

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 COBLENTZ PATCH DUFFY & BASS LLP CASH BALANCE PENSION PLAN 1b Three-digit plan number (PN) 004

1c Effective date of plan 01/01/2000

2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) COBLENTZ PATCH DUFFY & BASS LLP 2b Employer Identification Number (EIN) 94-1244910

2c Sponsor's telephone number 415-391-4800

ONE MONTGOMERY STREET, SUITE 3000 SAN FRANCISCO, CA 94101

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

a Sponsor's name c Plan Name

5a Total number of participants at the beginning of the plan year 83

b Total number of participants at the end of the plan year 87

c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)

c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)

d(1) Total number of active participants at the beginning of the plan year 71

d(2) Total number of active participants at the end of the plan year 73

e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 0

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

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

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 549488. (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	7238444	8915472
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	7238444	8915472
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	2527364	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	421874	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		2949238
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1272210	
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		1272210
i Net income (loss) (subtract line 8h from line 8c)	8i		1677028
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 3B
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		5000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

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

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

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation _____

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

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

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

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

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

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

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

Part VII Plan Terminations and Transfers of Assets

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

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

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

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

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

Part VIII IRS Compliance Questions

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

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>COBLENTZ PATCH DUFFY & BASS LLP CASH BALANCE PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>COBLENTZ PATCH DUFFY & BASS LLP</u>	D Employer Identification Number (EIN) <u>94-1244910</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>7237901</u>
	b Actuarial value	2b	<u>7237901</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>1</u>	<u>20600</u>
	b For terminated vested participants	<u>11</u>	<u>547598</u>
	c For active participants	<u>71</u>	<u>5589641</u>
	d Total	<u>83</u>	<u>6157839</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.01 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>1967821</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>1967821</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>DANIEL B. JAFFE</u> Type or print name of actuary <u>GALLAGHER BENEFIT SERVICES, INC.</u> Firm name <u>595 MARKET STREET</u> <u>SUITE 2100</u> <u>SAN FRANCISCO, CA 94105</u> Address of the firm	<u>10/08/2025</u> Date <u>23-05782</u> Most recent enrollment number <u>415-395-9300</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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>10.28</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)		902058
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>5.08</u> %		45825
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		947883
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	117.53 %
15	Adjusted funding target attainment percentage	15	117.53 %
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	112.31 %
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		
07/02/2024	545930	0					
10/01/2024	817520	0					
12/31/2024	1116329	0					
04/30/2025	47585	0					
			Totals ▶	18(b)	2527364	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 2428699
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 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 3
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" 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 1967821
b Excess assets, if applicable, but not greater than line 31a			31b 1080062
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 887759
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)			36 887759
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 2428699
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 1540940
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b
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			

Attachment to 2024 Schedule SB (Form 5500)

Plan Name: Coblentz Patch Duffy & Bass LLP Cash Balance Pension Plan

Plan Sponsor: Coblentz Patch Duffy & Bass LLP

EIN / PN: 94-1244910 / 004

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

Attained Age	Years of Credited Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Over
Under 25										
25 – 29										
30 – 34	3	1								
35 – 39	1		2	1						
40 – 44		2	8	1	1					
45 – 49		2	7	3	1					
50 – 54	1	2	1	1	2	1				
55 – 59		1	2		2	2				
60 – 64		4	2	1	3	6				
65 – 69			2			1				
70 & Over			1	1		2				

Attachment to 2024 Schedule SB (Form 5500)

Plan Name: Coblenz Patch Duffy & Bass LLP Cash Balance Pension Plan

Plan Sponsor: Coblenz Patch Duffy & Bass LLP

EIN / PN: 94-1244910 / 004

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

Actuarial Basis

Overview

This 2024 Form 5500 Schedule SB for the Coblenz Patch Duffy & Bass LLP Cash Balance Pension Plan has been prepared for the Internal Revenue Service, the Department of Labor, and the Pension Benefit Guaranty Corporation. The purpose of this 2024 Schedule SB is to provide reporting of the Plan’s minimum funding and other Plan information as requested to the Department of Labor’s Employee Benefits Security Administration (the “EBSA”), as stated in the instructions to the 2024 Form 5500. This 2024 Schedule SB consists of the three-page Schedule SB form provided by the EBSA and the associated attachments filed concurrently with this form.

This 2024 Schedule SB is signed and dated by Daniel B. Jaffe. Mr. Jaffe is the responsible actuary for this 2024 Schedule SB for the Plan, and as an Enrolled Actuary and a Member of the American Academy of Actuaries, is qualified to issue this 2024 Schedule SB. Mr. Jaffe is not aware of any conflict of interest which could potentially impact the objectiveness of this work.

This 2024 Schedule SB may not be relied upon by any other party or for any other purposes than as stated above. The funded status disclosed in this 2024 Schedule SB is produced on the basis discussed in this reporting. In particular, Plan assets and liabilities have been measured as of the January 1, 2024 valuation date according to the data, assumptions and methodologies as discussed in this reporting. Other than as disclosed in this reporting, the responsible actuary is not aware of any subsequent events that would have a material impact on the results published here.

Attachment to 2024 Schedule SB (Form 5500)

Plan Name: Coblenz Patch Duffy & Bass LLP Cash Balance Pension Plan

Plan Sponsor: Coblenz Patch Duffy & Bass LLP

EIN / PN: 94-1244910 / 004

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods (cont'd)

Liability Method

For minimum funding purposes liabilities shown in this report have been computed using a method similar to the Unit Credit method. Use of this method for minimum funding is mandated by statute.

Liability Allocation

The objective of any liability method is to accrue for each participant's Plan benefit based on the allocation of liability between past, present and future.

Liability for past periods should be fully accrued, or if not, any unaccrued past service liability requires remedial accruals. Liability for the present period (e.g., the current plan year) should be accrued as expense for the current period. Liability assigned to future periods should be deferred to future years, and thus result in no current period accrual.

Thus, the current period expense will consist of benefit accruals for the current period, plus any remedial past service accrual.

Unit Credit

Under the Unit Credit method, liabilities are assigned to past, present and future periods based on the accrual of Plan benefits for those periods, as follows:

- Past service: the present value of the benefits accrued under the Plan as of the beginning of the plan year. For funding purposes, this is called the **Target Liability**.
- Current service: the present value of benefits accrued under the Plan during the plan year. For funding purposes, this is called the **Target Normal Cost**.
- Future service: the present value of benefits to accrue after the end of the plan year.

The current year's required contribution is generally determined as the Target Normal Cost, plus remedial funding of any unfunded Target Liability, minus any overfunding of the Target Liability.

Liabilities shown in this report were determined using actuarial valuation software designed by a third party. This software is designed for the specific purpose of modeling pension plan liabilities and costs and is the standard pension valuation software used by Gallagher Benefit Services, Inc. The results in this report are based on various inputs into the software model, including the plan provisions and assumptions shown in this report, demographic information provided by the Plan sponsor and financial information provided by Charles Schwab. While the results have been tested and reviewed for overall accuracy and consistency, we have relied upon the validity of the underlying software coding in preparing this report.

Attachment to 2024 Schedule SB (Form 5500)

Plan Name: Coblenz Patch Duffy & Bass LLP Cash Balance Pension Plan

Plan Sponsor: Coblenz Patch Duffy & Bass LLP

EIN / PN: 94-1244910 / 004

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods (cont'd)

Asset Valuation Method

The market value of assets is based on the asset custodian's reporting.

The actuarial value of assets is equal to the market value of assets as of the valuation date, including receivable contributions for the prior plan year that are made after the valuation date. These receivable contributions are discounted back to the valuation date using the Effective Interest Rate for the prior plan year before adding to the actuarial value of assets.

Contributions made for the current plan year, whether made before or after the valuation date, are excluded from the actuarial value of assets.

Valuation Data

The valuation date for the 2024 actuarial valuation is January 1, 2024. Except as discussed below, the January 1, 2024 valuation date is also the information date for this report.

The Plan sponsor provided data on all relevant employees and participants as of the January 1, 2024 valuation date. Employee and participant data was reviewed for reasonableness and consistency, but was otherwise relied upon for accuracy and completeness. If any of the reported data were inaccurate, or if the reported data were not complete, these results would require modification and could not be relied upon.

Any changes in participant data effective after the January 1, 2024 valuation date were not considered in this report.

Only those individuals who completed the Plan's eligibility requirements and became participants on or before the January 1, 2024 valuation date are included in this valuation.

All financial data was provided by the Plan's asset custodian, Charles Schwab. With the exception of the dates and amounts of subsequent Plan contributions, changes in financial data after the January 1, 2024 valuation date were not considered in this report, with any exceptions to this statement fully noted in this report. The financial data received was reviewed for consistency with the Plan's published funding recommendations, but was otherwise not reviewed or analyzed.

The limitations of Code section 415(b) have been incorporated into our calculations.

Attachment to 2024 Schedule SB (Form 5500)

Plan Name: Coblenz Patch Duffy & Bass LLP Cash Balance Pension Plan

Plan Sponsor: Coblenz Patch Duffy & Bass LLP

EIN / PN: 94-1244910 / 004

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods (cont'd)

The following assumptions were used in valuing the liabilities and benefits under the Plan.

Economic

For purposes of determining minimum required contributions under IRC section 430 and benefit restrictions under IRC section 436:

Applicable Month: The Plan sponsor elected to base Segments Rates on the October immediately preceding the valuation year.

MAP-21 Segment Rates: First Segment: 4.75% compounded annually.
Second Segment: 4.87% compounded annually.
Third Segment: 5.59% compounded annually.

Salary Scale: 4.00% compounded annually. This represents our reasonable estimate of anticipated experience under the Plan based on observations of the general labor markets.

Market-Rate Interest Crediting: For Cash Balance Accounts accrued as a partner on and after January 1, 2014, 4.25% compounded annually. This represents a reasonable estimate of anticipated future investment returns on the Plan's assets, taking into account the 7.50% cap on such interest crediting, the Plan's asset allocation and our expectations for long-term returns in the investment markets.

5-Year Treasury Yields For Cash Balance Accounts accrued prior to January 1, 2014, and thus credited with interest at the yield on 5-year Treasury notes, 2.00% compounded annually.

Other

Mortality: IRS 2024 Static Mortality Table for small plans as described in IRS Regulation 1.430(h)(3)-1(c) for plan years on or after January 1, 2024. The IRS 2024 Static Mortality Table is the Pri-2012 Mortality Table, combined for annuitants and non-annuitants and projected for mortality improvement by 2024 Adjusted Scale MP-2021, as described in the applicable regulations..

Attachment to 2024 Schedule SB (Form 5500)

Plan Name: Coblenz Patch Duffy & Bass LLP Cash Balance Pension Plan

Plan Sponsor: Coblenz Patch Duffy & Bass LLP

EIN / PN: 94-1244910 / 004

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods (cont'd)

Payment Commencement: Active participants:

Age at valuation date	Distribution in the valuation year followed by a second distribution* in the year following the valuation year	Single distribution of entire benefit at age 60	Single distribution of entire benefit at age 65	Single distribution of entire benefit at age 70
70+	100%	--	--	--
65-69	50%	--	--	50%
60-64	40%	--	30%	30%
Under 60	--	40%	30%	30%

*I.e., of their benefit earned during the valuation year

Terminated participants with deferred benefits:

- 100% are assumed to take a distribution in the valuation year.

These rates were developed based on Plan experience during the 2014 through 2022 plan years and represent our reasonable estimate of anticipated future experience under the Plan.

Withdrawal: None assumed.

Disability: None assumed.

Expenses: None assumed.

Form of Payment: Lump sum. This assumption represents our reasonable estimate of anticipated experience under the Plan, based on the observation that all past distributions since Plan inception in 2000, except for one annuity election, have been lump sums.

Attachment to 2024 Schedule SB (Form 5500)

Plan Name: Coblenz Patch Duffy & Bass LLP Cash Balance Pension Plan

Plan Sponsor: Coblenz Patch Duffy & Bass LLP

EIN / PN: 94-1244910 / 004

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods (cont'd)

PPA Benefit Restrictions:	As required by regulations under PPA, it is assumed that no PPA benefit restrictions apply in any future plan year, regardless of the Plan's current funded status or any current imposition of such restrictions.
Top 25 Lump Sum Restrictions:	As required by regulations under PPA, it is assumed that the Top 25 lump sum restrictions will not apply in the current and all future plan years.

Changes in Assumptions

The Segment Rates and Mortality assumptions were updated for the 2024 plan year, as required for minimum funding calculations by IRS regulations under IRC section 430.

Otherwise, for this 2024 actuarial valuation, there have been no other changes to the actuarial assumptions from the 2023 actuarial valuation.

Nature of Assumptions

The Segment Rates and the Mortality assumptions are dictated by the provisions of the Pension Protection Act of 2006. These two assumptions were determined by IRC section 430 and the associated IRS regulations, and are based on the Plan sponsor elections previously made.

The assumptions with regard to the PPA Benefit Restrictions and Top-25 Lump Sum Restrictions were determined for minimum funding calculations by the IRS regulations under IRC section 430.

In the opinion of the responsible actuary, except as dictated by IRC section 430 and the associated IRS regulations, each actuarial assumption for which the actuary is allowed discretion is reasonable, taking into account the experience of the Plan and reasonable expectations, and which, in combination, represent the responsible actuary's reasonable estimate of the anticipated experience under the Plan.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024


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

A Name of plan COBLENTZ PATCH DUFFY & BASS LLP CASH BALANCE PENSION PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Coblentz Patch Duffy & Bass Llp	D Employer Identification Number (EIN) 94-1244910	
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	7,237,901
	b Actuarial value	2b	7,237,901
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	1	20,600
	b For terminated vested participants	11	547,598
	c For active participants	71	5,589,641
	d Total	83	6,157,839
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	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.01%
6	Target normal cost		
	a Present value of current plan year accruals	6a	1,967,821
	b Expected plan-related expenses	6b	0
	c Target normal cost	6c	1,967,821

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	October 8, 2025 Date
	DANIEL B. JAFFE Type or print name of actuary	2305782 Most recent enrollment number
	Gallagher Benefit Services, Inc. Firm name	415-395-9300 Telephone number (including area code)
	595 Market Street Suite 2100 SAN FRANCISCO CA 94105 Address of the firm	

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 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 3
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" 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 1,967,821
b Excess assets, if applicable, but not greater than line 31a				31b 1,080,062
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)....				34 887,759
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement			0	
36 Additional cash requirement (line 34 minus line 35).....				36 887,759
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 2,428,699
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 1,540,940
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b
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				

Attachment to 2024 Schedule SB (Form 5500)

Plan Name: Coblenz Patch Duffy & Bass LLP Cash Balance Pension Plan

Plan Sponsor: Coblenz Patch Duffy & Bass LLP

EIN / PN: 94-1244910 / 004

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

Participants are assumed to take age-60 commencement of benefits in-service 40% of the time, and to retire and take commencement of benefits at age 65 30% of the time and at age 70 30% of the time. The weighted average of these three assumed commencement ages is approximately age 65, as reported on line 22 of the 2024 Schedule SB.

Attachment to 2024 Schedule SB (Form 5500)

Plan Name: Coblenz Patch Duffy & Bass LLP Cash Balance Pension Plan

Plan Sponsor: Coblenz Patch Duffy & Bass LLP

EIN / PN: 94-1244910 / 004

Schedule SB, Part V – Summary of Plan Provisions

Except as noted in this report, this valuation is based on the Plan's provisions as of the January 1, 2024 valuation date. Any amendments to the Plan's provisions that are adopted or are effective after the January 1, 2024 valuation date are not reflected in this valuation except as noted in this report.

EIN/PN

94-1244910 / 004

Effective Date

Originally effective January 1, 2000. The Plan was amended and restated effective January 1, 2016 with an adoption date of January 27, 2016.

Recent Amendments

The Plan was amended on December 26, 2023 (concurrent with the plan restatement), effective January 1, 2023, to update the Pension Credits

Plan Year

January 1 to December 31.

Eligibility

Eligible Employees consists of Firm Partners, the CEO, certain named Directors and non-highly-compensated staff employees in the following departments: Case Clerks, Marketing, Human Resources, Attorney Recruiting, Accounting, Information Technology, and Facilities.

Prior to January 1, 2018, an Eligible Employee became a participant on the January 1 or July 1 on or next following completion of 2 years of service. On and after January 1, 2018, Firm Partners and the COO (prior to January 1, 2022) or the CEO (after December 31, 2021) and certain named Directors enter the Plan on the first of the month on or next following the date of service, and all other Eligible Employees enter the Plan on the January 1 or July 1 on or next following completion of 2 years of service (or, effective January 1, 2021, after attainment of age 21, if later than the completion of 2 years of service).

Plan Benefit

The participant's Pension Credit Balance.

Vesting

Participant Pension Credit Balance Accounts are fully vested at all times.

Normal Retirement Date

First day of the month on or next following age 60.

Schedule SB, Part V – Summary of Plan Provisions (cont'd)

Pension Credit Balance

Determined as a Participant's Pension Credit Balance as of the end of the preceding Plan Year, adjusted as follows:

- (a) Allocation: for each staff Participant who works 1,000 hours of service for the Plan Year, 3.0% of Compensation earned while a Participant; for each participating Partner who works 1,000 hours of service for the Plan Year, the dollar amount listed in the Plan document as amended.
- (b) Interest: Partner Pension Credit Balance are credited based on the return on plan assets, capped at 7.5% per year. Staff Pension Credit Balance are credited at 4.0% per year, except as provided for amounts accrued prior to January 1, 2014.

Compensation

Total compensation (earned income for Firm partners), with compensation determined for employees as compensation subject to federal tax withholding, plus pre-tax deferrals under IRC sections 401(k), 125, etc. Compensation earned prior to Plan entry is excluded. Total compensation is limited by IRC Section 401(a)(17).

Accrued Benefit

The Actuarial Equivalent of the participant's Pension Credit Balance.

Benefit Commencement

Participants may commence distribution of their Cash Balance Accounts upon termination of Firm employment. Prior to termination, participants may take in-service distributions at or following their Normal Retirement Date.

Payment Form

Participants may elect a single life annuity, 50% joint and survivor annuity, 75% joint and survivor annuity or a lump sum payment.

Pre-Retirement Death Benefit

Pension Credit Balance.

Attachment to 2024 Schedule SB (Form 5500)

Plan Name: Coblenz Patch Duffy & Bass LLP Cash Balance Pension Plan

Plan Sponsor: Coblenz Patch Duffy & Bass LLP

EIN / PN: 94-1244910 / 004

Schedule SB, Part V – Summary of Plan Provisions (cont'd)

Annuity Conversion

Single life annuity forms of payment are the actuarial equivalent of the Cash Balance Accounts as of the determination date, using the applicable mortality table for the Plan Year containing the determination date and an interest rate of 5.5%.

Joint and survivor annuities are the actuarial equivalents of the single life annuity, determined using applicable mortality for the Plan Year containing the determination date and an interest rate of 5.0%.