

**Form 5500-SF**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Short Form Annual Return/Report of Small Employee Benefit Plan**

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

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

OMB Nos. 1210-0110  
1210-0089

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

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

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

**Part II Basic Plan Information**—enter all requested information

<b>1a</b> Name of plan <u>MILLER JOHNSON CASH BALANCE PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶	<u>004</u>
	<b>1c</b> Effective date of plan	<u>01/01/2018</u>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MILLER, JOHNSON, SNELL &amp; CUMMISKEY, PLC</u>  <u>45 OTTAWA AVE. SW,</u> <u>SUITE 1100</u> <u>GRAND RAPIDS, MI 49503</u>	<b>2b</b> Employer Identification Number (EIN)	<u>38-1603110</u>
	<b>2c</b> Sponsor's telephone number	<u>616-831-1839</u>
	<b>2d</b> Business code (see instructions)	<u>541110</u>
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5a</b> Total number of participants at the beginning of the plan year .....	<b>5a</b>	<u>84</u>
<b>b</b> Total number of participants at the end of the plan year .....	<b>5b</b>	<u>0</u>
<b>c(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>5c(1)</b>	
<b>c(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>5c(2)</b>	
<b>d(1)</b> Total number of active participants at the beginning of the plan year .....	<b>5d(1)</b>	<u>69</u>
<b>d(2)</b> Total number of active participants at the end of the plan year .....	<b>5d(2)</b>	<u>0</u>
<b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>5e</b>	

**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.

<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>10/09/2025</u>	<u>KELLY DERAAD</u>
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	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 548291. (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>	8686559	0
<b>b</b> Total plan liabilities .....	<b>7b</b>		
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	8686559	0
<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>	69	
<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>	400299	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		400368
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	8981223	
<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>	105704	
<b>g</b> Other expenses .....	<b>8g</b>		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		9086927
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		-8686559
<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: 1C 3B 3F 3H
<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>		X	
<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>		X	

**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** 0

**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 J501715A.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

<b>A</b> Name of plan <u>MILLER JOHNSON CASH BALANCE PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>004</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MILLER, JOHNSON, SNELL &amp; CUMMISKEY, PLC</u>	<b>D</b> Employer Identification Number (EIN) <u>38-1603110</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	

**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>	<u>8686391</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>8832181</u>
<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 .....	<u>2</u>	<u>65991</u>
	<b>b</b> For terminated vested participants .....	<u>13</u>	<u>978463</u>
	<b>c</b> For active participants .....	<u>69</u>	<u>6822646</u>
	<b>d</b> Total .....	<u>84</u>	<u>7867100</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.01 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>30000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>30000</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>10/06/2025</u>	Date
	<u>DAVID R. KOTICK</u>	<u>23-06323</u>	Most recent enrollment number
	Type or print name of actuary	<u>330-908-4741</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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>4.93</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		1422665
<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>5.06</u> % .....		71987
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		1494652
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	112.26 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	112.26 %
<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>	116.47 %
<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</b> 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
<b>Totals ▶</b>			<b>18(b)</b>	0	<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> 0
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" 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 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		

<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: 4.75 %	2nd segment: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....			<b>21b</b> 0
<b>22</b> Weighted average retirement age .....			<b>22</b> 58
<b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI Miscellaneous Items</b>			
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input 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> 30000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....			<b>31b</b> 30000
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	0	0	
<b>b</b> Waiver amortization installment.....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....			<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			<b>34</b> 0
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....			<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....			<b>37</b> 0
<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> 0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....			<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....			<b>40</b> 0

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

# Miller Johnson Cash Balance Plan

EIN / PN 38-1603110 / 004



## 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	2	3	-	-	-	-	-	-	-	-	5
35 to 39	-	4	2	-	-	-	-	-	-	-	6
40 to 44	1	7	8	-	-	-	-	-	-	-	16
45 to 49	1	6	8	-	-	-	-	-	-	-	15
50 to 54	1	1	10	-	-	-	-	-	-	-	12
55 to 59	-	2	5	-	-	-	-	-	-	-	7
60 to 64	-	1	6	-	-	-	-	-	-	-	7
65 to 69	-	-	1	-	-	-	-	-	-	-	1
over 70	-	-	-	-	-	-	-	-	-	-	-
Total	5	24	40	-	-	-	-	-	-	-	69

# Miller Johnson Cash Balance Plan

EIN / PN 38-1603110 / 004



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

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

### Valuation Data

Census Data as of January 1, 2024.

### Funding Methods

Cost Method – The actuarial cost method used in this report for determining ERISA contributions is the unit credit method as defined by the Pension Protection Act of 2006.

Asset Method – The actuarial value of assets equals the market value of assets plus/(minus) a portion of asset losses/(gains) experienced during the prior two plan years. Gains or losses will be determined by comparing the actual returns to assumed returns using 4.00% for 2023 and 2022. The resulting actuarial value is further limited to no more than 110% and no less than 90% of the market value of assets.

### Actuarial Assumptions

Discount Rates for Funding – The assumed discount rates on benefits paid in the future are based on the January 2024 PPA Segment rates, reflecting the funding stabilization under HATFA as prescribed by the IRS:

<u>Segment</u>	<u>Rate</u>	<u>Applicable to benefit payments made:</u>
1	4.75%	During first 5 years from the valuation date
2	4.96%	During years 6-20 from the valuation date
3	5.59%	During year 21 and beyond from the valuation date

The effective rate is the equivalent single rate that would result in the same funding target or target normal cost, and is 5.01% for 2023.

Mortality – The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code, using generational tables with separate mortality rates for annuitants and nonannuitants.

Withdrawal Rates – The select & ultimate table from the 2003 Society of Actuaries Pension Plan Turnover Study.

Disability – None assumed.

Assumed Form of Payment – Participants are assumed to elect a lump sum upon retirement, termination, or death.

# Miller Johnson Cash Balance Plan

EIN / PN 38-1603110 / 004



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

Benefits – Capital members are assumed to earn benefits for 2024 based on the maximum benefit for their allocation group. Senior and salaried members are assumed to earn benefits for 2024 based on expected compensation for the year.

Retirement Rates – Active participants are assumed to remain through the valuation year, and then retire based on the following rates:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
<55	0%	66	50%
55	25%	67	60%
56-59	20%	68	70%
60	40%	69	80%
61-64	30%	>=70	100%
65	60%		

– Terminated vested participants are assumed to commence their benefit on the valuation date.

Percent Married – N/A

Age of Spouse – N/A

Administrative Expenses – \$30,000 assumed to be paid from the trust annually.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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)  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

<b>A</b> Name of plan MILLER JOHNSON CASH BALANCE PLAN	<b>B</b> Three-digit plan number (PN) ▶	004
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MILLER, JOHNSON, SNELL & CUMMISKEY, PLC	<b>D</b> Employer Identification Number (EIN) 38-1603110	

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

**Part I Basic Information**

**1** Enter the valuation date: Month 01 Day 01 Year 2024

<b>2</b> Assets:	
a Market value	<b>2a</b> 8686391
b Actuarial value	<b>2b</b> 8832181

<b>3</b> 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	2	65991	65991
b For terminated vested participants	13	978463	978463
c For active participants	69	6822646	6822646
<b>d</b> Total	84	7867100	7867100

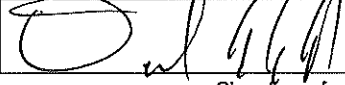
**4** If the plan is in at-risk status, check the box and complete lines (a) and (b).

a Funding target disregarding prescribed at-risk assumptions	<b>4a</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>

**5** Effective interest rate **5** 5.01 %

<b>6</b> Target normal cost	
a Present value of current plan year accruals....	<b>6a</b> 0
b Expected plan-related expenses ..	<b>6b</b> 30000
c Target normal cost....	<b>6c</b> 30000

**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 <b>DAVID R. KOTICK</b> Type or print name of actuary  <b>SCHWAB RETIREMENT PLAN SERVICES</b> Firm name <b>4140 KINROSS LAKES PARKWAY</b>  <b>RICHFIELD, OH 44286</b> Address of the firm	<b>10/6/2025</b> Date <b>23-06323</b> Most recent enrollment number <b>(330) 908-4741</b> Telephone number (including area code)
------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
<b>9</b>	Amount remaining (line 7 minus line 8)	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>4.93</u> %	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year)		1422665
	<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>5.06</u> %		71987
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance		1494652
	<b>d</b> Portion of (c) to be added to prefunding balance		0
<b>12</b>	Other reductions in balances due to elections or deemed elections	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage	<b>14</b>	112.26 %
<b>15</b>	Adjusted funding target attainment percentage	<b>15</b>	112.26 %
<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>	116.47 %
<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</b> 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		
			<b>Totals ▶</b>	<b>18(b)</b>	0	<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> 0
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? ..	<input type="checkbox"/> Yes <input checked="" 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 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

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
21 Discount rate:			
a Segment rates	1st segment: 4.75 %	2nd segment: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 58
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute		

<b>Part VI Miscellaneous Items</b>	
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

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>	
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

<b>Part VIII Minimum Required Contribution For Current Year</b>			
31 Target normal cost and excess assets (see instructions)			
a Target normal cost (line 6c)	31a	30000	
b Excess assets, if applicable, but not greater than line 31a	31b	30000	
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	0	
	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	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
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	

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

**Miller Johnson Cash Balance Plan**

EIN / PN 38-1603110 / 004



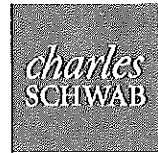
**Schedule SB, line 22 – Description of Weighted Average Retirement Age**

(A) Age	(B) Retirement Decrement	(C) Lx	(D) Number Retiring	(E) Weighting (A) times (D)
55	20.00%	100,000	20,000	1,100,000
56	20.00%	80,000	16,000	896,000
57	20.00%	64,000	12,800	729,600
58	20.00%	51,200	10,240	593,920
59	20.00%	40,960	8,192	483,328
60	40.00%	32,768	13,107	786,420
61	30.00%	19,661	5,898	359,778
62	30.00%	13,763	4,129	255,998
63	30.00%	9,634	2,890	182,070
64	30.00%	6,744	2,023	129,472
65	60.00%	4,721	2,833	184,145
66	50.00%	1,888	944	62,304
67	60.00%	944	566	37,922
68	70.00%	378	265	18,020
69	80.00%	113	90	6,210
70	100.00%	23	23	1,610
			100,000	5,826,797

Weighted Average Retirement Age =	<b>58</b>
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# Miller Johnson Cash Balance Plan

EIN / PN 38-1603110 / 004



## Schedule SB, line 26 – Schedule of Active Participant Data

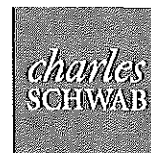
### Age versus Service Distribution for Active Plan Participants:

	<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	2	3	-	-	-	-	-	-	-	-	5
35 to 39	-	4	2	-	-	-	-	-	-	-	6
40 to 44	1	7	8	-	-	-	-	-	-	-	16
45 to 49	1	6	8	-	-	-	-	-	-	-	15
50 to 54	1	1	10	-	-	-	-	-	-	-	12
55 to 59	-	2	5	-	-	-	-	-	-	-	7
60 to 64	-	1	6	-	-	-	-	-	-	-	7
65 to 69	-	-	1	-	-	-	-	-	-	-	1
over 70	-	-	-	-	-	-	-	-	-	-	-
Total	5	24	40	-	-	-	-	-	-	-	69

2024 Schedule SB Attachment

# Miller Johnson Cash Balance Plan

EIN / PN 38-1603110 / 004



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

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

### Valuation Data

Census Data as of January 1, 2024.

### Funding Methods

Cost Method – The actuarial cost method used in this report for determining ERISA contributions is the unit credit method as defined by the Pension Protection Act of 2006.

Asset Method – The actuarial value of assets equals the market value of assets plus/(minus) a portion of asset losses/(gains) experienced during the prior two plan years. Gains or losses will be determined by comparing the actual returns to assumed returns using 4.00% for 2023 and 2022. The resulting actuarial value is further limited to no more than 110% and no less than 90% of the market value of assets.

### Actuarial Assumptions

Discount Rates for Funding – The assumed discount rates on benefits paid in the future are based on the January 2024 PPA Segment rates, reflecting the funding stabilization under HATFA as prescribed by the IRS:

<u>Segment</u>	<u>Rate</u>	<u>Applicable to benefit payments made:</u>
1	4.75%	During first 5 years from the valuation date
2	4.96%	During years 6-20 from the valuation date
3	5.59%	During year 21 and beyond from the valuation date

The effective rate is the equivalent single rate that would result in the same funding target or target normal cost, and is 5.01% for 2023.

Mortality – The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code, using generational tables with separate mortality rates for annuitants and nonannuitants.

Withdrawal Rates – The select & ultimate table from the 2003 Society of Actuaries Pension Plan Turnover Study.

Disability – None assumed.

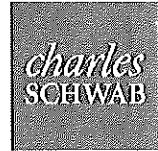
Assumed Form of Payment – Participants are assumed to elect a lump sum upon retirement, termination, or death.

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2024 Schedule SB Attachment

# Miller Johnson Cash Balance Plan

EIN / PN 38-1603110 / 004



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

Benefits – Capital members are assumed to earn benefits for 2024 based on the maximum benefit for their allocation group. Senior and salaried members are assumed to earn benefits for 2024 based on expected compensation for the year.

Retirement Rates – Active participants are assumed to remain through the valuation year, and then retire based on the following rates:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
<55	0%	66	50%
55	25%	67	60%
56-59	20%	68	70%
60	40%	69	80%
61-64	30%	>=70	100%
65	60%		

– Terminated vested participants are assumed to commence their benefit on the valuation date.

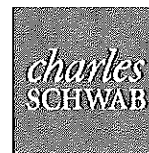
Percent Married – N/A

Age of Spouse – N/A

Administrative Expenses – \$30,000 assumed to be paid from the trust annually.

# Miller Johnson Cash Balance Plan

EIN / PN 38-1603110 / 004



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## Schedule SB, Part V – Summary of Plan Provisions

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

### Definitions:

Original Plan effective date – January 1, 2018.

Covered Employees – All capital members and senior members, and employees who became salaried members on or after January 1, 2018.

Eligibility & Participation – The service requirement for initial eligibility to participate in the Plan is one hour of service and attainment of age 21.

Year of Service – 750 Hours of Service in the Eligibility Computation Period.

Eligibility Computation Period – is the twelve-month period beginning on the Employee's Employment Commencement Date and each anniversary of such date.

Compensation – Includable pay as provided by the plan sponsor. Please refer to the Plan Document for the detailed description.

Vesting – A participant is immediately 100% vested in their accrued benefit upon termination.

Normal Retirement Date (NRD) – The first of the month coincident with or next following age 65.

Actuarial Equivalence – Forms of Payment are set equal to the value of the Cash Balance Account using a 5% interest rate and the 1994 GAR Mortality Table.

Lump Sum Amount – The amount of benefit payable under the lump sum form of payment equals the value of the Cash Balance Account.

### Cash Balance Account:

Cash Balance Account – Each participant has a Cash Balance Account, the value of which equals the sum of Cash Balance Credits and Interest Credits.

Interest Credits – Equal to 3% per year based on the beginning of year Cash Balance Account.

# Miller Johnson Cash Balance Plan

EIN / PN 38-1603110 / 004



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

Cash Balance Credits – Credits are granted each year equal to a percentage of compensation based on the following coverage groups:

Coverage Group	Annual Credit as a Percentage of Compensation	Maximum Annual Credit
A	33.34%	\$90,000
B	27.78%	\$75,000
C	22.23%	\$60,000
D	18.52%	\$50,000
E	14.82%	\$40,000
F	11.12%	\$30,000
G	7.41%	\$20,000
H	5.93%	\$16,000
I	4.45%	\$12,000
J	4.00%	\$10,800
K	4.00%	\$8,000
L	7.00%	N/A

### Eligibility for Benefits:

Normal Retirement – Retirement on Normal Retirement Date.

Termination – Termination after meeting the eligibility and participation requirements.

Pre-Retirement Death Benefit – The beneficiary may elect to receive the entire benefit based on the value of the Participant's Cash Balance Account.

### Payment of Benefits:

Normal Form of Payment – The normal form of payment is the Life Annuity option for single participants, and the Qualified Joint and Survivor for married participants.

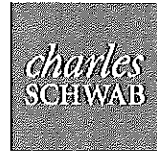
Optional Forms of Payment – participants are offered a single sum distribution, life annuity, or 50%, 75%, or 100% joint and survivor annuities.

Maximum on Benefits and Pay – benefits may not exceed the maximum limitations as defined in the Internal Revenue Code.

Amount of Benefits – Benefit amounts are based on the actuarially equivalent value of the Participant's Cash Balance Account.

# Miller Johnson Cash Balance Plan

EIN / PN 38-1603110 / 004



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## Changes since prior valuation:

Amendment to cease principal credits and to terminate – The plan was amended in 2022 to cease all principal credits effective 12/31/2022. The same amendment set a plan termination date of 6/30/2023 contingent upon the IRS issuing a favorable determination letter in connection with the plan termination.

Amendment to provide 2023 principal credits and to terminate as of 12/31/2023 – The plan was subsequently amended to provide principal credits for the 2023 plan year only and to set a plan termination date of 12/31/2023. The plan termination date was later changed to 4/20/2024.

# Miller Johnson Cash Balance Plan

EIN / PN 38-1603110 / 004



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

(A) Age	(B) Retirement Decrement	(C) Lx	(D) Number Retiring	(E) Weighting (A) times (D)
55	20.00%	100,000	20,000	1,100,000
56	20.00%	80,000	16,000	896,000
57	20.00%	64,000	12,800	729,600
58	20.00%	51,200	10,240	593,920
59	20.00%	40,960	8,192	483,328
60	40.00%	32,768	13,107	786,420
61	30.00%	19,661	5,898	359,778
62	30.00%	13,763	4,129	255,998
63	30.00%	9,634	2,890	182,070
64	30.00%	6,744	2,023	129,472
65	60.00%	4,721	2,833	184,145
66	50.00%	1,888	944	62,304
67	60.00%	944	566	37,922
68	70.00%	378	265	18,020
69	80.00%	113	90	6,210
70	100.00%	23	23	1,610
			100,000	5,826,797

Weighted Average Retirement Age = <b>58</b>
---------------------------------------------

# Miller Johnson Cash Balance Plan

EIN / PN 38-1603110 / 004

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

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## Schedule SB, Part V – Summary of Plan Provisions

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

### Definitions:

Original Plan effective date – January 1, 2018.

Covered Employees – All capital members and senior members, and employees who became salaried members on or after January 1, 2018.

Eligibility & Participation – The service requirement for initial eligibility to participate in the Plan is one hour of service and attainment of age 21.

Year of Service – 750 Hours of Service in the Eligibility Computation Period.

Eligibility Computation Period – is the twelve-month period beginning on the Employee's Employment Commencement Date and each anniversary of such date.

Compensation – Includable pay as provided by the plan sponsor. Please refer to the Plan Document for the detailed description.

Vesting – A participant is immediately 100% vested in their accrued benefit upon termination.

Normal Retirement Date (NRD) – The first of the month coincident with or next following age 65.

Actuarial Equivalence – Forms of Payment are set equal to the value of the Cash Balance Account using a 5% interest rate and the 1994 GAR Mortality Table.

Lump Sum Amount – The amount of benefit payable under the lump sum form of payment equals the value of the Cash Balance Account.

### Cash Balance Account:

Cash Balance Account – Each participant has a Cash Balance Account, the value of which equals the sum of Cash Balance Credits and Interest Credits.

Interest Credits – Equal to 3% per year based on the beginning of year Cash Balance Account.

# Miller Johnson Cash Balance Plan

EIN / PN 38-1603110 / 004



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

Cash Balance Credits – Credits are granted each year equal to a percentage of compensation based on the following coverage groups:

Coverage Group	Annual Credit as a Percentage of Compensation	Maximum Annual Credit
A	33.34%	\$90,000
B	27.78%	\$75,000
C	22.23%	\$60,000
D	18.52%	\$50,000
E	14.82%	\$40,000
F	11.12%	\$30,000
G	7.41%	\$20,000
H	5.93%	\$16,000
I	4.45%	\$12,000
J	4.00%	\$10,800
K	4.00%	\$8,000
L	7.00%	N/A

### Eligibility for Benefits:

Normal Retirement – Retirement on Normal Retirement Date.

Termination – Termination after meeting the eligibility and participation requirements.

Pre-Retirement Death Benefit – The beneficiary may elect to receive the entire benefit based on the value of the Participant's Cash Balance Account.

### Payment of Benefits:

Normal Form of Payment – The normal form of payment is the Life Annuity option for single participants, and the Qualified Joint and Survivor for married participants.

Optional Forms of Payment – participants are offered a single sum distribution, life annuity, or 50%, 75%, or 100% joint and survivor annuities.

Maximum on Benefits and Pay – benefits may not exceed the maximum limitations as defined in the Internal Revenue Code.

Amount of Benefits – Benefit amounts are based on the actuarially equivalent value of the Participant's Cash Balance Account.

# Miller Johnson Cash Balance Plan

EIN / PN 38-1603110 / 004

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.

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## Changes since prior valuation:

Amendment to cease principal credits and to terminate – The plan was amended in 2022 to cease all principal credits effective 12/31/2022. The same amendment set a plan termination date of 6/30/2023 contingent upon the IRS issuing a favorable determination letter in connection with the plan termination.

Amendment to provide 2023 principal credits and to terminate as of 12/31/2023 – The plan was subsequently amended to provide principal credits for the 2023 plan year only and to set a plan termination date of 12/31/2023. The plan termination date was later changed to 4/20/2024.