

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 ALDEN LAW GROUP, PLLC CASH BALANCE PLAN
1b Three-digit plan number (PN) 002
1c Effective date of plan 01/01/2014
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) ALDEN LAW GROUP, PLLC 1850 M STREET, NW, SUITE 901 WASHINGTON, DC 20036
2b Employer Identification Number (EIN) 13-4304038
2c Sponsor's telephone number 202-463-0300
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.
a Sponsor's name
c Plan Name
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year 10
b Total number of participants at the end of the plan year 7
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 9
d(2) Total number of active participants at the end of the plan year 6
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 2

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. Includes entries for KRISTIN ALDEN dated 10/08/2025.

- 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 \_\_\_\_\_ (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>	1726909	2095422
<b>b</b> Total plan liabilities .....	<b>7b</b>		
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	1726909	2095422
<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>	222525	
<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>	168085	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		390610
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>		
<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>	22097	
<b>g</b> Other expenses .....	<b>8g</b>		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		22097
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		368513
<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 3D
<b>b</b>	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

<b>Part V Compliance Questions</b>				
<b>10</b> During the plan year:		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program) .....	<b>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>	X		150000
<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>			

**Part VI Pension Funding Compliance**

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

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

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

Yes.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VIII IRS Compliance Questions**

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

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

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

**15** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705345A.

<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>ALDEN LAW GROUP, PLLC CASH BALANCE PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ALDEN LAW GROUP, PLLC</u>	<b>D</b> Employer Identification Number (EIN) <u>13-4304038</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>12</u> Day <u>31</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>1869344</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>1869344</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>0</u>	<u>0</u>
	<b>b</b> For terminated vested participants .....	<u>1</u>	<u>2196</u>
	<b>c</b> For active participants .....	<u>6</u>	<u>1442977</u>
	<b>d</b> Total .....	<u>7</u>	<u>1445173</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>5.30 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>172173</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>20500</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>192673</u>

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

<b>SIGN HERE</b>		
	Signature of actuary	<u>09/24/2025</u>
	<u>DAVID M. LIPKIN, MSPA, FSA</u>	Date
	Type or print name of actuary	<u>23-03246</u>
	<u>METRO BENEFITS, INC.</u>	Most recent enrollment number
	Firm name	<u>412-847-7600</u>
	<u>8150 PERRY HIGHWAY</u> <u>SUITE 311</u> <u>PITTSBURGH, PA 15237-5232</u>	Telephone number (including area code)
	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	384729
<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	384729
<b>10</b>	Interest on line 9 using prior year's actual return of <u>13.28</u> % .....	0	51092
<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) .....		66924
<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>5.08</u> % .....		0
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		66924
<b>d</b>	Portion of (c) to be added to prefunding balance .....		66924
<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	502745

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	92.71 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	127.84 %
<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>	86.84 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
02/22/2024	22503	0	02/25/2025	20001	0		
04/22/2024	22503	0	04/16/2025	17502	0		
06/27/2024	22502	0	06/30/2025	25000	0		
08/27/2024	22502	0	08/26/2025	25509	0		
10/29/2024	22502	0	09/12/2025	2501	0		
12/31/2024	22500	0					
			<b>Totals ▶</b>	<b>18(b)</b>	225525	<b>18(c)</b>	0

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

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	224169

**20** Quarterly contributions and liquidity shortfalls:

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

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....  Yes  No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 5.01 %	2nd segment: 5.26 %	<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> 65
<b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI Miscellaneous Items</b>			
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>26</b> Demographic and benefit information			
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" 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> 192673
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....			<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	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> 192673
	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> 192673
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....			<b>37</b> 224169
<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> 31496
<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			

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

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OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

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

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)
B This return/report is: [ ] the first return/report [ ] the final return/report
C Check box if filing under: [x] Form 5558 [ ] automatic extension [ ] DFVC program
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 Alden Law Group, PLLC 401(k) Profit Sharing Plan
1b Three-digit plan number (PN) 001
1c Effective date of plan 03/01/2009
2a Plan sponsor's name (employer, if for a single-employer plan) Alden Law Group, PLLC
2b Employer Identification Number (EIN) 13-4304038
2c Sponsor's telephone number (202) 463-0300
2d Business code (see instructions) 541110
3a Plan administrator's name and address [x] Same as Plan Sponsor
3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year 15
5b Total number of participants at the end of the plan year 13
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) 14
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 13
5d(1) Total number of active participants at the beginning of the plan year 9
5d(2) Total number of active participants at the end of the plan year 6
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 3

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, Date, and Name. Includes digital signatures for Kristin D. Alden as plan administrator and employer/plan sponsor.

**E-SIGNATURE AUTHORIZATION**  
**for**  
**Alden Law Group, PLLC 401(k) Profit Sharing Plan**  
**13-4304038/001**  
**For Plan Year 01/01/2024 through 12/31/2024**

I/We, the undersigned, understand that a 5500 Series filing for the plan listed above must be prepared, electronically signed and electronically transmitted to the EBSA Electronic Filing Acceptance System (EFAST).

I/We authorize Metro Benefits, Inc. to electronically sign the 5500 Series filing on my/our behalf and to transmit that signed form to EFAST on or before the filing due date.

I/We understand that by granting this authority:

- A manually signed and dated Form 5500-SF that has been provided must be returned to Metro Benefits, Inc. before they can begin the electronic filing process. I/We will retain a copy of this manually signed form and any schedules and attachments in the plan records.
- Metro Benefits, Inc. will not be responsible for any late filing penalty assessed under ERISA should I/we not return the manually signed and dated Form 5500-SF prior to the filing due date.
- An electronic copy of the manually signed and dated Form 5500-SF showing my/our signatures will be included in the electronic filing and will be posted by the EBSA to the Internet for public disclosure.
- Metro Benefits, Inc. will maintain a copy of this written authorization in its records.
- Metro Benefits, Inc. will notify all signers about any inquiries and correspondence it receives about this filing from EFAST, EBSA, IRS or PBGC.
- Metro Benefits, Inc. shall not be deemed to be a plan fiduciary with respect to this plan solely on account of providing the electronic signature and filing of the 5500-SF for the plan year listed above.

**Kristin D.**  
**Alden**  
Digitally signed by  
Kristin D. Alden  
Date: 2025.10.08  
15:18:28 -04'00'

\_\_\_\_\_  
Plan Administrator

\_\_\_\_\_  
Date

**Kristin D.**  
**Alden**  
Digitally signed by  
Kristin D. Alden  
Date: 2025.10.08  
15:19:01 -04'00'

\_\_\_\_\_  
Plan Sponsor

\_\_\_\_\_  
Date

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

**Alden Law Group, PLLC Cash Balance Plan**

**13-4304038 / 002**

**For the plan year 01/01/2024 through 12/31/2024**

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The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

# Schedule SB, line 19 - Discounted Employer Contributions

**Alden Law Group, PLLC Cash Balance Plan**  
**13-4304038 / 002**

**For the plan year 01/01/2024 through 12/31/2024**  
**Valuation Date: 12/31/2024**

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
<b>Deposited Contribution</b>	<b>01/02/2024</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	04/15/2024	2,500	2,632	0	2,500	5.30	0.00
<b>Deposited Contribution</b>	<b>01/05/2024</b>	<b>\$2,501</b>					
Applied to Quarterly Contribution	04/15/2024	2,501	2,632	0	2,501	5.30	0.00
<b>Deposited Contribution</b>	<b>01/10/2024</b>	<b>\$2,501</b>					
Applied to Quarterly Contribution	04/15/2024	2,501	2,630	0	2,501	5.30	0.00
<b>Deposited Contribution</b>	<b>01/12/2024</b>	<b>\$2,501</b>					
Applied to Quarterly Contribution	04/15/2024	2,501	2,629	0	2,501	5.30	0.00
<b>Deposited Contribution</b>	<b>01/23/2024</b>	<b>\$2,501</b>					
Applied to Quarterly Contribution	04/15/2024	2,501	2,625	0	2,501	5.30	0.00
<b>Deposited Contribution</b>	<b>01/29/2024</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	04/15/2024	2,500	2,622	0	2,500	5.30	0.00
<b>Deposited Contribution</b>	<b>02/06/2024</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	04/15/2024	2,500	2,619	0	2,500	5.30	0.00
<b>Deposited Contribution</b>	<b>02/13/2024</b>	<b>\$2,501</b>					
Applied to Quarterly Contribution	04/15/2024	2,501	2,617	0	2,501	5.30	0.00
<b>Deposited Contribution</b>	<b>02/22/2024</b>	<b>\$2,501</b>					
Applied to Quarterly Contribution	04/15/2024	2,501	2,614	0	2,501	5.30	0.00
<b>Deposited Contribution</b>	<b>03/04/2024</b>	<b>\$2,501</b>					
Applied to Quarterly Contribution	04/15/2024	2,501	2,610	0	2,501	5.30	0.00
<b>Deposited Contribution</b>	<b>03/08/2024</b>	<b>\$2,501</b>					
Applied to Quarterly Contribution	04/15/2024	2,501	2,608	0	2,501	5.30	0.00
<b>Deposited Contribution</b>	<b>03/15/2024</b>	<b>\$2,501</b>					
Applied to Quarterly Contribution	04/15/2024	2,501	2,606	0	2,501	5.30	0.00
<b>Deposited Contribution</b>	<b>03/19/2024</b>	<b>\$2,501</b>					
Applied to Quarterly Contribution	04/15/2024	2,501	2,604	0	2,501	5.30	0.00
<b>Deposited Contribution</b>	<b>03/26/2024</b>	<b>\$2,501</b>					
Applied to Quarterly Contribution	04/15/2024	2,501	2,602	0	2,501	5.30	0.00
<b>Deposited Contribution</b>	<b>04/02/2024</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	04/15/2024	2,500	2,598	0	2,500	5.30	0.00
<b>Deposited Contribution</b>	<b>04/09/2024</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	04/15/2024	2,500	2,596	0	2,500	5.30	0.00
<b>Deposited Contribution</b>	<b>04/15/2024</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	04/15/2024	2,500	2,593	0	2,500	5.30	0.00
<b>Deposited Contribution</b>	<b>04/22/2024</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	04/15/2024	517	535	0	517	5.30	10.30
Applied to Quarterly Contribution	07/15/2024	1,983	2,055	0	1,983	5.30	0.00
<b>Deposited Contribution</b>	<b>05/16/2024</b>	<b>\$5,001</b>					
Applied to Quarterly Contribution	07/15/2024	5,001	5,165	0	5,001	5.30	0.00
<b>Deposited Contribution</b>	<b>05/17/2024</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	07/15/2024	2,500	2,582	0	2,500	5.30	0.00
<b>Deposited Contribution</b>	<b>05/23/2024</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	07/15/2024	2,500	2,580	0	2,500	5.30	0.00
<b>Deposited Contribution</b>	<b>05/29/2024</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	07/15/2024	2,500	2,577	0	2,500	5.30	0.00
<b>Deposited Contribution</b>	<b>06/05/2024</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	07/15/2024	2,500	2,575	0	2,500	5.30	0.00
<b>Deposited Contribution</b>	<b>06/17/2024</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	07/15/2024	2,500	2,570	0	2,500	5.30	0.00
<b>Deposited Contribution</b>	<b>06/24/2024</b>	<b>\$2,501</b>					

# Schedule SB, line 19 - Discounted Employer Contributions

**Alden Law Group, PLLC Cash Balance Plan**  
**13-4304038 / 002**  
**For the plan year 01/01/2024 through 12/31/2024**  
**Valuation Date: 12/31/2024**

Applied to Quarterly Contribution	07/15/2024	2,501	2,569	0	2,501	5.30	0.00
<b>Deposited Contribution</b>	<b>06/27/2024</b>	<b>\$2,501</b>					
Applied to Quarterly Contribution	07/15/2024	2,501	2,568	0	2,501	5.30	0.00
<b>Deposited Contribution</b>	<b>07/10/2024</b>	<b>\$2,501</b>					
Applied to Quarterly Contribution	07/15/2024	2,501	2,563	0	2,501	5.30	0.00
<b>Deposited Contribution</b>	<b>07/17/2024</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	07/15/2024	2,500	2,559	0	2,500	5.30	10.30
<b>Deposited Contribution</b>	<b>07/26/2024</b>	<b>\$5,001</b>					
Applied to Quarterly Contribution	07/15/2024	5,001	5,107	0	5,001	5.30	10.30
<b>Deposited Contribution</b>	<b>07/30/2024</b>	<b>\$2,501</b>					
Applied to Quarterly Contribution	07/15/2024	2,501	2,551	0	2,501	5.30	10.30
<b>Deposited Contribution</b>	<b>08/06/2024</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	07/15/2024	2,500	2,545	0	2,500	5.30	10.30
<b>Deposited Contribution</b>	<b>08/13/2024</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	07/15/2024	2,500	2,541	0	2,500	5.30	10.30
<b>Deposited Contribution</b>	<b>08/20/2024</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	07/15/2024	1,200	1,217	0	1,200	5.30	10.30
Applied to Quarterly Contribution	10/15/2024	1,300	1,325	0	1,300	5.30	0.00
<b>Deposited Contribution</b>	<b>08/27/2024</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	10/15/2024	2,500	2,545	0	2,500	5.30	0.00
<b>Deposited Contribution</b>	<b>09/10/2024</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	10/15/2024	2,500	2,540	0	2,500	5.30	0.00
<b>Deposited Contribution</b>	<b>09/11/2024</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	10/15/2024	2,500	2,539	0	2,500	5.30	0.00
<b>Deposited Contribution</b>	<b>09/16/2024</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	10/15/2024	2,500	2,538	0	2,500	5.30	0.00
<b>Deposited Contribution</b>	<b>09/25/2024</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	10/15/2024	2,500	2,534	0	2,500	5.30	0.00
<b>Deposited Contribution</b>	<b>09/30/2024</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	10/15/2024	2,500	2,533	0	2,500	5.30	0.00
<b>Deposited Contribution</b>	<b>10/07/2024</b>	<b>\$2,501</b>					
Applied to Quarterly Contribution	10/15/2024	2,501	2,531	0	2,501	5.30	0.00
<b>Deposited Contribution</b>	<b>10/15/2024</b>	<b>\$2,501</b>					
Applied to Quarterly Contribution	10/15/2024	2,501	2,528	0	2,501	5.30	0.00
<b>Deposited Contribution</b>	<b>10/25/2024</b>	<b>\$2,501</b>					
Applied to Quarterly Contribution	10/15/2024	2,501	2,522	0	2,501	5.30	10.30
<b>Deposited Contribution</b>	<b>10/29/2024</b>	<b>\$2,501</b>					
Applied to Quarterly Contribution	10/15/2024	2,501	2,519	0	2,501	5.30	10.30
<b>Deposited Contribution</b>	<b>11/12/2024</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	10/15/2024	2,500	2,508	0	2,500	5.30	10.30
<b>Deposited Contribution</b>	<b>11/14/2024</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	10/15/2024	2,500	2,507	0	2,500	5.30	10.30
<b>Deposited Contribution</b>	<b>11/20/2024</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	10/15/2024	2,500	2,503	0	2,500	5.30	10.30
<b>Deposited Contribution</b>	<b>12/02/2024</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	10/15/2024	2,500	2,495	0	2,500	5.30	10.30
<b>Deposited Contribution</b>	<b>12/05/2024</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	10/15/2024	2,500	2,493	0	2,500	5.30	10.30
<b>Deposited Contribution</b>	<b>12/11/2024</b>	<b>\$2,501</b>					
Applied to Quarterly Contribution	10/15/2024	2,501	2,490	0	2,501	5.30	10.30
<b>Deposited Contribution</b>	<b>12/18/2024</b>	<b>\$2,500</b>					

# Schedule SB, line 19 - Discounted Employer Contributions

**Alden Law Group, PLLC Cash Balance Plan**  
**13-4304038 / 002**  
**For the plan year 01/01/2024 through 12/31/2024**  
**Valuation Date: 12/31/2024**

Applied to Quarterly Contribution	10/15/2024	1,971	1,959	0	1,971	5.30	10.30
Applied to Quarterly Contribution	01/15/2025	529	530	0	529	5.30	0.00
<b>Deposited Contribution</b>	<b>12/24/2024</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	01/15/2025	2,500	2,502	0	2,500	5.30	0.00
<b>Deposited Contribution</b>	<b>12/31/2024</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	01/15/2025	2,500	2,500	0	2,500	5.30	0.00
<b>Deposited Contribution</b>	<b>01/08/2025</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	01/15/2025	2,500	2,497	0	2,500	5.30	0.00
<b>Deposited Contribution</b>	<b>01/15/2025</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	01/15/2025	2,500	2,495	0	2,500	5.30	0.00
<b>Deposited Contribution</b>	<b>01/22/2025</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	01/15/2025	2,500	2,490	0	2,500	5.30	10.30
<b>Deposited Contribution</b>	<b>01/29/2025</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	01/15/2025	2,500	2,485	0	2,500	5.30	10.30
<b>Deposited Contribution</b>	<b>02/03/2025</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	01/15/2025	2,500	2,482	0	2,500	5.30	10.30
<b>Deposited Contribution</b>	<b>02/11/2025</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	01/15/2025	2,500	2,477	0	2,500	5.30	10.30
<b>Deposited Contribution</b>	<b>02/19/2025</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	01/15/2025	2,500	2,471	0	2,500	5.30	10.30
<b>Deposited Contribution</b>	<b>02/25/2025</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	01/15/2025	2,500	2,467	0	2,500	5.30	10.30
<b>Deposited Contribution</b>	<b>03/04/2025</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	01/15/2025	2,500	2,463	0	2,500	5.30	10.30
<b>Deposited Contribution</b>	<b>03/14/2025</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	01/15/2025	2,500	2,456	0	2,500	5.30	10.30
<b>Deposited Contribution</b>	<b>03/20/2025</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	01/15/2025	2,500	2,452	0	2,500	5.30	10.30
<b>Deposited Contribution</b>	<b>03/25/2025</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	01/15/2025	2,500	2,449	0	2,500	5.30	10.30
<b>Deposited Contribution</b>	<b>04/02/2025</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	01/15/2025	2,500	2,444	0	2,500	5.30	10.30
<b>Deposited Contribution</b>	<b>04/08/2025</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	01/15/2025	2,500	2,440	0	2,500	5.30	10.30
<b>Deposited Contribution</b>	<b>04/16/2025</b>	<b>\$2,500</b>					
Applied to Quarterly Contribution	01/15/2025	2,500	2,434	0	2,500	5.30	10.30
<b>Deposited Contribution</b>	<b>05/02/2025</b>	<b>\$2,500</b>					
Applied to MRC	12/31/2024	2,194	2,156	0	0	5.30	0.00
Applied to Quarterly Contribution	01/15/2025	306	297	0	306	5.30	10.30
<b>Deposited Contribution</b>	<b>05/07/2025</b>	<b>\$2,500</b>					
Applied to MRC	12/31/2024	2,500	2,455	0	0	5.30	0.00
<b>Deposited Contribution</b>	<b>05/20/2025</b>	<b>\$2,500</b>					
Applied to MRC	12/31/2024	2,500	2,451	0	0	5.30	0.00
<b>Deposited Contribution</b>	<b>05/21/2025</b>	<b>\$2,500</b>					
Applied to MRC	12/31/2024	2,500	2,451	0	0	5.30	0.00
<b>Deposited Contribution</b>	<b>05/28/2025</b>	<b>\$2,500</b>					
Applied to MRC	12/31/2024	2,500	2,448	0	0	5.30	0.00
<b>Deposited Contribution</b>	<b>06/02/2025</b>	<b>\$2,500</b>					
Applied to MRC	12/31/2024	2,500	2,446	0	0	5.30	0.00
<b>Deposited Contribution</b>	<b>06/09/2025</b>	<b>\$2,500</b>					
Applied to MRC	12/31/2024	2,500	2,444	0	0	5.30	0.00

## Schedule SB, line 19 - Discounted Employer Contributions

**Alden Law Group, PLLC Cash Balance Plan**  
**13-4304038 / 002**

**For the plan year 01/01/2024 through 12/31/2024**

**Valuation Date: 12/31/2024**

Applied to MRC	12/31/2024	2,500	2,444	0	0	5.30	0.00
<b>Deposited Contribution</b>	<b>06/13/2025</b>	<b>\$2,500</b>					
Applied to Additional Contribution	12/31/2024	2,412	2,357	0	0	5.30	0.00
Applied to MRC	12/31/2024	88	86	0	0	5.30	0.00
<b>Deposited Contribution</b>	<b>06/17/2025</b>	<b>\$2,500</b>					
Applied to Additional Contribution	12/31/2024	2,500	2,441	0	0	5.30	0.00
<b>Deposited Contribution</b>	<b>06/30/2025</b>	<b>\$2,500</b>					
Applied to Additional Contribution	12/31/2024	2,500	2,437	0	0	5.30	0.00
<b>Deposited Contribution</b>	<b>07/01/2025</b>	<b>\$2,501</b>					
Applied to Additional Contribution	12/31/2024	2,501	2,437	0	0	5.30	0.00
<b>Deposited Contribution</b>	<b>07/10/2025</b>	<b>\$2,501</b>					
Applied to Additional Contribution	12/31/2024	2,501	2,434	0	0	5.30	0.00
<b>Deposited Contribution</b>	<b>07/17/2025</b>	<b>\$2,501</b>					
Applied to Additional Contribution	12/31/2024	2,501	2,432	0	0	5.30	0.00
<b>Deposited Contribution</b>	<b>07/24/2025</b>	<b>\$2,500</b>					
Applied to Additional Contribution	12/31/2024	2,500	2,429	0	0	5.30	0.00
<b>Deposited Contribution</b>	<b>07/30/2025</b>	<b>\$2,500</b>					
Applied to Additional Contribution	12/31/2024	2,500	2,426	0	0	5.30	0.00
<b>Deposited Contribution</b>	<b>08/05/2025</b>	<b>\$2,500</b>					
Applied to Additional Contribution	12/31/2024	2,500	2,424	0	0	5.30	0.00
<b>Deposited Contribution</b>	<b>08/14/2025</b>	<b>\$2,500</b>					
Applied to Additional Contribution	12/31/2024	2,500	2,421	0	0	5.30	0.00
<b>Deposited Contribution</b>	<b>08/21/2025</b>	<b>\$2,500</b>					
Applied to Additional Contribution	12/31/2024	2,500	2,419	0	0	5.30	0.00
<b>Deposited Contribution</b>	<b>08/26/2025</b>	<b>\$2,500</b>					
Applied to Additional Contribution	12/31/2024	2,500	2,417	0	0	5.30	0.00
<b>Deposited Contribution</b>	<b>09/08/2025</b>	<b>\$2,500</b>					
Applied to Additional Contribution	12/31/2024	2,500	2,413	0	0	5.30	0.00
Totals for Deposited Contribution		\$222,525	\$224,160	\$0	\$172,828		

# Schedule SB, Part V

## Statement of Actuarial Assumptions/Methods

**Alden Law Group, PLLC Cash Balance Plan**  
13-4304038 / 002

**For the plan year 01/01/2024 through 12/31/2024**

**Valuation Date:** 12/31/2024

**Funding Method:** As prescribed in IRC Section 430  
Age - Eligibility age at last birthday and other ages at last birthday

Prospective Compensation - Current compensation

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	5.01
Segment 2	6 - 20	5.26
Segment 3	> 20	5.36

Segment rates as of September 30, 2023 As permitted under IRC 430(h)(2)(C)(iv)(II) - ARP

Segment #	Year	Rate %
Segment 1	0 - 5	5.01
Segment 2	6 - 20	5.26
Segment 3	> 20	5.59

Pre-Retirement - Mortality Table - None  
Improvement Scale - None  
Early Retirement Table - None  
Turnover Table - None  
Disability Table - None  
Salary Scale - None  
Interest Credit Rate - Current Yr - 4%    Projected Yrs - 4%  
Expense Load - \$20,500  
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 24C - 2024 Combined  
Improvement Scale - None  
Cost of Living - None

**Asset Valuation Method:** Fair market value of assets adjusted for contributions under IRC 430(g)(4)

**Discrimination Test Assumptions:**

HCE Determination - Based on all employees  
Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

# Schedule SB, Part V

## Statement of Actuarial Assumptions/Methods

**Alden Law Group, PLLC Cash Balance Plan**

13-4304038 / 002

For the plan year 01/01/2024 through 12/31/2024

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### **410(b)/401(a)(4) Testing:**

Pre-Retirement - Interest - 8.5%                      CB Projection Rate - 4%

Post-Retirement - Interest - 8.5%  
Mortality Table - U84 - 1984 Unisex

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

### **401(a)(26) Testing:**

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

# Schedule SB, Part V Summary of Plan Provisions

## Alden Law Group, PLLC Cash Balance Plan 13-4304038 / 002 For the plan year 01/01/2024 through 12/31/2024

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<b><u>Employer:</u></b>	Alden Law Group, PLLC		
Type of Entity -	Limited Liability Company (LLC) taxed as S Corp		
EIN: 13-4304038	TIN: 38-3944480	Plan #: 002	Plan Type: Cash Balance
<b><u>Dates:</u></b>	Effective - 01/01/2014		Valuation - 12/31/2024
	Top Heavy Years - 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024		
<b><u>Eligibility:</u></b>	All employees excluding non-resident aliens and union		
	Minimum age - 21	Months of service - 12	
Hours Required for - Eligibility - 1000	Benefit accrual - 1000	Vesting - 1000	
Plan Entry -	First day of 1st or 7th month of plan year on or next following eligibility satisfaction		
<b><u>Retirement:</u></b>	Normal - First of month coincident with or next following attainment of age 65 and completion of 5 years of participation		
	Early - Not provided		
<b><u>Average Compensation:</u></b>	Current compensation		
Top Heavy Minimum Benefit -	Highest 5 consecutive years of participation		
<b><u>Plan Benefits:</u></b>	Retirement - Actuarial equivalent of the hypothetical account balance derived from annual Pay Credits and Interest Credits		
Pay Credits -	Classification	Pay Credit Formula	
	A	50% of compensation - Kristin Alden	
	B	10% of compensation - Philip Mueller	
	C	4% of compensation - Michelle Bercovici	
	D	2.5% of compensation - All Other Eligible Employees	
	E	2.5% of compensation	
	F	2.5% of compensation	
Interest Credit Rate -	Current Yr - 4%	Projected Yrs - 4%	
Accrued Benefit -	Hypothetical Account Balance		
	Minimum Benefit - None		
	Maximum Benefit - None		
	Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality		
Early Retirement -	None		
Death Benefit -	Present Value of Vested Accrued Benefit		
Disability Benefit -	None		
<b><u>Top Heavy Minimum:</u></b>	Provided in another plan		
<b><u>IRS Limitations:</u></b>	415 Limits -	Percent: 100	Dollar: \$275,000
	Maximum 401(a)(17) compensation - \$345,000		
<b><u>Normal Form:</u></b>	Life Annuity		
<b><u>Optional Forms:</u></b>	Lump Sum		
	Joint with 50% or 100% Survivor Benefit		
<b><u>Vesting Schedule:</u></b>	100% vested in 3 years.		
	Service is calculated using all years of service except years prior to plan effective date and age 18		

# Schedule SB, Part V

## Summary of Plan Provisions

Alden Law Group, PLLC Cash Balance Plan

13-4304038 / 002

For the plan year 01/01/2024 through 12/31/2024

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**Present Value of Accrued Benefit:** Based on the Hypothetical Account Balance.

**Actuarial Equivalence:**

Pre-Retirement - Interest -	4%
Mortality Table -	None
Post-Retirement - Interest -	4%
Mortality Table -	G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

▶ **Round off amounts to nearest dollar.**

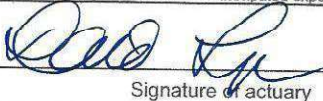
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>Alden Law Group, PLLC Cash Balance Plan</u>		<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Alden Law Group, PLLC</u>		<b>D</b> Employer Identification Number (EIN) <u>13-4304038</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>12</u> Day <u>31</u> Year <u>2024</u>			
<b>2</b> Assets:			
a Market value .....	<b>2a</b>	<u>1,869,344</u>	
b Actuarial value .....	<b>2b</b>	<u>1,869,344</u>	
<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 ....	<u>0</u>	<u>0</u>	<u>0</u>
b For terminated vested participants .....	<u>1</u>	<u>2,196</u>	<u>2,196</u>
c For active participants .....	<u>6</u>	<u>1,442,977</u>	<u>1,442,977</u>
d Total .....	<u>7</u>	<u>1,445,173</u>	<u>1,445,173</u>
<b>4</b> 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 .....			<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>
<b>5</b> Effective interest rate .....			<b>5</b> <u>5.30 %</u>
<b>6</b> Target normal cost			
a Present value of current plan year accruals .....			<b>6a</b> <u>172,173</u>
b Expected plan-related expenses .....			<b>6b</b> <u>20,500</u>
c Target normal cost .....			<b>6c</b> <u>192,673</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>David M. Lipkin, MSPA, FSA</u> Type or print name of actuary <u>Metro Benefits, Inc.</u> Firm name <u>8150 Perry Highway</u> <u>Suite 311</u> <u>US Pittsburgh PA 15237-5232</u> Address of the firm	<u>9-24-25</u> Date <u>23-03246</u> Most recent enrollment number <u>(412) 847-7600</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

<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	384,729
<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	384,729
<b>10</b>	Interest on line 9 using prior year's actual return of <u>13.28</u> % .....	0	51,092
<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) .....		66,924
<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>5.08</u> % ...		0
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance		66,924
<b>d</b>	Portion of (c) to be added to prefunding balance .....		66,924
<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	502,745

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	92.71 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	127.84 %
<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>	86.84 %
<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
02/22/2024	22,503		06/30/2025	25,000	
04/22/2024	22,503		08/26/2025	25,509	
06/27/2024	22,502		09/12/2025	2,501	
08/27/2024	22,502				
10/29/2024	22,502				
12/31/2024	22,500				
02/25/2025	20,001				
04/16/2025	17,502				
<b>Totals ▶</b>			<b>18(b)</b>	225,525	<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>	224,169
<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

**Part V Assumptions Used To Determine Funding Target and Target Normal Cost**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 5.01 %	2nd segment: 5.26 %	3rd segment: 5.59 %	<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> 65
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

**Part VI Miscellaneous items**

<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 type="checkbox"/> Yes <input checked="" 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>

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<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

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c)	<b>31a</b>	192,673	
<b>b</b> Excess assets, if applicable, but not greater than line 31a	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance		Installment
<b>a</b> Net shortfall amortization installment	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>	192,673	
		Carryover balance	Prefunding 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>	192,673	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	<b>37</b>	224,169	
<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>	31,496	
<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	

**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.  2019  2020  2021