Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.**

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

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 If the plan is a collectively-bargained plan, check here. . . . . ▸ ☐

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

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
KEKER, VAN NEST & PETERS LLP CASH BALANCE PLAN

1b Three-digit plan number (PN) ▸ 004

1c Effective date of plan
01/01/2009

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)
KEKER, VAN NEST & PETERS LLP

633 BATTERY STREET
SAN FRANCISCO, CA 94111-1809

2b Employer Identification Number (EIN)
94-2789810

2c Plan Sponsor's telephone number
415-391-5400

2d Business code (see instructions)
541110

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 accompanying schedules, statements and attachments, 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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	STEVEN TAYLOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

RETIREMENT PLAN COMMITTEE
KEKER, VAN NEST & PETERS LLP
633 BATTERY STREET
SAN FRANCISCO, CA 94111-1809

3b Administrator's EIN
94-2789810

3c Administrator's telephone number
415-391-5400

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

5	Total number of participants at the beginning of the plan year	**5**	125
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	101
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	0
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1C 3B 1H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached ______
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ....…………..… ☐ Yes ☐ No

If “Yes” is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code______________________

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	**Service Provider Information** This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	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

A Name of plan KEKER, VAN NEST & PETERS LLP CASH BALANCE PLAN	**B** Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 KEKER, VAN NEST & PETERS LLP	**D** Employer Identification Number (EIN) 94-2789810

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

OCTOBER THREE CONSULTING LLC

27-1175487

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	53762	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

MARIN FINANCIAL ADVISORS

38-3718954

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28	NONE	19981	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

COMYNS SMITH MCCLEARY & DEAVER LLP

68-0307221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	15990	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO.	19 33	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VERT ASSET MANAGEMENT 85 LIBERTY SHIP WAY SAUSALITO, CA 94965	RATE OF 0.1% OF AVERAGE DAILY BALANCE OF ASSET(S)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO.	19 33	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DIMENSIONAL FUND ADVISORS 22-2370029	RATE OF 0.02% OF AVE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	**Financial Information** This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	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

A Name of plan
KEKER, VAN NEST & PETERS LLP CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
KEKER, VAN NEST & PETERS LLP

D Employer Identification Number (EIN)
94-2789810

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	**1a**		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	**1b(1)**	8664	0
(2) Participant contributions	**1b(2)**		
(3) Other	**1b(3)**		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	**1c(1)**	12736656	0
(2) U.S. Government securities	**1c(2)**		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	**1c(3)(A)**		
(B) All other	**1c(3)(B)**		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	**1c(4)(A)**		
(B) Common	**1c(4)(B)**		
(5) Partnership/joint venture interests	**1c(5)**		
(6) Real estate (other than employer real property)	**1c(6)**		
(7) Loans (other than to participants)	**1c(7)**		
(8) Participant loans	**1c(8)**		
(9) Value of interest in common/collective trusts	**1c(9)**		
(10) Value of interest in pooled separate accounts	**1c(10)**		
(11) Value of interest in master trust investment accounts	**1c(11)**		
(12) Value of interest in 103-12 investment entities	**1c(12)**		
(13) Value of interest in registered investment companies (e.g., mutual funds)	**1c(13)**	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	**1c(14)**		
(15) Other	**1c(15)**		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	12745320	0
Liabilities			
g Benefit claims payable	1g	35568	0
h Operating payables	1h	3461	0
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	39029	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	12706291	0

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a **Contributions:**			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b **Earnings on investments:**			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1039	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1039
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	130552	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		130552
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		131591

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12748149	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		12748149
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	15990	
(5) Investment advisory and investment management fees	2i(5)	19981	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	53762	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		89733
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		12837882

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		-12706291
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: COMYNS,SMITH,MCCLEARY & DEAVER, LLP **(2)** EIN: 68-0307221

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

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.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [X] Yes [ ] No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 543277.

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**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

A Name of plan
KEKER, VAN NEST & PETERS LLP CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
KEKER, VAN NEST & PETERS LLP

D Employer Identification Number (EIN)
94-2789810

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 42-1558009 ____________

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 125

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .... ☐ Yes ☒ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month ________ Day ________ Year ________

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? .... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .... ☐ Yes ☐ No ☒ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box........ ☒ Increase ☐ Decrease ☐ Both ☐ No

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .... ☐ Yes ☐ No

11 **a** Does the ESOP hold any preferred stock? .... ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .... ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? .... ☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _______ Day _______ Year _______

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _______ Day _______ Year _______

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _______ Day _______ Year _______

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _______ Day _______ Year _______

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _______ Day _______ Year _______

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _______ Day _______ Year _______

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _______% Private Equity: _______% Investment-Grade Debt and Interest Rate Hedging Assets: _______%
High-Yield Debt: _______% Real Assets: _______% Cash or Cash Equivalents: _______% Other: _______%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," 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.____

Part VII IRS Compliance Questions

21a 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

21b 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

22 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__________.

KEKER, VAN NEST & PETERS LLP
CASH BALANCE PLAN
Financial Statements
as of December 31, 2024 (in liquidation)
and 2023 (in liquidation),
and for the Plan Years then Ended,
Supplemental Schedule,
and Independent Auditor's Report

Audited by:

Comyns, Smith, McCleary & Deaver, LLP
Certified Public Accountants
1777 Botelho Drive, Suite 350
Walnut Creek, CA 94596
Telephone (925) 299-1040

KEKER, VAN NEST & PETERS LLP CASH BALANCE PLAN

TABLE OF CONTENTS

Partners:
John R. Comyns
Steven P. Smith
Dan K. Deaver
James B. Wolf
Brent M. Baxter
Andrew M. Porter
David C. Christy
Mark A. Trammell
Miriam J. Chiappetta
Stefan M. Foushée
David B. McCleary (1954-1996)

CSM&D
Comyns, Smith, McCleary & Deaver
CPAs | TAX | AUDIT | ADVISORY

INDEPENDENT AUDITOR'S REPORT

Trustees and Plan Administrator
Keker, Van Nest & Peters LLP Cash Balance Plan
San Francisco, CA

Opinion

We have audited the financial statements of Keker, Van Nest & Peters LLP Cash Balance Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2024 (in liquidation) and 2023 (in liquidation), the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, net assets available for benefits (in liquidation) of the Plan as of December 31, 2024 (in liquidation) and 2023 (in liquidation), and the changes net assets available for benefits for the years ended December 31, 2024 (in liquidation) and 2023 (in liquidation), in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

(continued)

1777 Botelho Drive, Suite 350 • Walnut Creek, CA 94596
925.299.1040 • www.csmllp.com

INDEPENDENT AUDITOR'S REPORT (continued)

Management is also responsible for maintaining a current plan instrument, including all Plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control–related matters that we identified during the audit.

(continued)

INDEPENDENT AUDITOR'S REPORT (continued)

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule described in the accompanying table of contents is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

CSMD, LLP

October 1, 2025

Financial Statements

KEKER, VAN NEST & PETERS LLP CASH BALANCE PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 (IN LIQUIDATION) AND 2023 (IN LIQUIDATION)

	2024 (In liquidation)	2023 (In liquidation)
ASSETS		
Investments, at fair value	-	12,350,000
Interest-bearing cash	-	386,656
Employee contributions receivable	-	8,664
Total assets	-	12,745,320
LIABILITIES		
Benefits payable	-	35,568
Administrative fees payable	-	3,461
Total liabilities	-	39,029
Net assets available for benefits	$ -	$ 12,706,291

See notes to financial statements.

KEKER, VAN NEST & PETERS LLP CASH BALANCE PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE PLAN YEARS ENDED DECEMBER 31, 2024 (IN LIQUIDATION) AND 2023 (IN LIQUIDATION)

	2024 (In liquidation)	2023 (In liquidation)
ADDITIONS		
Investment income:		
Dividends and interest	$ 131,591	$ 282,446
Net appreciation in fair value of investments	-	603,763
Total investment income	131,591	886,209
Employer contributions	-	2,044,440
Total additions	131,591	2,930,649
DEDUCTIONS		
Benefits paid to participants	12,748,149	2,820,341
Plan expenses	89,733	68,299
Total deductions	12,837,882	2,888,640
NET (DECREASE) INCREASE	(12,706,291)	42,009
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of the year	12,706,291	12,664,282
End of the year	$ -	$ 12,706,291

See notes to financial statements.

1. DESCRIPTION OF PLAN AND SIGNIFICANT ACCOUNTING POLICIES

The following description of the Keker, Van Nest & Peters LLP Cash Balance Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General **–** The Plan was a cash balance plan which was established effective January 1, 2009 by Keker, Van Nest & Peters LLP (the "Firm" or "Plan Administrator") covering all eligible employees who were Senior Partners and non-attorney staff. Non-attorney staff who had completed 1,000 hours of service in the 12-month period beginning with the individual's employment date or in any plan year and are 21 years of age were eligible to participate in the Plan. Junior Partners and Firm associates were not eligible to participate in the Plan. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective December 31, 2023, the Plan was terminated (see Note 7).

Administration **–** A Plan Committee (the "Committee") managed the operation and administration of the Plan, including the appropriateness of the Plan's investments and investment performance. A group of designated Partners or former Partners served as trustees of the Plan. The Firm had contracted with an Investment Manager/Advisor who, at the direction of the trustees, invested plan assets at Charles Schwab Institutional ("Charles Schwab"), the custodian of the Plan. The Firm had contracted with an actuarial firm to perform actuarial services for the Plan.

Plan Expenses **–** Actuarial fees, legal fees, and Pension Benefit Guaranty Corporation ("PBGC") premiums were generally paid by the Firm. Plan audit fees and asset management fees were paid by the Plan.

Basis of Accounting **–** The financial statements for the Plan are prepared under the liquidation basis of accounting ("Liquidation Basis") as required by a terminating plan (see Note 7).

Use of Estimates **-** The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reported period. Actual results could differ from these estimates.

Pension Benefits **–** Participants had a hypothetical account called the Accumulated Contributions Account to which Cash Balance Allocations and Interest Credits were posted monthly. For Partners, their Accumulated Contributions Account would generally equal their cash contributions to the Plan plus the Plan's return on investments, subject to an annualized cap of 8%. If the Plan's investment return for the year exceeded the annualized cap applicable to Interest Credits, Partners' cash contributions to the Plan would be reduced by this excess.
Starting at the inception of the Plan in year 2009, for Senior Partners, the year 2009 allocations were determined based on Firm ownership for the year 2007 divided into three tiers with

ownership percentages as follows: Tier I (ownership of 7% or higher) – Cash Balance Allocation of $180,000, Tier II (ownership of between 4%-6.9%) – Cash Balance Allocation of $130,000, and Tier III (ownership below 4%) – Cash Balance Allocation of $50,000. Notwithstanding the above, Cash Balance Allocations for year 2009 for Senior Partners with year 2007 ownership percentages of 3.4% or 4.6%, or who were not Senior Partners in year 2008 was $25,000. The Cash Balance Allocation for year 2009 for Tier II Senior Partners who attain age 50 after the 2007 Plan year was reduced by $12,000, and for Tier III Senior Partners who attain age 40 after the 2007 Plan year, the Cash Balance Allocation was reduced by $5,000. For Plan years 2010 to 2014, the Cash Balance Allocation for Senior Partners was equal to the Cash Balance Allocation for the 2009 Plan year increased by 5% compounded for each Plan year after 2009 and before 2015. Notwithstanding the foregoing, the Cash Balance Allocation for Senior Partners whose Firm ownership percentage was 3.4% or 4.6% in 2007 was $63,814 for the 2014 Plan year. For the Plan year 2015, the Cash Balance Allocation for Tier 1 Senior Partners was $13,000 for years beginning on and after January 1, 2015, increased by 5% compounded for each Plan Year after 2015 and before 2020. For this purpose, Tier I Senior Partner is defined as a Senior Partner with less than 5 years as a partner on date of Plan entry for each Plan year before 2018, and for Plan years after 2017, whose Firm ownership is at least 1.15% but less than 1.65%. For the Plan year 2015, the Cash Balance Allocation for Tier II Senior Partners was equal to the 2014 Cash Balance Allocation increased by 5% compounded for each Plan year after 2014 and before 2020. For this purpose, Tier II Senior Partner is defined as a Senior Partner with at least 5 years as a partner on date of Plan entry for each Plan year before 2018, and for Plan years after 2017, whose Firm ownership subsequently falls below 1.65%. For Plan years beginning on or after January 1, 2020, the Cash Balance Allocation for all Senior Partners was equal to the Cash Balance Allocation for the 2015 Plan year increased by 5% compounded for each Plan year after 2015 and before 2023. For non-attorney staff, their Cash Balance Allocation for each Plan year was 2% of eligible compensation. Notwithstanding anything to the contrary, effective for the period beginning July 1, 2020 and ended December 31, 2020, the Accumulated Contributions Account was not credited with additional Cash Balance Allocations.

Notwithstanding anything to the contrary, effective December 31, 2023, the Accumulated Contributions Account was not credited with additional Cash Balance Allocations (see Note 7).

A participant's Cash Balance Allocation for any plan year shall not be more than the Maximum Credit Amount, which was calculated at 10% of the actuarial present value of the 415(b) dollar limitation applicable to the participant for the year.

Cash Balance Allocations accrued monthly throughout the year. For each full calendar month, a Senior Partner accrued one-twelfth of their annual Cash Balance Allocation. For non-attorney staff, Cash Balance Allocations accrued each calendar month on the last day of the month. A participant who was not credited with any benefit service for a Plan year would not be credited with any Cash Balance Allocation for that Plan year.

Interest Credits occured monthly based on a participant's Accumulated Contributions Account at the beginning of each month. Interest Credits for non-attorney staff were based on an annual interest crediting rate of 4.0%. Senior Partners had interest credits based on the investment return on Plan assets, subject to an annualized cap of 8%.

Investment Valuation and Income Recognition – Investments were reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Committee determined the Plan's valuation policies utilizing information provided by Charles Schwab. See Note 4 for discussion of fair value measurements. Purchases and sales of securities were recorded on a trade-date basis. Interest income was recorded on the accrual basis. Dividends were recorded on the ex-dividend date. Realized gains or losses on investment transactions were recorded as the difference between the proceeds received and the fair value of the investment at the beginning of the plan year, or cost if acquired during the plan year. In accordance with the Plan's policy of stating investments at fair value, net unrealized appreciation or depreciation was included in the statement of changes in net assets available for benefits in the period in which the market change occurs.

Vesting – A participant's Accumulated Contributions Account vested 100% upon completion of three years of service, or upon attainment of Normal Retirement Age (age 65) while in service with the Firm. Prior to completion of three years of service and prior to attainment of Normal Retirement Age, the Accumulated Contributions Account would not be vested. Cash balance accounts were also 100% vested upon death in service, disability in service, attainment of Normal Retirement Age, or plan termination. Years of service included all service, including service prior to January 1, 2009 (See Note 7).

Death and Disability Benefits – If a participant died before distribution of their plan benefits started, their Accumulated Contributions Account would generally be paid to their beneficiary as a lump sum payment. However, if their Accumulated Contributions Account exceeded $5,000, and if their beneficiary was their Federal Spouse, their beneficiary could elect payment of their Accumulated Contributions Account as either a lump sum or an actuarial equivalent annual annuity. If a participant became disabled, they became fully vested in their account. If a participant died after distribution of their plan benefit started, death benefits would be paid depending on the form of benefit elected. If they elected the Lump Sum option, no further payments would be made. If they elected a Single Life Annuity, plan payments ceased upon death. If they elected a Joint and Survivor Annuity, payments would continue to their Spouse, provided their Spouse was then still living.

Actuarial Present Value of Accumulated Plan Benefits – Accumulated plan benefits were those future period payments, including lump-sum distributions that were attributable under the Plan's provisions to the service employees had rendered. Accumulated plan benefits included benefits expected to be paid to: a) retired or terminated employees or their beneficiaries, b) beneficiaries of employees who have died, and c) present employees or their beneficiaries.

Funding Policy – The funding policy of the Plan was to contribute the amount of participant's Cash Balance Allocations earned during the year, but no less than the minimum required contribution. The funding target was computed using the Unit Credit cost method.

Contributions were generally made monthly based on Cash Balance Allocations earned during the previous month. The Plan was fully funded for the year ended December 31, 2023. For 2023, the Firm funded a total of $2,044,440, which included a receivable in the amount of $8,664 paid in 2024. There were no Cash Balance Contributions during 2024 (See Note 7).

IRC section 436 imposes certain restrictions on the accrual and payment of benefits for an underfunded plan. These restriction provisions generally only come into effect if the Plan's Adjusted Funding Target Attainment Percentage ("AFTAP") is less than 80%. The Plan's actuary had determined that the AFTAP for year 2023 exceeded 100%.

Payment of Benefits – Benefits were recorded when paid. Benefits commenced at the earlier of termination of service or Normal Retirement Age, and also at the attainment of age 62 while fully vested. The Plan allowed for in-service distributions. Participants could elect to receive their Accumulated Contributions Account balance as a single life annuity, 50% or 75% joint and survivor annuity, or a lump sum payment.

At December 31, 2023, one participant had chosen to withdraw from the Plan awaiting payment of benefits totaling $35,568. As of December 31, 2024, the Plan distributed all participant benefits (See Note 7).

Risks and Uncertainties – The Plan invested in various investment securities. Investment securities were exposed to various risks, such as interest rate, market fluctuations and credit risks. Due to the level of risk associated with certain investment securities, it was at least reasonably possible that changes in the values of investment securities could occur in the near term and that such change could materially affect the amounts reported in the statements of net assets available for benefits and statements of changes in net assets available for benefits.

Contributions to the Plan and the actuarial present value of accumulated plan benefits were prepared based on certain assumptions pertaining to, among other things, interest rates, and participant demographics, all of which were subject to change. Due to uncertainties inherent in the estimation and assumption process, it was at least reasonably possible that changes in the estimates and assumptions in the near term could have been material to the financial statements.

Financial instruments, which potentially subject the Plan to concentrations of the aforementioned risks, consisted of mutual funds. As the Plan's investments were well-diversified and issuers of the funds' underlying securities were dispersed throughout many industries and geographies, the concentrations of credit and other risks were limited.

Subsequent Events – The Plan's management evaluates events or transactions occurring after the statement of net assets available for benefits date but before the financial statements are available to be issued for potential recognition or disclosure. The financial statements include all subsequent events considered necessary for a fair presentation. For the purposes of the accompanying financial statements, subsequent events have been evaluated through October 1, 2025, which represents the date the financial statements were available to be issued.

2. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits was determined by the Plan's actuary and was that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits as of the end-of-the-year benefit information date is as follows:

	2024 (in liquidation)	2023 (in liquidation)
Active Participants	$ -	$ 11,938,607
Terminated Participants	-	658,147
Retirees and Beneficiaries	-	65,452
Total Vested Benefits	-	12,662,206
Vested Benefits	-	12,662,206
Non-Vested Benefits	-	-
Total Accumulated Benefits	$ -	$ 12,662,206
Assumed Rate of Interest	0.00%	4.81%
Market Value of Assets	$ -	$ 12,745,320
Funding Ratio	0.00%	100.66%

The change in the actuarial present value of accumulated plan benefits from the previous benefit information date is as follows:

Increases/(Decreases) During Period	2024 (in liquidation)	2023 (in liquidation)
Benefits accumulated	$ -	$ 2,077,582
Increase for interest	99,439	717,686
Benefits paid	(12,776,825)	(2,784,773)
Plan amendment	15,180	12,570
Change in assumptions	-	(75)
Net increase	(12,662,206)	22,990
Actuarial present value of accumulated plan benefits at beginning of the valuation period	12,662,206	12,639,216
Actuarial present value of accumulated plan benefits at the end of the valuation period	$ -	$ 12,662,206

The following assumptions were used in valuing the liabilities and benefits under the Plan as of December 31, 2023.

ASC 960 discount rate:	4.81% annually
ASC 715 discount rate:	2.79% annually
Future Investment Return:	4.81% annually
Mortality:	Mortality assumptions are determined under the IRS 2023 Static Mortality Table for annuitants and non-annuitants, as prescribed by Treasury regulation section 1.430(h)(3)-1.
Payment Commencement:	Active participants' plan benefits are assumed to commence at age 60, or current age if later. Terminated vested participants' plan benefits are assumed to commence payment on the funding valuation date.
Withdrawal:	None assumed.
Disability:	None assumed.
Expenses:	Administrative expenses payable or reimbursable from the Plan's trust were assumed to be $14,200 per year.
Benefit Restrictions:	For the purposes of calculating the present value of accumulated plan benefits shown in the accompanying financial statements, it was assumed that no PPA benefit restrictions or top-25 lump sum restrictions apply in any future plan year given the strong current funded status of the Plan.
Changes in assumptions:	There were no changes from the 2023 valuation of the Plan.

The benefits valued included all benefits – retirement, pre-retirement death, disability, and vested termination – payable from the Plan for employee service prior to the valuation date. Benefits were assumed to accumulate in accordance with the Plan provisions. The actuarial present value of accumulated plan benefits shown above was calculated using the same actuarial assumptions used for funding purposes, with the exception of the interest rate assumption. According to ASC 960, the assumed rate of return shall reflect the expected rates of return on plan assets and shall be consistent with returns realistically achievable on the types of assets held by the Plan and the Plan's investment policy. The Plan Sponsor and the Plan's actuary believed these standards were met by the investment return assumption stated above.

The non-vested benefits were for participants (nearly all non-attorney staff, and not partners) who had less than three years of service and were under Normal Retirement Age as of January 1 of the valuation year.

3. PLAN AMENDMENTS

The Plan was amended on March 12, 2024, effective January 1, 2023 under the procedures of Treasury regulations section 1.401(a)(4)-11(g) to provide corrective benefit accruals for the 2022 plan year for certain participants. Because this amendment was not been adopted as of the December 31, 2023 valuation date, it was not reflected in the valuation of Plan benefits.

4. FAIR VALUE OF INVESTMENTS

The Plan followed the guidance of GAAP for measuring fair value of investments. Those principles establish a framework for the measurement of fair value and provide a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level one measurements) and the lowest priority to unobservable inputs (level three measurements).

The three levels of the fair value hierarchy under GAAP are described below:

Level one: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level two: Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level two input must be observable for substantially the full term of the asset or liability.

Level three: Inputs to the valuation methodology are unobservable and significant to the fair value measurement. Transfers in and out of level three are recognized on the date of the event or circumstance that caused the transfer.

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used should maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

Mutual Funds – Valued at the daily closing price as reported by the fund. These securities are required to publish their daily net asset value and to transact at the price. The mutual funds held by the Plan are deemed to be actively traded.

Money Market Fund/Cash – Valued on a cash equivalency basis.

The Plan's method of valuing investments may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan's management believed its valuation methods were appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could have resulted in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy under GAAP, the Plan's assets at fair value at December 31:

	2024	2023
Level One:		
Money Market Fund	$ -	$ 12,350,000
Investments, at fair value	$ -	$ 12,350,000

5. PARTY-IN-INTEREST TRANSACTIONS

Plan investments were managed by the Investment Manager/Advisor through a Charles Schwab account and certain transactions qualified as party-in-interest transactions. Such transactions, while considered party-in-interest transactions under ERISA regulations, were permitted under the provisions of the Plan and were specifically exempt from the prohibition of party-in-interest transactions under ERISA.

6. TAX STATUS

The Plan received a favorable determination letter dated March 2, 2021, from the IRS. The Plan has been amended since; however, the Plan Administrator believes that the Plan was designed and operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believes that that Plan was qualified, and the related trust was tax exempt.

7. PLAN TERMINATION

Under ERISA, the Firm had the right to amend, modify or terminate the Plan at any time. No amendment or other action could reduce benefits participants have already earned, although future benefits could be reduced or eliminated.

On October 9, 2023, the Firm elected to terminate the Plan effective December 31, 2023. As such, Plan assets were allocated to participants in accordance with federal regulations subject to the approval of the PBGC. As of the termination date, each affected participant became 100% vested in his or her Accumulated Contributions Account earned, even if a participant did not have the years of service required to be vested under the Plan. Any remaining assets after such allocation were used to pay Plan expenses.

Plan benefits were insured by the PBGC, a federal insurance agency. If the Plan terminated without enough money to pay all benefits, the PBGC would pay any remaining pension benefits. Some participants would receive all of the pension benefits they would have received under the Plan, but some participants may lose certain benefits. The PBGC guarantee generally covered: (1) normal and early retirement benefits; and (2) certain benefits for survivors. The PBGC guarantee generally did not cover: (1) Benefits greater than the maximum guaranteed amount set by the PBGC for the year in which the Plan terminates (these are usually lower than the IRS Maximums); (2) some or all benefit increases based on plan provisions that were in place for fewer than five years at the time the Plan terminates; (3) benefits that were not vested because a participant had not worked long enough for the Firm; and (4) benefits for which a participant had not met all the requirements at the time of Plan termination. In addition, the PBGC did not allow for single-sum distributions.

Even if certain benefits were not guaranteed, participants could still receive some of those benefits from the PBGC depending on how much money the Plan had and on how much the PBGC collected from employers.

In connection with the Plan termination, certain Plan provisions were amended including:

- With respect to a Participant who owns more than 5% of the Firm (within the meaning of Code Section 416(i)), the MRD Date means April 1st of the calendar year following the calendar year in which the Participant attains age 70½ (for Participants born before 7/1/1949), age 72 (for Participants born after 6/30/1949 but before 1/1/1951), age 73 (for Participants born after 12/31/1950 but before 1/1/1960), or age 75 (for Participants born after 12/31/1959). The MRD Date for all other Participants is April 1st of the calendar year following the calendar year containing the later of the Participant's Termination Date and the Participant's attainment of age 70½ (for Participants born before 7/1/1949), age 72 (for Participants born after 6/30/1949 but before 1/1/1951), age 73 (for Participants born after 12/31/1950 but before 1/1/1960), or age 75 (for Participants born after 12/31/1959).

- Notwithstanding any provision of the Plan to the contrary, any individual who is not a Participant on December 31, 2023 shall not become a Participant on or after December 31, 2023.

- Effective January 1, 2023, for the 2023 Plan Year, the Cash Balance Allocation for Senior Partners is equal to the Cash Balance Allocation for the 2022 Plan Year, increased by 5%.

- Notwithstanding anything to the contrary, effective for any Plan Year beginning, or any other period, after December 31, 2023, a Participant's Accumulated Contributions Account will not be credited with additional Cash Balance Allocations but will remain subject to applicable existing Plan provisions.

* * * * *

FORM 5500

SUPPLEMENTAL SCHEDULE

Keker, Van Nest & Peters LLP Cash Balance Plan
(EIN #94-2789810, PLAN #004)

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

a	b	c	d	e	f	g	h	i
Identity of Party Involved	*Description of Asset*	*Purchase Price*	*Selling Price*	*Lease Rental*	*Expense Incurred with Transaction*	*Cost of Asset*	*Current Value of Asset on Date of Transaction*	*Net Gain or (Loss)*
Charles Schwab	Schwab Treasury Obligation Money Market Fund	$ -	$ 12,350,000	$ -	$ -	$ 12,350,000	$ 12,350,000	$ -

See independent auditor's report.

Keker, Van Nest & Peters LLP Cash Balance Plan
(EIN #94-2789810, PLAN #004)

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

a	*b*	*c*	*d*	*e*	*f*	*g*	*h*	*i*
Identity of Party Involved	*Description of Asset*	*Purchase Price*	*Selling Price*	*Lease Rental*	*Expense Incurred with Transaction*	*Cost of Asset*	*Current Value of Asset on Date of Transaction*	*Net Gain or (Loss)*
Charles Schwab	Schwab Treasury Obligation Money Market Fund	$ -	$ 12,350,000	$ -	$ -	$ 12,350,000	$ 12,350,000	$ -

See independent auditor's report.