |
|---|---|-----|
| <b>A</b> Name of plan<br>Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan  | <b>B</b> Three-digit plan number (PN) ▶   | 004 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>Nelson Mullins Riley & Scarborough LLP                        | <b>D</b> Employer Identification Number (EIN)<br>57-0215445   |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |     |

**Part I Basic Information**

|   |                            |                           |                          |
|---|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>   |                            |                           |                          |
| <b>2</b> Assets:  |                            |                           |                          |
| <b>a</b> Market value .....   | <b>2a</b>                  | 123,747,206               |                          |
| <b>b</b> Actuarial value .....  | <b>2b</b>                  | 123,747,206               |                          |
| <b>3</b> Funding target/participant count breakdown   | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....   | 11                         | 6,842,319                 | 6,842,319                |
| <b>b</b> For terminated vested participants .....   | 0                          | 0                         | 0                        |
| <b>c</b> For active participants .....  | 257                        | 72,230,988                | 72,230,988               |
| <b>d</b> Total .....  | 268                        | 79,073,307                | 79,073,307               |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....   | <input type="checkbox"/>   |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....   | <b>4a</b>                  |                           |                          |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....  | <b>5</b>                   | 5.01%                     |                          |
| <b>6</b> Target normal cost   |                            |                           |                          |
| <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                  | 17,389,220                |                          |
| <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                  | 323,525                   |                          |
| <b>c</b> Target normal cost .....   | <b>6c</b>                  | 17,712,745                |                          |

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

|  |   |  |
|--|---|--|
| <b>SIGN HERE</b>   | Nathan Bragg <span style="float: right; margin-right: 50px;">NDB</span> |  |
|  | Signature of actuary  | 09/02/2025                             |
|  |   | Date                                   |
| Nathan Bragg   |   | 2307999                                |
|  | Type or print name of actuary   | Most recent enrollment number          |
| Willis Towers Watson US LLC                                |   | 704-620-6538                           |
|  | Firm name   | Telephone number (including area code) |
| 1120 South Tryon Street<br>Suite 650<br>Charlotte NC 28203 |   |  |
|  | Address of the firm   |  |

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

| <b>Part II</b> |   | <b>Beginning of Year Carryover and Prefunding Balances</b> |                               |
|----------------|---|--|-------------------------------|
|                |   | <b>(a) Carryover balance</b>                               | <b>(b) Prefunding balance</b> |
| <b>7</b>       | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....   | 0  | 0                             |
| <b>8</b>       | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....  | 0  | 0                             |
| <b>9</b>       | Amount remaining (line 7 minus line 8) .....  | 0  | 0                             |
| <b>10</b>      | Interest on line 9 using prior year's actual return of <u>16.35%</u> .....  | 0  | 0                             |
| <b>11</b>      | Prior year's excess contributions to be added to prefunding balance:  |  |                               |
|                | <b>a</b> Present value of excess contributions (line 38a from prior year) .....   |  | 21,968,970                    |
|                | <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.00%</u> ..... |  | 1,098,449                     |
|                | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....  |  | 0                             |
|                | <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....   |  | 23,067,419                    |
|                | <b>d</b> Portion of (c) to be added to prefunding balance .....   |  | 0                             |
| <b>12</b>      | Other reductions in balances due to elections or deemed elections .....   | 0  | 0                             |
| <b>13</b>      | Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....  | 0  | 0                             |

| <b>Part III</b> |  | <b>Funding Percentages</b> |         |
|-----------------|--|----------------------------|---------|
| <b>14</b>       | Funding target attainment percentage .....   | <b>14</b>                  | 156.49% |
| <b>15</b>       | Adjusted funding target attainment percentage .....  | <b>15</b>                  | 156.49% |
| <b>16</b>       | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b>                  | 151.15% |
| <b>17</b>       | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....  | <b>17</b>                  | %       |

**Part IV Contributions and Liquidity Shortfalls**

**18** Contributions made to the plan for the plan year by employer(s) and employees:

| <b>(a) Date (MM-DD-YYYY)</b> | <b>(b) Amount paid by employer(s)</b> | <b>(c) Amount paid by employees</b> | <b>(a) Date (MM-DD-YYYY)</b> | <b>(b) Amount paid by employer(s)</b> | <b>(c) Amount paid by employees</b> |
|------------------------------|---------------------------------------|-------------------------------------|------------------------------|---------------------------------------|-------------------------------------|
| 01/18/2024                   | 68,646                                | 0                                   |                              |                                       |                                     |
| 02/14/2024                   | 36,487                                | 0                                   |                              |                                       |                                     |
| 03/14/2024                   | 54,487                                | 0                                   |                              |                                       |                                     |
| 04/12/2024                   | 54,487                                | 0                                   |                              |                                       |                                     |
| 05/14/2024                   | 45,941                                | 0                                   |                              |                                       |                                     |
| 06/14/2024                   | 52,850                                | 0                                   |                              |                                       |                                     |
| 07/12/2024                   | 987,100                               | 0                                   |                              |                                       |                                     |
| 08/14/2024                   | 2,942,183                             | 0                                   |                              |                                       |                                     |
| 09/12/2024                   | 2,954,683                             | 0                                   |                              |                                       |                                     |
| 10/11/2024                   | 2,936,350                             | 0                                   |                              |                                       |                                     |
| 11/14/2024                   | 2,973,017                             | 0                                   |                              |                                       |                                     |
| 12/12/2024                   | 2,954,686                             | 0                                   |                              |                                       |                                     |
|                              |                                       |                                     | <b>Totals ▶</b>              | <b>18(b)</b>                          | <b>18(c)</b>                        |
|                              |                                       |                                     |                              | 16,060,917                            | 0                                   |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|   |            |            |
|---|------------|------------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                    | <b>19a</b> | 0          |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0          |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 15,478,284 |

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? .....  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....  Yes  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 |
|  |         |         |         |

|   |  |                        |                       |   |
|---|--|------------------------|-----------------------|---|
| <b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b> |  |                        |                       |   |
| <b>21</b> Discount rate:  |  |                        |                       |   |
| <b>a</b> Segment rates:   | 1st segment:<br>4.75 %   | 2nd segment:<br>4.96 % | 3rd segment:<br>5.59% | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                       |  |                        |                       | <b>21b</b> 4  |
| <b>22</b> Weighted average retirement age .....                                   |  |                        |                       | <b>22</b> 65  |
| <b>23</b> Mortality table(s) (see instructions)                                   | <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                       |   |

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

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

|  |                     |                    |               |                       |
|--|---------------------|--------------------|---------------|-----------------------|
| <b>Part VIII Minimum Required Contribution For Current Year</b>  |                     |                    |               |                       |
| <b>31</b> Target normal cost and excess assets (see instructions):   |                     |                    |               |                       |
| <b>a</b> Target normal cost (line 6c).....   |                     |                    |               | <b>31a</b> 17,712,745 |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....   |                     |                    |               | <b>31b</b> 17,712,745 |
| <b>32</b> Amortization installments:   | Outstanding Balance |                    | Installment   |                       |
| <b>a</b> Net shortfall amortization installment .....  | 0                   |                    | 0             |                       |
| <b>b</b> Waiver amortization installment .....   | 0                   |                    | 0             |                       |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... |                     |                    |               | <b>33</b>             |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....   |                     |                    |               | <b>34</b> 0           |
|  | Carryover balance   | Prefunding balance | Total balance |                       |
| <b>35</b> Balances elected for use to offset funding requirement .....   | 0                   | 0                  | 0             |                       |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....   |                     |                    |               | <b>36</b> 0           |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....   |                     |                    |               | <b>37</b> 15,478,284  |
| <b>38</b> Present value of excess contributions for current year (see instructions)  |                     |                    |               |                       |
| <b>a</b> Total (excess, if any, of line 37 over line 36)   |                     |                    |               | <b>38a</b> 15,478,284 |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....  |                     |                    |               | <b>38b</b> 0          |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....  |                     |                    |               | <b>39</b> 0           |
| <b>40</b> Unpaid minimum required contributions for all years .....  |                     |                    |               | <b>40</b> 0           |

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

# SCHEDULE SB ATTACHMENTS

---

## Schedule SB – Statement by Enrolled Actuary

|                          |   |
|--------------------------|---|
| <b>Plan Sponsor</b>      | Nelson Mullins Riley & Scarborough LLP                              |
| <b>EIN/PN</b>            | 57-0215445/004  |
| <b>Plan Name</b>         | Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan |
| <b>Valuation Date</b>    | January 1, 2024   |
| <b>Enrolled Actuary</b>  | Nathan Bragg  |
| <b>Enrollment Number</b> | 23-07999  |

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

# **SCHEDULE SB ATTACHMENTS**

---

## **Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024**

The weighted average retirement age is equal to the normal retirement age of 65. Participants are assumed to retire at age 65 so the average retirement age is 65.

Plan Name: Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan  
EIN / PN: 57-0215445/004  
Plan Sponsor: Nelson Mullins Riley & Scarborough LLP  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

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

### Economic Assumptions

#### Interest rate basis

- Applicable month September
- Interest rate basis 3-Segment Rates

#### Interest rates

|                           | Reflecting Stabilization | Not Reflecting Stabilization |
|---------------------------|--------------------------|------------------------------|
| • First segment rate      | 4.75%                    | 3.62%                        |
| • Second segment rate     | 4.96%                    | 4.46%                        |
| • Third segment rate      | 5.59%                    | 4.62%                        |
| • Effective interest rate | 5.01%                    | 4.39%                        |

#### Annual rates of increase

- Cash balance interest crediting rate 5.50%
- Compensation: N/A
- Future Social Security wage bases N/A
- Statutory limits on compensation N/A

**Plan-related expenses** \$323,525

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and the PBGC 4010 FS.

Plan Name: Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan  
EIN / PN: 57-0215445/004  
Plan Sponsor: Nelson Mullins Riley & Scarborough LLP  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Demographic Assumptions

|                                   |  |
|-----------------------------------|--|
| <b>Inclusion date</b>             | The valuation date coincident with or next following the date on which the employee becomes a participant.   |
| <b>New or rehired employees</b>   | It was assumed there will be no new or rehired employees.  |
| <b>Healthy Mortality</b>          | Separate IRS-prescribed annuitant and non-annuitant tables with “generational” projection of assumed mortality improvements based on the Pri-2012 Society of Actuaries study and subsequent updates (including, for 2024 plan years, the use of the IRS-adjusted MP-2021 mortality improvement scale).   |
| <b>Retirement</b>                 | Participants are assumed to retire at age 65 or current age, if later.   |
| <b>Pre-Retirement Decrements</b>  | None (other than mortality).   |
| <b>Benefit commencement date:</b> |  |
| • Preretirement death benefit     | Upon the death of the active participant   |
| • Deferred vested benefit         | The later of age 65 or termination of employment   |
| • Disability benefit              | N/A  |
| • Retirement benefit              | Upon termination of employment   |
| <b>Form of payment</b>            | Lump sum   |
| <b>Percent married</b>            | None   |
| <b>Spouse age</b>                 | None   |
| <b>At-risk assumptions</b>        | For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the lump sum form of payment. |
| <b>Timing of benefit payments</b> | Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.   |

Plan Name: Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan  
EIN / PN: 57-0215445/004  
Plan Sponsor: Nelson Mullins Riley & Scarborough LLP  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Methods

|   |  |
|---|--|
| <b>Valuation date</b>   | First day of plan year   |
| <b>Funding target</b>   | Present value of accrued benefits as required by regulations under IRC §430.   |
| <b>Target normal cost</b>   | Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.  |
| <b>Actuarial value of assets [for determining minimum required contributions]</b> | The actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the prior plan year, discounted using the effective interest rate for the prior plan year.  |
| <b>Benefits not valued</b>  | All benefits described in the Plan Provisions section of this report were valued based on discussions with the plan sponsor regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not. |

## Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor and/or trustee. Data and other information were reviewed for reasonableness and consistency, but no audit was performed.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Name: Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan  
EIN / PN: 57-0215445/004  
Plan Sponsor: Nelson Mullins Riley & Scarborough LLP  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Assumptions Rationale - Significant Economic Assumptions

|   |   |
|---|---|
| <b>Discount rate</b>                        | The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.  |
| <b>Cash Balance Interest crediting rate</b> | The plan credits interest to cash balance accounts using actual investment experience, but with a maximum cumulative interest credit rate of 6.00% per year over a participant's lifetime in the plan. Based on Nelson Mullins's asset allocation, the valuation reflects a 5.50% assumption, gross of expenses. We believe that this approach to setting cash balance interest crediting rate does not significantly conflict with what would be reasonable. |
| <b>Plan-related expenses</b>                | As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust), or using actual, if available. We believe that this approach to setting assumed future expenses does not significantly conflict with what would be reasonable.     |

## Assumptions Rationale - Significant Demographic Assumptions

|                          |  |
|--------------------------|--|
| <b>Healthy Mortality</b> | Assumptions used for funding purposes are as prescribed by IRC §430(h).  |
| <b>Form of payment</b>   | <p>All active participants are assumed to receive a lump sum distribution. Although there are 11 retirees in the plan, these individuals chose annuities under the terminated Defined Benefit Plan prior to 2017.</p> <p>In 2017, when the Defined Benefit Plan was terminated, all remaining participants chose lump sums.</p> <p>We believe that this approach to setting assumed form of payment does not significantly conflict with what would be reasonable.</p> |

## Prescribed Methods

|                        |  |
|------------------------|--|
| <b>Funding methods</b> | The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430. |
|------------------------|--|

Plan Name: Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan  
EIN / PN: 57-0215445/004  
Plan Sponsor: Nelson Mullins Riley & Scarborough LLP  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Changes in Assumptions and Methods

### Change in assumptions and methods since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.

The mortality table used to calculate the funding target and target normal cost was updated to reflect the latest mortality improvement scale, as required by guidance issued by IRS under IRC §430.

The cash balance interest crediting rate was updated to 5.50% from 5.00%.

The retirement age assumption was updated to age 65 from age 62 to better reflect plan experience.

Plan Name: Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan  
EIN / PN: 57-0215445/004  
Plan Sponsor: Nelson Mullins Riley & Scarborough LLP  
Valuation Date: January 1, 2024

# **SCHEDULE SB ATTACHMENTS**

---

## **Schedule SB, Line 24 Change in Actuarial Assumptions**

The cash balance interest crediting rate was updated to 5.50% from 5.00%.

The retirement age assumption was updated to age 65 from age 62 to better reflect plan experience.

Plan Name: Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan  
EIN / PN: 57-0215445/004  
Plan Sponsor: Nelson Mullins Riley & Scarborough LLP  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

The following plan provisions reflect the January 1, 2017 plan document. The most recent amendment reflected was adopted June 18, 2024 and is effective January 1, 2024.

|                           |  |
|---------------------------|--|
| <b>Covered employees</b>  | Any equity partner (including a senior partner) of Nelson Mullins Riley & Scarborough LLP who does not own more than a 10% interest in either the capital or profits of the Partnership. The Executive Committee may specifically and expressly designate in writing certain non-equity partners specified in Appendix C of the plan document to be treated as a partner solely for the purposes of this plan. |
| <b>Participation date</b> | January 1, 2017 for Partners as of that date; subsequent Partners become plan participants immediately unless they become a Partner after September 30 in any Plan Year, in which case they will become a plan participant on the following January 1.   |

### Definitions

|                                       |  |
|---------------------------------------|--|
| <b>Vesting service</b>                | All plan participants are immediately vested   |
| <b>Normal retirement date (NRD)</b>   | First of month coinciding with or next following the attainment of age 62  |
| <b>Annual Cash Balance Allocation</b> | 2017 Plan Year Allocations for Partners are shown in the table below. Allocations for other plan years were set by amendments. |

| Average of (i) Book Income Percentage for preceding calendar year and (ii) Base Income Percentage for Plan Year | 2017 Plan Year Allocation |
|---|---------------------------|
| Under 0.40%   | \$10,000                  |
| 0.40% to 0.49%  | \$15,000                  |
| 0.50% to 0.59%  | \$20,000                  |
| 0.60% to 0.69%  | \$25,000                  |
| 0.70% and over  | \$30,000                  |

2018 Plan Year Allocations ranged from \$5,000 to \$160,000 per partner.

2019, 2021, 2022 and 2023 Plan Year Allocations ranged from \$10,000 to \$160,000 per partner.

|                 |   |
|-----------------|---|
| Plan Name:      | Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan |
| EIN / PN:       | 57-0215445/004  |
| Plan Sponsor:   | Nelson Mullins Riley & Scarborough LLP                              |
| Valuation Date: | January 1, 2024   |

# SCHEDULE SB ATTACHMENTS

---

2020 Plan Year Allocations ranged from \$8,000 to \$128,000.

2024 Plan Year Allocations ranged from \$10,000 to \$200,000 per partner.

**Amount of Cash  
Balance Account**

Plan Year Allocations as increased or decreased in accordance with Investment Experience, which is based on the actual earnings of the plan not cumulatively exceeding 6% per annum, over a participant's lifetime in the plan.

**Monthly preretirement death  
benefit**

50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday.

## Eligibility for Benefits

**Normal retirement**

Retirement on NRD

**Early retirement**

Retirement before NRD

**Postponed retirement**

Retirement after NRD

**Deferred vested termination**

Termination for reasons other than death or retirement

**Preretirement death benefit**

Death while eligible for normal, early, postponed, or deferred vested retirement benefits

## Benefits Paid Upon the Following Events

**Normal retirement**

Cash Balance account determined as of NRD

**Early retirement**

Cash Balance account determined as of early retirement date

**Postponed retirement**

Cash Balance account determined as of postponed retirement date

**Deferred vested termination**

Cash Balance account determined as of termination date

**Preretirement death**

Cash Balance account determined as of date of death

Plan Name: Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan  
EIN / PN: 57-0215445/004  
Plan Sponsor: Nelson Mullins Riley & Scarborough LLP  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## ther Plan Provisions

### Forms of payment

Monthly pension benefits are paid as described above as a lump sum or life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects.

Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan.

The other optional form offered by the plan is a 75% joint and survivor annuity. The actuarial equivalence basis used to convert between optional forms is based on the PPA Mortality Table and either 5% or the effective PPA Rates, whichever produces a smaller annuity value.

### Pension Increases

None

### Maximum limits on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect.

## Future Plan Changes

No future plan changes were recognized in determining funding results.

## Changes in Plan Provisions

Plan participant allocations for 2024 were updated with Amendment Eight.

Plan Name: Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan  
EIN / PN: 57-0215445/004  
Plan Sponsor: Nelson Mullins Riley & Scarborough LLP  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

| Attained Age | Attained Years of Credited Service <sup>1</sup> |     |     |       |       |       |       |       |       |           | Total |     |
|--------------|---|-----|-----|-------|-------|-------|-------|-------|-------|-----------|-------|-----|
|              | Under 1   | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Over |       |     |
| Under 25     | 0   | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 0   |
| 25-29        | 0   | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 0   |
| 30-34        | 0   | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 0   |
| 35-39        | 2   | 4   | 1   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 7   |
| 40-44        | 7   | 13  | 7   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 27  |
| 45-49        | 3   | 19  | 27  | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 49  |
| 50-54        | 5   | 17  | 23  | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 45  |
| 55-59        | 1   | 10  | 48  | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 59  |
| 60-64        | 4   | 12  | 30  | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 46  |
| 65-69        | 0   | 1   | 19  | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 20  |
| 70 & over    | 0   | 0   | 4   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 4   |
| Total        | 22  | 76  | 159 | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 257 |

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.  
 Plan Name: Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan  
 EIN / PN: 57-0215445/004  
 Plan Sponsor: Nelson Mullins Riley & Scarborough LLP  
 Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Schedule SB – Statement by Enrolled Actuary

|                          |   |
|--------------------------|---|
| <b>Plan Sponsor</b>      | Nelson Mullins Riley & Scarborough LLP                              |
| <b>EIN/PN</b>            | 57-0215445/004  |
| <b>Plan Name</b>         | Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan |
| <b>Valuation Date</b>    | January 1, 2024   |
| <b>Enrolled Actuary</b>  | Nathan Bragg  |
| <b>Enrollment Number</b> | 23-07999  |

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

# **SCHEDULE SB ATTACHMENTS**

---

## **Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024**

The weighted average retirement age is equal to the normal retirement age of 65. Participants are assumed to retire at age 65 so the average retirement age is 65.

Plan Name: Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan  
EIN / PN: 57-0215445/004  
Plan Sponsor: Nelson Mullins Riley & Scarborough LLP  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

The following plan provisions reflect the January 1, 2017 plan document. The most recent amendment reflected was adopted June 18, 2024 and is effective January 1, 2024.

**Covered employees** Any equity partner (including a senior partner) of Nelson Mullins Riley & Scarborough LLP who does not own more than a 10% interest in either the capital or profits of the Partnership. The Executive Committee may specifically and expressly designate in writing certain non-equity partners specified in Appendix C of the plan document to be treated as a partner solely for the purposes of this plan.

**Participation date** January 1, 2017 for Partners as of that date; subsequent Partners become plan participants immediately unless they become a Partner after September 30 in any Plan Year, in which case they will become a plan participant on the following January 1.

### Definitions

**Vesting service** All plan participants are immediately vested

**Normal retirement date (NRD)** First of month coinciding with or next following the attainment of age 62

**Annual Cash Balance Allocation** 2017 Plan Year Allocations for Partners are shown in the table below. Allocations for other plan years were set by amendments.

| Average of (i) Book Income Percentage for preceding calendar year and (ii) Base Income Percentage for Plan Year | 2017 Plan Year Allocation |
|---|---------------------------|
| Under 0.40%   | \$10,000                  |
| 0.40% to 0.49%  | \$15,000                  |
| 0.50% to 0.59%  | \$20,000                  |
| 0.60% to 0.69%  | \$25,000                  |
| 0.70% and over  | \$30,000                  |

2018 Plan Year Allocations ranged from \$5,000 to \$160,000 per partner.

2019, 2021, 2022 and 2023 Plan Year Allocations ranged from \$10,000 to \$160,000 per partner.

Plan Name: Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan  
EIN / PN: 57-0215445/004  
Plan Sponsor: Nelson Mullins Riley & Scarborough LLP  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

2020 Plan Year Allocations ranged from \$8,000 to \$128,000.

2024 Plan Year Allocations ranged from \$10,000 to \$200,000 per partner.

**Amount of Cash  
Balance Account**

Plan Year Allocations as increased or decreased in accordance with Investment Experience, which is based on the actual earnings of the plan not cumulatively exceeding 6% per annum, over a participant's lifetime in the plan.

**Monthly preretirement death  
benefit**

50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday.

## Eligibility for Benefits

**Normal retirement**

Retirement on NRD

**Early retirement**

Retirement before NRD

**Postponed retirement**

Retirement after NRD

**Deferred vested termination**

Termination for reasons other than death or retirement

**Preretirement death benefit**

Death while eligible for normal, early, postponed, or deferred vested retirement benefits

## Benefits Paid Upon the Following Events

**Normal retirement**

Cash Balance account determined as of NRD

**Early retirement**

Cash Balance account determined as of early retirement date

**Postponed retirement**

Cash Balance account determined as of postponed retirement date

**Deferred vested termination**

Cash Balance account determined as of termination date

**Preretirement death**

Cash Balance account determined as of date of death

Plan Name: Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan  
EIN / PN: 57-0215445/004  
Plan Sponsor: Nelson Mullins Riley & Scarborough LLP  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## ther Plan Provisions

### Forms of payment

Monthly pension benefits are paid as described above as a lump sum or life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects.

Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan.

The other optional form offered by the plan is a 75% joint and survivor annuity. The actuarial equivalence basis used to convert between optional forms is based on the PPA Mortality Table and either 5% or the effective PPA Rates, whichever produces a smaller annuity value.

### Pension Increases

None

### Maximum limits on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect.

## Future Plan Changes

No future plan changes were recognized in determining funding results.

## Changes in Plan Provisions

Plan participant allocations for 2024 were updated with Amendment Eight.

Plan Name: Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan  
EIN / PN: 57-0215445/004  
Plan Sponsor: Nelson Mullins Riley & Scarborough LLP  
Valuation Date: January 1, 2024

|                         |  |
|-------------------------|--|
| <b>Plan Name</b>        | <b>Nelson Mullins Riley &amp; Scarborough LLP Cash Balance Retirement Plan</b> |
| <b>Plan Sponsor EIN</b> | <b>57-0215445</b>  |
| <b>ERISA Plan #</b>     | <b>004</b>   |
| <b>Plan Year Ending</b> | <b>December 31, 2024</b>   |

The required attachment marked with an “X” in the Attachment column is included within the Accountant’s Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan’s Independent Qualified Public Accountant (IQPA).

| <b>Form/Schedule</b> | <b>Line #</b> | <b>Description</b>  | <b>Attachment</b> |
|----------------------|---------------|---|-------------------|
| 5500 Sch. H          | Line 3        | Financial statements used in formulating the IQPA's opinion | X                 |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Held at End of Year)                    | X                 |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Acquired and Disposed of Within Year)   |                   |
| 5500 Sch. H          | Line 4j       | Schedule of Reportable Transactions                         | X                 |
| 5500 Sch. H          | Line 4a       | Schedule of Delinquent Participant Contributions            |                   |

# **SCHEDULE SB ATTACHMENTS**

---

## **Schedule SB, Line 24 Change in Actuarial Assumptions**

The cash balance interest crediting rate was updated to 5.50% from 5.00%.

The retirement age assumption was updated to age 65 from age 62 to better reflect plan experience.

Plan Name: Nelson Mullins Riley & Scarborough LLP Cash Balance Retirement Plan  
EIN / PN: 57-0215445/004  
Plan Sponsor: Nelson Mullins Riley & Scarborough LLP  
Valuation Date: January 1, 2024