

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: STANLEY D. LINDSEY & ASSOCIATES, LTD. DEFINED BENEFIT PENSION PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 06/28/1970
2a Plan sponsor's name (employer, if for a single-employer plan): STANLEY D. LINDSEY & ASSOCIATES, LTD.
2b Employer Identification Number (EIN): 62-0756509
2c Sponsor's telephone number: 615-320-1735
2d Business code (see instructions): 541330
3a Plan administrator's name and address: [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year: 79
5b Total number of participants at the end of the plan year: 75
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
5d(1) Total number of active participants at the beginning of the plan year: 13
5d(2) Total number of active participants at the end of the plan year: 12
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 0

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 2: SIGN HERE, Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....  Yes  No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) .....  Yes  No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .....  Yes  No  Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 543262. (See instructions.)

| <b>Part III Financial Information</b>  |              |                              |                        |
|--|--------------|------------------------------|------------------------|
| <b>7</b> Plan Assets and Liabilities   |              | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
| <b>a</b> Total plan assets .....   | <b>7a</b>    | 4206421                      | 4860983                |
| <b>b</b> Total plan liabilities .....  | <b>7b</b>    |                              |                        |
| <b>c</b> Net plan assets (subtract line 7b from line 7a) .....                                       | <b>7c</b>    | 4206421                      | 4860983                |
| <b>8</b> Income, Expenses, and Transfers for this Plan Year  |              | <b>(a) Amount</b>            | <b>(b) Total</b>       |
| <b>a</b> Contributions received or receivable from:  |              |                              |                        |
| <b>(1)</b> Employers .....   | <b>8a(1)</b> | 28785                        |                        |
| <b>(2)</b> Participants .....  | <b>8a(2)</b> |                              |                        |
| <b>(3)</b> Others (including rollovers) .....  | <b>8a(3)</b> |                              |                        |
| <b>b</b> Other income (loss) .....   | <b>8b</b>    | 954547                       |                        |
| <b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....                                  | <b>8c</b>    |                              | 983332                 |
| <b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) ..... | <b>8d</b>    | 301651                       |                        |
| <b>e</b> Certain deemed and/or corrective distributions (see instructions) .                         | <b>8e</b>    |                              |                        |
| <b>f</b> Administrative service providers (salaries, fees, commissions) .....                        | <b>8f</b>    | 27119                        |                        |
| <b>g</b> Other expenses .....  | <b>8g</b>    |                              |                        |
| <b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....   | <b>8h</b>    |                              | 328770                 |
| <b>i</b> Net income (loss) (subtract line 8h from line 8c) .....                                     | <b>8i</b>    |                              | 654562                 |
| <b>j</b> Transfers to (from) the plan (see instructions) .....                                       | <b>8j</b>    |                              |                        |

| <b>Part IV Plan Characteristics</b> |   |
|-------------------------------------|---|
| <b>9a</b>                           | If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:<br>1A 1I 3D |
| <b>b</b>                            | If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:             |

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

**Part VI Pension Funding Compliance**

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

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

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

Yes.

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

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

No. Other. Provide explanation \_\_\_\_\_

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

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

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

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

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

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

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

**Part VII Plan Terminations and Transfers of Assets**

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

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

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

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

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

**Part VIII IRS Compliance Questions**

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

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

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

**15** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 30 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501337A.

|   |  |  |
|---|--|--|
| <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>STANLEY D. LINDSEY &amp; ASSOCIATES, LTD. DEFINED BENEFIT PENSION PLAN</u>                                    | <b>B</b> Three-digit plan number (PN) ▶   | <u>002</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>STANLEY D. LINDSEY &amp; ASSOCIATES, LTD.</u>              | <b>D</b> Employer Identification Number (EIN)<br><u>62-0756509</u>  |            |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |            |

|   |                            |                           |                          |
|---|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>   |                            |                           |                          |
| <b>1</b> Enter the valuation date:  | Month <u>01</u>            | Day <u>01</u>             | Year <u>2024</u>         |
| <b>2</b> Assets:  |                            |                           |                          |
| <b>a</b> Market value .....   | <b>2a</b>                  | <u>4206001</u>            |                          |
| <b>b</b> Actuarial value .....  | <b>2b</b>                  | <u>3933076</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>30</u>                  | <u>1804573</u>            | <u>1804573</u>           |
| <b>b</b> For terminated vested participants .....   | <u>36</u>                  | <u>1332692</u>            | <u>1332692</u>           |
| <b>c</b> For active participants .....  | <u>13</u>                  | <u>1040636</u>            | <u>1040636</u>           |
| <b>d</b> Total .....  | <u>79</u>                  | <u>4177901</u>            | <u>4177901</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>5.02 %</u>             |                          |
| <b>6</b> Target normal cost   |                            |                           |                          |
| <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                  | <u>0</u>                  |                          |
| <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                  | <u>4043</u>               |                          |
| <b>c</b> Target normal cost .....   | <b>6c</b>                  | <u>4043</u>               |                          |

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

|   |   |
|---|---|
| <b>SIGN HERE</b>  |   |
| Signature of actuary  | <u>09/25/2025</u><br>Date                                     |
| <u>CATIE GRAY, F.S.A</u><br>Type or print name of actuary                               | <u>23-08473</u><br>Most recent enrollment number              |
| <u>USI CONSULTING GROUP</u><br>Firm name  | <u>629-895-7806</u><br>Telephone number (including area code) |
| <u>5301 VIRGINIA WAY, SUITE 400<br/>BRENTWOOD, TN 37027-7542</u><br>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 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                     | 54678                  |
| <b>8</b>   | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....   | 0                     | 46611                  |
| <b>9</b>   | Amount remaining (line 7 minus line 8) .....   | 0                     | 8067                   |
| <b>10</b>  | Interest on line 9 using prior year's actual return of <u>17.32</u> % .....  | 0                     | 1397                   |
| <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) .....  |                       | 0                      |
|  | <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>5.16</u> % ..... |                       | 0                      |
|  | <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 .....  |                       | 0                      |
|  | <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                     | 9464                   |

| <b>Part III Funding Percentages</b> |  |           |         |
|-------------------------------------|--|-----------|---------|
| <b>14</b>                           | Funding target attainment percentage .....   | <b>14</b> | 93.91 % |
| <b>15</b>                           | Adjusted funding target attainment percentage .....  | <b>15</b> | 93.91 % |
| <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> | 87.24 % |
| <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 |              |   |
| 08/13/2024  | 14405                          | 0  |                       |                                |                              |              |   |
| 09/11/2024  | 14380                          | 0  |                       |                                |                              |              |   |
|   |                                |  |                       |                                |                              |              |   |
|   |                                |  |                       |                                |                              |              |   |
|   |                                |  |                       |                                |                              |              |   |
|   |                                |  |                       |                                |                              |              |   |
|   |                                |  | <b>Totals ▶</b>       | <b>18(b)</b>                   | 28785                        | <b>18(c)</b> | 0 |

|  |  |   |         |
|--|--|---|---------|
| <b>19</b>  | 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> 26574  |         |
| <b>20</b>  | Quarterly contributions and liquidity shortfalls:  |   |         |
|  | <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |         |
|  | <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |         |
|  | <b>c</b> 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 |
| 0  | 0  | 0   | 0       |

|   |  |                        |                        |   |
|---|--|------------------------|------------------------|---|
| <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>4.87 % | 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 checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |   |

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

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

|  |                     |                    |               |                 |
|--|---------------------|--------------------|---------------|-----------------|
| <b>Part VIII Minimum Required Contribution For Current Year</b>  |                     |                    |               |                 |
| <b>31</b> Target normal cost and excess assets (see instructions):   |                     |                    |               |                 |
| <b>a</b> Target normal cost (line 6c) .....  |                     |                    |               | <b>31a</b> 4043 |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....   |                     |                    |               | <b>31b</b> 0    |
| <b>32</b> Amortization installments:   | Outstanding Balance |                    | Installment   |                 |
| <b>a</b> Net shortfall amortization installment .....  | 254289              |                    | 31865         |                 |
| <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> 35908 |
|  | Carryover balance   | Prefunding balance | Total balance |                 |
| <b>35</b> Balances elected for use to offset funding requirement .....   | 0                   | 9464               | 9464          |                 |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....  |                     |                    |               | <b>36</b> 26444 |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....  |                     |                    |               | <b>37</b> 26574 |
| <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> 130  |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....  |                     |                    |               | <b>38b</b> 130  |
| <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 checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 |  |  |  |  |

Stanley D. Lindsey & Associates, Ltd.  
 EIN: 62-0756509  
 PN: 002

Attachment to 2024 Form 5500, Schedule SB  
 Schedule SB, line 26 – Schedule of Active Participant Data

| Attained Age | Years of Credited Service |       |          |          |          |          |         |         |         | Total |           |
|--------------|---------------------------|-------|----------|----------|----------|----------|---------|---------|---------|-------|-----------|
|              | Under 1                   | 1 – 4 | 5 – 9    | 10 – 14  | 15 – 19  | 20 – 24  | 25 – 29 | 30 – 34 | 35 – 39 |       | Over 39   |
| Under 25     |                           |       |          |          |          |          |         |         |         |       |           |
| 25 – 29      |                           |       |          |          |          |          |         |         |         |       |           |
| 30 – 34      |                           |       |          |          |          |          |         |         |         |       |           |
| 35 – 39      |                           |       |          |          |          |          |         |         |         |       |           |
| 40 – 44      |                           |       |          |          |          |          |         |         |         |       |           |
| 45 – 49      |                           |       | 1        |          |          |          |         |         |         |       | 1         |
| 50 – 54      |                           |       |          | 1        |          |          |         |         |         |       | 1         |
| 55 – 59      |                           |       | 3        |          |          |          |         |         |         |       | 3         |
| 60 – 64      |                           |       | 1        | 3        |          | 1        |         |         |         |       | 5         |
| 65 – 69      |                           |       | 1        |          |          | 1        |         |         |         |       | 2         |
| Over 69      |                           |       |          |          | 1        |          |         |         |         |       | 1         |
| <b>Total</b> |                           |       | <b>6</b> | <b>4</b> | <b>1</b> | <b>2</b> |         |         |         |       | <b>13</b> |

## Statement of Actuarial Assumptions and Methods

|  |   |       |
|--|---|-------|
| Minimum Funding Annual Interest Rates    | 24-month segment rates averaged through the end of August 2023 and published in September 2023 (as prescribed by IRC 430) and adjusted to reflect ARPA:   |       |
|  | <ul style="list-style-type: none"> <li>• Segment 1 (0 – 5 years) 4.75%</li> <li>• Segment 2 (5 to 20 years) 4.87%</li> <li>• Segment 3 (more than 20 years) 5.59%</li> <li>• Effective Interest Rate 5.02%</li> </ul> |       |
| Maximum Deductible Annual Interest Rates | 24-month segment rates averaged through the end of August 2023 and published in September 2023 (as prescribed by IRC 430) as follows:   |       |
|  | <ul style="list-style-type: none"> <li>• Segment 1 (0 – 5 years) 3.62%</li> <li>• Segment 2 (5 to 20 years) 4.46%</li> <li>• Segment 3 (more than 20 years) 4.52%</li> <li>• Effective Interest Rate 4.40%</li> </ul> |       |
| Annual Expected Return on Assets         | Interest Rate for developing Actuarial Value of Assets; limited to third segment rate   | 5.74% |
| PBGC Annual Interest Rates               | Segment rates published as of January 2024 using the Standard Method (as prescribed by IRC 430) as follows:   |       |
|  | <ul style="list-style-type: none"> <li>• Segment 1 (0 – 5 years) 5.01%</li> <li>• Segment 2 (5 to 20 years) 5.13%</li> <li>• Segment 3 (more than 20 years) 5.15%</li> <li>• Effective Interest Rate 5.12%</li> </ul> |       |
| ASC 960 Discount Rate                    | Discount Rate   | 7.25% |
|  | Rationale: as selected by the Plan Sponsor  |       |
| Salary Scale                             | Not applicable  |       |
| Mortality                                | Funding, PBGC, and ASC 960: 2024 IRS Static Mortality, combined for small plans (as prescribed by IRC 430 and selected by the Plan Sponsor).  |       |
| Rates of Retirement                      | Assume retirement as soon as eligible for normal retirement at age 65.  |       |

## Rates of Turnover

Sample rates and ages as follows:

| <u>Age</u> | <u>Rate</u> |
|------------|-------------|
| 20         | 15.76%      |
| 25         | 12.90%      |
| 30         | 10.63%      |
| 35         | 8.92%       |
| 40         | 7.66%       |
| 45         | 6.63%       |
| 50         | 5.73%       |
| 55         | 5.15%       |
| 60         | 4.67%       |

## Rates of Disability

None

Assumptions Made In  
Valuing Spouse's Benefit

90% of participants are assumed to be married with husbands assumed to be 4 years older than wives.

## Optional Form Selection

Participants who are entitled to future benefits are assumed to elect the normal form of payment on their Normal Retirement Date.

## Provision for Expenses

Plan expenses are assumed to equal the actual plan expenses for the year preceding the valuation date.

## Standing Elections

The client signed an election that provides for the automatic use of the Carryover Balance and/or Prefunding Balance if necessary to meet the minimum funding requirement on October 28, 2022.

## Asset Method

Funding: Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the interest rate above, but no greater than the third segment rate for the plan year, minus the end of the year actual market value. The actuarial value of assets will be no less than 90% and no more than 110% of the market value (including interest-adjusted accrued but unpaid contributions). Note that due to the regulatory constraint on the interest rate, a characteristic of this asset valuation method is that, over time, it may be more likely to produce an actuarial value of assets that is less than the market value of assets.

ASC 960-20: Market Value of Assets plus, any contributions for prior plan years that will be made in this plan year.

**Funding Method**

Pure Unit Credit

The actuarial liabilities shown in this report are determined using software purchased from an outside vendor which was developed for this purpose. Certain information is entered into this model in order to generate the liabilities. These inputs include economic and non-economic assumptions, plan provisions, and census information. We rely on the coding within the software to value the liabilities using the actuarial methods and assumptions selected. Both the input to and the output from the model is checked for accuracy and reviewed for reasonableness.

**Employees Valued**

Only participants as of the valuation date were valued.

**Changes in Assumptions and Methods since the Last Actuarial Valuation**

The interest rates used for determining the funding target were 4.75%, 5.00% and 5.74%. These rates were updated to the rates required for the current plan year.

The mortality table for the funding target was changed as required under PPA '06.

**Justification for Changes in Actuarial Assumptions**

The only assumption changes were to prescribed actuarial assumptions or as a result of At-Risk status. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any "Change in Actuarial Assumptions."

|   |  |  |
|---|--|--|
| <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>STANLEY D. LINDSEY & ASSOCIATES, LTD. DEFINED BENEFIT PENSION PLAN   | <b>B</b> Three-digit plan number (PN) ▶   | 002 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>Stanley D. Lindsey & Associates, Ltd.                         | <b>D</b> Employer Identification Number (EIN)<br>62-0756509   |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |     |

**Part I Basic Information**

|          |   |                            |                           |
|----------|---|----------------------------|---------------------------|
| <b>1</b> | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>  |                            |                           |
| <b>2</b> | Assets:   |                            |                           |
|          | <b>a</b> Market value .....   | <b>2a</b>                  | 4,206,001                 |
|          | <b>b</b> Actuarial value .....  | <b>2b</b>                  | 3,933,076                 |
| <b>3</b> | Funding target/participant count breakdown  | (1) Number of participants | (2) Vested Funding Target |
|          | <b>a</b> For retired participants and beneficiaries receiving payment .....   | 30                         | 1,804,573                 |
|          | <b>b</b> For terminated vested participants .....   | 36                         | 1,332,692                 |
|          | <b>c</b> For active participants .....  | 13                         | 1,040,636                 |
|          | <b>d</b> Total .....  | 79                         | 4,177,901                 |
| <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>                   | 5.02%                     |
| <b>6</b> | Target normal cost  |                            |                           |
|          | <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                  | 0                         |
|          | <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                  | 4,043                     |
|          | <b>c</b> Target normal cost .....   | <b>6c</b>                  | 4,043                     |

**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>Signature of actuary | <u>09/25/2025</u><br>Date                                     |
|                  | <u>CATIE GRAY, F.S.A</u><br>Type or print name of actuary   | <u>2308473</u><br>Most recent enrollment number               |
|                  | <u>USI CONSULTING GROUP</u><br>Firm name  | <u>629-895-7806</u><br>Telephone number (including area code) |
|                  | <u>5301 VIRGINIA WAY, SUITE 400</u><br><u>BRENTWOOD TN 37027-7542</u><br>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 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>4.87 %                         | 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 checked="" type="checkbox"/> Prescribed - combined | <input type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute                 |

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

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

|   |  |                     |                    |                  |
|---|--|---------------------|--------------------|------------------|
| <b>Part VIII Minimum Required Contribution For Current Year</b> |  |                     |                    |                  |
| <b>31</b>   | Target normal cost and excess assets (see instructions):   |                     |                    |                  |
| <b>a</b>  | Target normal cost (line 6c).....  |                     | <b>31a</b>         | 4,043            |
| <b>b</b>  | Excess assets, if applicable, but not greater than line 31a .....  |                     | <b>31b</b>         | 0                |
| <b>32</b>   | Amortization installments:   | Outstanding Balance | Installment        |                  |
| <b>a</b>  | Net shortfall amortization installment .....   | 254,289             | 31,865             |                  |
| <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> 35,908 |
|   |  | Carryover balance   | Prefunding balance | Total balance    |
| <b>35</b>   | Balances elected for use to offset funding requirement .....   | 0                   | 9,464              | 9,464            |
| <b>36</b>   | Additional cash requirement (line 34 minus line 35).....   |                     |                    | <b>36</b> 26,444 |
| <b>37</b>   | Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....   |                     |                    | <b>37</b> 26,574 |
| <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> 130   |
| <b>b</b>  | Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....   |                     |                    | <b>38b</b> 130   |
| <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 checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 |  |  |  |

Stanley D. Lindsey & Associates, Ltd.  
EIN: 62-0756509  
PN: 002

Attachment to 2024 Form 5500, Schedule SB  
Schedule SB, line 22 – Description of Weighted Average Retirement Age

All participants are assumed to retire at their normal retirement age, age 65.

## Summary of Principal Plan Provisions

|                           |  |
|---------------------------|--|
| Eligibility               | Any person who is employed by Stanley D. Lindsey & Associates, Ltd, other than a person whose terms of employment, are established by a collective bargaining agreement. An eligible employee shall become a participant after one year of service with 1,000 hours and attainment of age 21. The plan was closed to new entrants effective May 15, 2001.  |
| Vesting Service           | Plan Year during which employee completes 1,000 hours of service.  |
| Credited Service          | Plan Year during which employee completes 1,000 hours of service. No service credit accrues for benefit purposes after May 15, 2001.   |
| <b>Retirement Dates</b>   |  |
| a. Normal Retirement Date | The first day of the calendar month coincident with or next following the later of age 65 or the 5th anniversary of plan participation.  |
| b. Early Retirement Date  | Any Participant who has attained age 60 with 6 years of Vesting Service may elect early retirement on the first day of any calendar month following the termination of Service.  |
| <b>Retirement Income</b>  |  |
| a. Normal                 | Monthly amount equal to 35.0% of Average Compensation. The resulting benefit is reduced pro-rata if the years of Credited Service at the normal retirement date are less than 25.  |
| b. Early                  | Accrued Benefit as of Early Retirement Date reduced actuarially for each year that commencement precedes Normal Retirement Date.   |
| Accrued Retirement Income | The Participant's Accrued Benefit at any given date is the Normal Retirement Benefit, based on the formula above, using Credited Service and Average Compensation determined as of the given date. The resulting benefit is multiplied by the ratio of the participant's completed years of Credited Service to his total years of Credited Service assuming he had continued employment to his normal retirement age. |
| Average Compensation      | The average of a participant's compensation for the highest five consecutive years.  |
| Normal Form of Payment    | Annuity payable for life, with 120 monthly payments guaranteed.  |
| Optional Forms of Payment | Joint and Survivor Annuity with 50%, 75%, or 100% continued to the beneficiary; Life Annuity with 0, 60, or 180 monthly payments guaranteed. Lump sum payments are available only with respect to benefits earned prior to March 1, 1994.  |

## Termination Benefit

### a. Eligibility

A Participant who has at least 6 years of Vesting Service has a 100% non-forfeitable right to his or her Accrued Benefit. Partial vesting (20%) starts after 2 years of Vesting Service.

### b. Benefit

A monthly benefit payable at his normal retirement date equal to his accrued retirement income at date of termination.

## Disability

### a. Eligibility

If a participant becomes totally and permanently disabled prior to retirement, he shall be eligible to receive a monthly benefit beginning at his disability retirement.

### b. Benefit

The amount of the benefit shall be the Early Retirement Benefit determined as though the participant was eligible for early retirement.

## Death Benefit

### a. Before Retirement

The beneficiary will receive the present value of the participant's accrued benefit. If the participant is married, a portion of the benefit is payable to the surviving spouse as an annuity.

### b. After Retirement

If a participant dies after retirement, the death benefit payable is determined by the optional form of payment selected at retirement.

## Employee Contributions

None.

Stanley D. Lindsey & Associates, Ltd.  
EIN: 62-0756509  
PN: 002

Attachment to 2024 Form 5500, Schedule SB  
Schedule SB, line 32 – Schedule of Amortization Bases

| Type of Base  | Present Value<br>at 1/1/2024 | Date<br>Established | Remaining<br>Amortization<br>Period | Amortization<br>Installment |
|---------------|------------------------------|---------------------|-------------------------------------|-----------------------------|
| Shortfall     | \$(240,789)                  | 1/1/2024            | 15 years                            | \$(21,907)                  |
| Shortfall     | 96,843                       | 1/1/2023            | 14 years                            | 9,243                       |
| Shortfall     | 31,555                       | 1/1/2022            | 13 years                            | 3,175                       |
| Shortfall     | 212,260                      | 1/1/2021            | 12 years                            | 22,645                      |
| Shortfall     | 25,025                       | 1/1/2020            | 11 years                            | 2,850                       |
| Shortfall     | 129,395                      | 1/1/2019            | 10 years                            | 15,859                      |
| <b>Totals</b> | <b>\$254,289</b>             |                     |                                     | <b>\$31,865</b>             |