

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: BUCHANAN INGERSOLL & ROONEY PC 2021 CASH BALANCE PLAN
1b Three-digit plan number (PN): 008
1c Effective date of plan: 01/01/2021
2a Plan sponsor's name (employer, if for a single-employer plan): BUCHANAN INGERSOLL & ROONEY PC
2b Employer Identification Number (EIN): 25-1381032
2c Sponsor's telephone number: 412-562-8800
2d Business code (see instructions): 541110
3a Plan administrator's name and address: [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year: 83
5b Total number of participants at the end of the plan year: 86
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: 77
5d(2) Total number of active participants at the end of the plan year: 72
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 0

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 10/09/2025, BETH VOCK. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year: 562900. (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	5089589	7178679
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	5089589	7178679
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	1891168	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	197922	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		2089090
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		
i Net income (loss) (subtract line 8h from line 8c)	8i		2089090
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1B 1C
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		10000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

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

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

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

Yes.

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

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

No. Other. Provide explanation _____

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

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

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

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

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

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

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

Part VII Plan Terminations and Transfers of Assets

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

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

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

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

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

Part VIII IRS Compliance Questions

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

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

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

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

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

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

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

A Name of plan <u>BUCHANAN INGERSOLL & ROONEY PC 2021 CASH BALANCE PLAN</u>	B Three-digit plan number (PN) ▶	<u>008</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BUCHANAN INGERSOLL & ROONEY PC</u>	D Employer Identification Number (EIN) <u>25-1381032</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>5100836</u>
	b Actuarial value	2b	<u>5100836</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>
	b For terminated vested participants	<u>6</u>	<u>288909</u>
	c For active participants	<u>77</u>	<u>4135960</u>
	d Total	<u>83</u>	<u>4424869</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>4.86 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>1801891</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>1801891</u>

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

SIGN HERE			
	Signature of actuary	<u>10/08/2025</u>	Date
	<u>DAVID R. KOTICK</u>	<u>23-06323</u>	Most recent enrollment number
	Type or print name of actuary	<u>234-255-8675</u>	Telephone number (including area code)
	<u>SCHWAB RETIREMENT PLAN SERVICES</u>		
	Firm name		
	<u>4140 KINROSS LAKES PARKWAY</u> <u>RICHFIELD, OH 44286</u>		
	Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>4.33</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		632590
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>4.95</u> %		31313
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		663903
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	115.27 %
15	Adjusted funding target attainment percentage	15	115.27 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.59 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
05/02/2024	169531	0	11/01/2024	167849	0		
06/03/2024	174741	0	12/02/2024	167779	0		
07/01/2024	169189	0	01/02/2025	168090	0		
08/01/2024	173320	0	02/03/2025	182019	0		
09/03/2024	167992	0	03/03/2025	182019	0		
10/01/2024	168640	0					
Totals ▶			18(b)	1891169	18(c)	0	

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1824773

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 1801891
b Excess assets, if applicable, but not greater than line 31a				31b 675967
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 1125924
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)				36 1125924
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 1824773
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 698849
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

Buchanan Ingersoll & Rooney PC 2021 Cash Balance Plan

EIN/ PN 25-1381032/ 008



Schedule SB, line 26 – Schedule of Active Participant Data

Age versus Service Distribution for Active Plan Participants:

	<u>under 1</u>	<u>1 to 4</u>	<u>5 to 9</u>	<u>10 to 14</u>	<u>15 to 19</u>	<u>20 to 24</u>	<u>25 to 29</u>	<u>30 to 34</u>	<u>35 to 39</u>	<u>over 40</u>	<u>Total</u>
under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-
35 to 39	1	1	-	-	-	-	-	-	-	-	2
40 to 44	3	2	-	-	-	-	-	-	-	-	5
45 to 49	3	5	-	-	-	-	-	-	-	-	8
50 to 54	4	5	-	-	-	-	-	-	-	-	9
55 to 59	6	12	-	-	-	-	-	-	-	-	18
60 to 64	3	15	-	-	-	-	-	-	-	-	18
65 to 69	-	10	-	-	-	-	-	-	-	-	10
over 70	-	7	-	-	-	-	-	-	-	-	7
Total	20	57	-	-	-	-	-	-	-	-	77

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

A summary of the actuarial methods and assumptions used in the valuation are presented below:

Data Methods

Census data

Was as collected from information presented by the Plan Sponsor and trustee as of January 1, 2024.

Actuarial Methods

Actuarial cost method

The Funding Targets used in this report were developed using the unit credit actuarial cost method as defined by PPA 2006.

Discount rate method

The discount rates used to develop the Funding Target and Funding Target Normal cost in this report are equal to the rates published by the IRS for the lookback period elected by the Plan Sponsor.

Asset valuation method

The market value of assets represents the fair value of assets plus receivable contributions (if any) discounted to the valuation date using the prior year's effective interest rate as defined by PPA 2006. The Actuarial Value of Assets is equal to the Market Value of Assets

Demographic Assumptions

Mortality tables

The mortality tables published under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with combined mortality rates for annuitants and non-annuitants.

Retirement rates

Participants are assumed to retire at age 62 after waiting one year.

Termination rates

None.

Disability rates

None.

Form of Payment

All participants are assumed to elect a Lump Sum upon benefit commencement.

Buchanan Ingersoll & Rooney PC 2021 Cash Balance Plan

EIN/ PN 25-1381032/ 008



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

Economic Assumptions

Administrative Expenses

The administrative expenses of the plan were assumed to be equal to the prior year's actual expenses.

Rationale: This assumption was retained after conversion of actuarial services

Discount rate used in Funding Target and Funding Target Normal Cost

The assumed discount rates on benefits paid in the future are based on the September 2023 PPA segment rates, reflecting ARPA. Previously, the September 2022 PPA segment rates reflecting ARPA were used.

<u>Segment</u>	<u>Rate</u>	<u>Applicable to benefit payments made:</u>
1	4.75%	During first 5 years starting from the valuation date.
2	4.87%	During years 6-20 starting from the valuation date.
3	5.59%	During years 21 and beyond starting from the valuation date.

Salary Improvement Scale

None.

Interest Crediting Rate

3.50% per year

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

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

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

A Name of plan BUCHANAN INGERSOLL & ROONEY PC 2021 CASH BALANCE PLAN	B Three-digit plan number (PN) ▶	008
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BUCHANAN INGERSOLL & ROONEY PC	D Employer Identification Number (EIN) 25-1381032	
E Type of plan <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size. <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	5100836	
b Actuarial value	2b	5100836	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	0	0	0
b For terminated vested participants.....	6	288909	288909
c For active participants	77	4135960	4135960
d Total.....	83	4424869	4424869
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate	5	4.86	%
6 Target normal cost			
a Present value of current plan year accruals	6a	1801891	
b Expected plan-related expenses	6b	0	
c Target normal cost.....	6c	1801891	

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

SIGN HERE	 Signature of actuary David R. Kotick Type or print name of actuary Schwab Retirement Plan Services Firm name 4140 Kinross Lakes Parkway Richfield, OH 44286 Address of the firm	<u>10/8/2025</u> Date 23-06323 Most recent enrollment number (234) 255-8675 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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>4.33</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		632590
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>4.95</u> %		31313
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		663903
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	115.27 %
15	Adjusted funding target attainment percentage	15	115.27 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.59 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls							
18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
05-02-2024	169531	0	11-01-2024	167849	0		
06-03-2024	174741	0	12-02-2024	167779	0		
07-01-2024	169189	0	01-02-2025	168090	0		
08-01-2024	173320	0	02-03-2025	182019	0		
09-03-2024	167992	0	03-03-2025	182019	0		
10-01-2024	168640	0					
Totals ▶				18(b)	1891169	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year.			
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1824773

20 Quarterly contributions and liquidity shortfalls:			
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		

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

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

21 Discount rate:				
a Segment rates	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see Instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

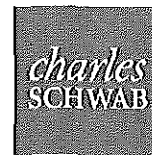
31 Target normal cost and excess assets (see instructions)		
a Target normal cost (line 6c)	31a	1801891
b Excess assets, if applicable, but not greater than line 31a	31b	675967
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	1125924
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	0
36 Additional cash requirement (line 34 minus line 35)	36	1125924
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1824773
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	698849
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years ...	40	0

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

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

Buchanan Ingersoll & Rooney PC 2021 Cash Balance Plan

EIN/ PN 25-1381032/ 008



Schedule SB, line 19 – Discounted Employer Contributions

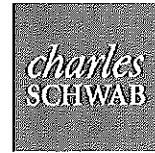
Valuation Date 1/1/2024

Effective Interest Rate 4.86%

Actual Contribution Date	Actual Contribution Amount	Discounted Contribution Amount	Plan Year to Which the Contribution is Applied
5/2/2024	\$ 169,531	\$ 166,870	2024
6/3/2024	\$ 174,741	\$ 171,286	2024
7/1/2024	\$ 169,189	\$ 165,243	2024
8/1/2024	\$ 173,320	\$ 168,599	2024
9/3/2024	\$ 167,992	\$ 162,718	2024
10/1/2024	\$ 168,640	\$ 162,754	2024
11/1/2024	\$ 167,849	\$ 161,341	2024
12/2/2024	\$ 167,779	\$ 160,626	2024
1/2/2025	\$ 168,090	\$ 160,279	2024
2/3/2025	\$ 182,019	\$ 172,842	2024
3/3/2025	\$ 182,019	\$ 172,215	2024
Total	\$ 1,891,169	\$ 1,824,773	

Buchanan Ingersoll & Rooney PC 2021 Cash Balance Plan

EIN/ PN 25-1381032/ 008



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

Participants are assumed to retire at age 62 after waiting one year.

Buchanan Ingersoll & Rooney PC 2021 Cash Balance Plan

EIN/ PN 25-1381032/ 008



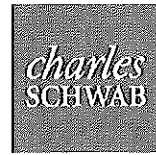
Schedule SB, line 26 – Schedule of Active Participant Data

Age versus Service Distribution for Active Plan Participants:

	<u>under 1</u>	<u>1 to 4</u>	<u>5 to 9</u>	<u>10 to 14</u>	<u>15 to 19</u>	<u>20 to 24</u>	<u>25 to 29</u>	<u>30 to 34</u>	<u>35 to 39</u>	<u>over 40</u>	<u>Total</u>
under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-
35 to 39	1	1	-	-	-	-	-	-	-	-	2
40 to 44	3	2	-	-	-	-	-	-	-	-	5
45 to 49	3	5	-	-	-	-	-	-	-	-	8
50 to 54	4	5	-	-	-	-	-	-	-	-	9
55 to 59	6	12	-	-	-	-	-	-	-	-	18
60 to 64	3	15	-	-	-	-	-	-	-	-	18
65 to 69	-	10	-	-	-	-	-	-	-	-	10
over 70	-	7	-	-	-	-	-	-	-	-	7
Total	20	57	-	-	-	-	-	-	-	-	77

Buchanan Ingersoll & Rooney PC 2021 Cash Balance Plan

EIN/ PN 25-1381032/ 008



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

A summary of the actuarial methods and assumptions used in the valuation are presented below:

Data Methods

Census data

Was as collected from information presented by the Plan Sponsor and trustee as of January 1, 2024.

Actuarial Methods

Actuarial cost method

The Funding Targets used in this report were developed using the unit credit actuarial cost method as defined by PPA 2006.

Discount rate method

The discount rates used to develop the Funding Target and Funding Target Normal cost in this report are equal to the rates published by the IRS for the lookback period elected by the Plan Sponsor.

Asset valuation method

The market value of assets represents the fair value of assets plus receivable contributions (if any) discounted to the valuation date using the prior year's effective interest rate as defined by PPA 2006. The Actuarial Value of Assets is equal to the Market Value of Assets

Demographic Assumptions

Mortality tables

The mortality tables published under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with combined mortality rates for annuitants and non-annuitants.

Retirement rates

Participants are assumed to retire at age 62 after waiting one year.

Termination rates

None.

Disability rates

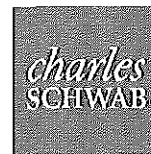
None.

Form of Payment

All participants are assumed to elect a Lump Sum upon benefit commencement.

Buchanan Ingersoll & Rooney PC 2021 Cash Balance Plan

EIN/ PN 25-1381032/ 008



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

Economic Assumptions

Administrative Expenses

The administrative expenses of the plan were assumed to be equal to the prior year's actual expenses.

Rationale: This assumption was retained after conversion of actuarial services

Discount rate used in Funding Target and Funding Target Normal Cost

The assumed discount rates on benefits paid in the future are based on the September 2023 PPA segment rates, reflecting ARPA. Previously, the September 2022 PPA segment rates reflecting ARPA were used.

<u>Segment</u>	<u>Rate</u>	<u>Applicable to benefit payments made:</u>
1	4.75%	During first 5 years starting from the valuation date.
2	4.87%	During years 6-20 starting from the valuation date.
3	5.59%	During years 21 and beyond starting from the valuation date.

Salary Improvement Scale

None.

Interest Crediting Rate

3.50% per year

Buchanan Ingersoll & Rooney PC 2021 Cash Balance Plan

EIN/ PN 25-1381032/ 008



Schedule SB, Part V – Summary of Plan Provisions

A summary of major plan provisions used in this valuation is presented below:

Definitions

Effective Date – The Plan was established effective January 1, 2021.

Employer – Buchanan Ingersoll & Rooney PC.

Plan Year – The calendar year.

Vesting – A Participant is immediately 100% vested in their accrued benefit.

Contributions

Employer – The amount necessary to fund the Plan on an actuarially sound basis as determined by the Plan's enrolled actuary subject to minimum and maximum requirements.

Employee – No employee shall be permitted to contribute to the Plan.

Cash Balance, Minimum Balance, Maximum Balance

Principal Credits – the annual Principal Credit amount is listed in Appendix A in the Plan Document. Appendix A is periodically amended to reflect Participants who entered the Plan, left active employment and whose Principal Credit amount changed from the prior year. Principal Credits are prorated for Participants who commence participation on a date other than the first day of the Plan Year or who cease participation other than the last day of the Plan Year. Principal Credits are also prorated for any participants whose Compensation for the Plan Year is less than the IRC 401(1)(17) Compensation Limit in effect for the Plan Year.

Interest Crediting Period – each calendar quarter.

Interest Crediting Rate – Actual rate of return is based on actual return on plan assets

Minimum Balance – Each participant has a cumulative minimum balance that operates like the cash balance, except that interest credits are granted based on a 2% annual crediting rate

Buchanan Ingersoll & Rooney PC 2021 Cash Balance Plan

EIN/ PN 25-1381032/ 008



Schedule SB, Part V – Summary of Plan Provisions (continued)

Maximum Balance – Each participant has a cumulative maximum balance that operates like the cash balance, except that interest credits are granted based on a 5% annual crediting rate

Comparison of Balances – Upon a distribution of benefits from the plan, a participant's applicable balance equals the greater of the Cash Balance and the Minimum Balance, but cannot exceed the Maximum Balance

Buchanan Ingersoll & Rooney PC 2021 Cash Balance Plan

EIN/ PN 25-1381032/ 008



Schedule SB, line 19 – Discounted Employer Contributions

Valuation Date	1/1/2024		
Effective Interest Rate	4.86%		
Actual Contribution Date	Actual Contribution Amount	Discounted Contribution Amount	Plan Year to Which the Contribution is Applied
5/2/2024	\$ 169,531	\$ 166,870	2024
6/3/2024	\$ 174,741	\$ 171,286	2024
7/1/2024	\$ 169,189	\$ 165,243	2024
8/1/2024	\$ 173,320	\$ 168,599	2024
9/3/2024	\$ 167,992	\$ 162,718	2024
10/1/2024	\$ 168,640	\$ 162,754	2024
11/1/2024	\$ 167,849	\$ 161,341	2024
12/2/2024	\$ 167,779	\$ 160,626	2024
1/2/2025	\$ 168,090	\$ 160,279	2024
2/3/2025	\$ 182,019	\$ 172,842	2024
3/3/2025	\$ 182,019	\$ 172,215	2024
Total	\$ 1,891,169	\$ 1,824,773	

Buchanan Ingersoll & Rooney PC 2021 Cash Balance Plan

EIN/ PN 25-1381032/ 008

The logo for Charles Schwab, featuring the word "charles" in a script font above the word "SCHWAB" in a bold, sans-serif font, all contained within a blue square.

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

Participants are assumed to retire at age 62 after waiting one year.

Buchanan Ingersoll & Rooney PC 2021 Cash Balance Plan

EIN/ PN 25-1381032/ 008

The logo for Charles Schwab, featuring the word "charles" in a cursive font above the word "SCHWAB" in a bold, sans-serif font, all contained within a blue square.

Schedule SB, Part V – Summary of Plan Provisions

A summary of major plan provisions used in this valuation is presented below:

Definitions

Effective Date – The Plan was established effective January 1, 2021.

Employer – Buchanan Ingersoll & Rooney PC.

Plan Year – The calendar year.

Vesting – A Participant is immediately 100% vested in their accrued benefit.

Contributions

Employer – The amount necessary to fund the Plan on an actuarially sound basis as determined by the Plan's enrolled actuary subject to minimum and maximum requirements.

Employee – No employee shall be permitted to contribute to the Plan.

Cash Balance, Minimum Balance, Maximum Balance

Principal Credits – the annual Principal Credit amount is listed in Appendix A in the Plan Document. Appendix A is periodically amended to reflect Participants who entered the Plan, left active employment and whose Principal Credit amount changed from the prior year. Principal Credits are prorated for Participants who commence participation on a date other than the first day of the Plan Year or who cease participation other than the last day of the Plan Year. Principal Credits are also prorated for any participants whose Compensation for the Plan Year is less than the IRC 401(1)(17) Compensation Limit in effect for the Plan Year.

Interest Crediting Period – each calendar quarter.

Interest Crediting Rate – Actual rate of return is based on actual return on plan assets

Minimum Balance – Each participant has a cumulative minimum balance that operates like the cash balance, except that interest credits are granted based on a 2% annual crediting rate

Buchanan Ingersoll & Rooney PC 2021 Cash Balance Plan

EIN/ PN 25-1381032/ 008

The logo for Charles Schwab, featuring the word "charles" in a lowercase, italicized serif font above the word "SCHWAB" in a bold, uppercase sans-serif font, all contained within a blue square.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Maximum Balance – Each participant has a cumulative maximum balance that operates like the cash balance, except that interest credits are granted based on a 5% annual crediting rate

Comparison of Balances – Upon a distribution of benefits from the plan, a participant's applicable balance equals the greater of the Cash Balance and the Minimum Balance, but cannot exceed the Maximum Balance