

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: FROST BROWN TODD LLP CASH BALANCE PENSION PLAN
1b Three-digit plan number (PN): 004
1c Effective date of plan: 01/01/2017
2a Plan sponsor's name (employer, if for a single-employer plan): FROST BROWN TODD LLP
2b Employer Identification Number (EIN): 61-0722001
2c Plan Sponsor's telephone number: 502-568-0330
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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	
5 Total number of participants at the beginning of the plan year	5	215
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	194
	6a(2)	189
	6b	0
	6c	16
	6d	205
	6e	0
	6f	205
	6g(1)	
6g(2)		
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 3H 3D

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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>FROST BROWN TODD LLP CASH BALANCE PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>FROST BROWN TODD LLP</u>	D Employer Identification Number (EIN) <u>61-0722001</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	<u>29673131</u>	
b Actuarial value	2b	<u>29673131</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>	<u>0</u>
b For terminated vested participants	<u>21</u>	<u>2798806</u>	<u>2798806</u>
c For active participants	<u>194</u>	<u>23749964</u>	<u>23749964</u>
d Total	<u>215</u>	<u>26548770</u>	<u>26548770</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>4.97 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>3736550</u>	
b Expected plan-related expenses	6b	<u>0</u>	
c Target normal cost	6c	<u>3736550</u>	

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

SIGN HERE <u>ANDREA R. MUTTERS</u> Signature of actuary <u>MCHENRY ADVISERS, INC.</u> Firm name <u>134 E. MAIN STREET</u> <u>NEW ALBANY, OH 43054</u> Address of the firm	<u>10/06/2025</u> Date <u>23-08278</u> Most recent enrollment number <u>800-805-9538</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>5.48</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		4233683
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.03</u> %		212954
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		4446637
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	111.76 %
15	Adjusted funding target attainment percentage	15	111.76 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	115.76 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
07/15/2024	1468688	0					
08/26/2024	209812	0					
09/27/2024	209812	0					
10/31/2024	209812	0					
12/19/2024	510626	0					
01/27/2025	1936500	0					
			Totals ▶	18(b)	4545250	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	4363997	
20	Quarterly contributions and liquidity shortfalls:			
	a Did the plan have a "funding shortfall" for the prior year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	c If line 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of quarter of this plan year				
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th	

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 66
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)			31a	3736550
b Excess assets, if applicable, but not greater than line 31a			31b	3124361
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment.....	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34	612189
		Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0	
36 Additional cash requirement (line 34 minus line 35)			36	612189
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37	4363997
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)			38a	3751808
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39	0
40 Unpaid minimum required contributions for all years			40	0

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan FROST BROWN TODD LLP CASH BALANCE PENSION PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 FROST BROWN TODD LLP	D Employer Identification Number (EIN) 61-0722001	

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

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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)

ADVANCED CAPITAL GROUP, INC.

50 SOUTH 6TH STREET
SUITE 975
MINNEAPOLIS, MN 55402

41-1921960

(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?
28 51	NONE	43814	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

U.S. BANK NATIONAL ASSOCIATION

425 WALNUT STREET
CINCINNATI, OH 45202

31-0841368

(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?
21 50	NONE	13160	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HARDING SHYMANSKI & COMPANY, P.S.C.

21 SE 3RD ST.
EVANSVILLE, IN 47708

35-1346211

(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 50	NONE	12300	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

MCHENRY ADVISERS, INC.

134 E. MAIN STREET
NEW ALBANY, OH 43054

20-4243624

(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 50	NONE	8106	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(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?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(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?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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
(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.	
(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.	
(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan FROST BROWN TODD LLP CASH BALANCE PENSION PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 FROST BROWN TODD LLP	D Employer Identification Number (EIN) 61-0722001

Part I	Asset and Liability Statement
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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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2244563	1936500
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	130926	189066
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	10214796	10883608
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	10714308	12102370
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2804360	3435859
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	3571274	4179313

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	29680227	32726716
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	29680227	32726716

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)	4545250	
(B) Participants.....	2a(1)(B)	0	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4545250
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities.....	2b(1)(B)	329004	
(C) Corporate debt instruments.....	2b(1)(C)	345690	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	0	
(F) Other.....	2b(1)(F)	130192	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		804886
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	72034	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		72034
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	12525576	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	12494013	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other.....	2b(5)(B)	-139004	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		372202
c Other income	2c		1
d Total income. Add all income amounts in column (b) and enter total	2d		5686932

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2541060	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2541060
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	12300	
(5) Investment advisory and investment management fees	2i(5)	43814	
(6) Bank or trust company trustee/custodial fees	2i(6)	13160	
(7) Actuarial fees	2i(7)	8106	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	22003	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		99383
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2640443

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3046489
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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) 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) 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: **HARDING, SHYMANSKI & COMPANY, P.S.C**

(2) EIN: **35-1346211**

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.)		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.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	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?		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?		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?		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.)	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.)	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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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.			

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

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.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 552723.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>FROST BROWN TODD LLP CASH BALANCE PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FROST BROWN TODD LLP</u>	D Employer Identification Number (EIN) <u>61-0722001</u>	

Part I	Distributions
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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	<u>0</u>
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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): 31-0841368

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	<u>11</u>
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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.)
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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
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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.
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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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705311A.

***FROST BROWN TODD LLP
CASH BALANCE PENSION PLAN***

Financial Report

December 31, 2024

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Independent Auditor's Report

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INDEPENDENT AUDITOR'S REPORT



HARDING, SHYMANSKI
& COMPANY, P.S.C.

Certified Public Accountants
and Consultants

21 S.E. Third Street, Suite 500
P.O. Box 3677
Evansville, IN 47735-3677

(812) 464-9161
Fax (812) 465-7811

101 S. 5th Street, Suite 1700
Louisville, KY 40202

(502) 584-4142
Fax (502) 581-1653

www.hsccpa.com

Retirement Plan Committee, Trustee, and Participants
Frost Brown Todd LLP Cash Balance Pension Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audits

We have performed audits of the accompanying financial statements of the Frost Brown Todd LLP Cash Balance Pension Plan (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits and of accumulated Plan benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits and of changes in accumulated Plan benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).



INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Opinion (Continued)

- The information in the financial statements referred to on the previous page related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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 ERISA Section 103(a)(3)(C) 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 U.S. GAAP, 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. Management's election of the ERISA Section 103(a)(3)(C) audits does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

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.



INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, 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 audits.
- 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 audits 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.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.



INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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.

Other Matter

Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) and reportable transactions as of December 31, 2024 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion,

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Other Matter (Continued)

Supplemental Schedules Required by ERISA (Continued)

- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Harding, Slymanski & Company, P.S.C.

Louisville, Kentucky

October 2, 2025

FROST BROWN TODD LLP CASH BALANCE PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	2024	2023
ASSETS		
Investments at fair value	<u>\$ 30,601,151</u>	<u>\$ 27,304,738</u>
Receivables:		
Employer contributions	1,936,500	2,244,563
Accrued interest and dividends	<u>189,066</u>	<u>130,926</u>
Total receivables	<u>2,125,566</u>	<u>2,375,489</u>
Total assets	<u>32,726,717</u>	<u>29,680,227</u>
Net assets available for benefits	<u><u>\$ 32,726,717</u></u>	<u><u>\$ 29,680,227</u></u>

See accompanying notes to the financial statements.

FROST BROWN TODD LLP CASH BALANCE PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2024 and 2023

	2024	2023
Additions		
Investment income:		
Net appreciation in fair value of investments	\$ 264,762	\$ 859,950
Interest and dividends	<u>876,922</u>	<u>680,946</u>
	<u>1,141,684</u>	<u>1,540,896</u>
Contributions:		
Employer	<u>4,545,250</u>	<u>4,870,500</u>
Total additions	<u>5,686,934</u>	<u>6,411,396</u>
Deductions		
Benefits paid to participants	2,541,060	2,736,622
Administrative expenses	<u>99,384</u>	<u>109,367</u>
Total deductions	<u>2,640,444</u>	<u>2,845,989</u>
Net increase	3,046,490	3,565,407
Net assets available for benefits:		
Beginning of year	<u>29,680,227</u>	<u>26,114,820</u>
End of year	<u>\$ 32,726,717</u>	<u>\$ 29,680,227</u>

See accompanying notes to the financial statements.

FROST BROWN TODD LLP CASH BALANCE PENSION PLAN

STATEMENTS OF ACCUMULATED PLAN BENEFITS

December 31, 2024 and 2023

	2024	2023
Actuarial present value of accumulated Plan benefits		
Vested benefits:		
Participants entitled to future benefits (vested terminations)	\$ 1,371,000	\$ 2,896,663
Other participants (active)	<u>31,221,973</u>	<u>26,657,323</u>
Total vested benefits	<u>32,592,973</u>	<u>29,553,986</u>
Total actuarial present value of accumulated Plan benefits	<u><u>\$ 32,592,973</u></u>	<u><u>\$ 29,553,986</u></u>

See accompanying notes to the financial statements.

FROST BROWN TODD LLP CASH BALANCE PENSION PLAN

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS

Years Ended December 31, 2024 and 2023

	2024	2023
Actuarial present value of accumulated Plan benefits at beginning of year	<u>\$ 29,553,986</u>	<u>\$ 26,081,253</u>
Increase (decrease) during the year attributable to:		
Benefits earned	4,545,250	4,870,500
Interest and actuarial gain due to mortality and terminations	1,034,797	1,338,855
Benefits paid	(2,541,060)	(2,736,622)
Changes in actuarial assumptions	<u>0</u>	<u>0</u>
Net increase	<u>3,038,987</u>	<u>3,472,733</u>
Actuarial present value of accumulated Plan benefits at end of year	<u><u>\$ 32,592,973</u></u>	<u><u>\$ 29,553,986</u></u>

See accompanying notes to the financial statements.

FROST BROWN TODD LLP CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

Note 1 – Plan Description

The following description of the Frost Brown Todd LLP (Company) Cash Balance Pension Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was created effective January 1, 2017. The Plan is a defined benefit plan covering all voting members of the Company who have two years of service and are age 21 or older. The Plan is subject to the provisions of ERISA. The Company, as the Plan Sponsor, designates representatives to the Plan's Retirement Committee. The Retirement Committee has engaged a discretionary investment manager that will select and monitor the appropriateness of the Plan's investments and periodically meets with that manager to monitor its work.

Pension Benefits

A participant may elect to receive the actuarial equivalent of their monthly retirement benefit in the form of a lump-sum payment, a single life annuity, or a joint and survivor annuity. Monthly retirement benefits are equal to the participant's accrued benefit. The participant's accrued benefit as of any determination date is equal to the greater of the actuarial equivalent of the hypothetical account or the top-heavy minimum, if the Plan is determined to be top heavy.

The hypothetical account is a theoretical account that is maintained for each participant and is the sum of (1) Principal Credits – the amount set forth in the Plan's Adoption Agreement and (2) Interest Credits – determined by multiplying the dollar amount of their hypothetical account at the end of each month with an interest credit rate, which is the rate calculated by dividing the investment return of the Plan assets for the year, net of all fees, by the beginning of year market value of the Plan assets, not to exceed 5.5 percent for any Plan year.

Participant Accounts

Participants continue to earn interest on existing cash balance accounts that are expressed in the form of individual hypothetical accounts, even after employment ends and until the benefit is paid.

Vesting

Vesting is 100 percent immediate for all benefits accrued.

Death and Disability Benefits

If a participant dies prior to the participant's retirement date, such participant's beneficiary shall receive a death benefit equal to the actuarial equivalent of the accrued benefit, which may be paid as an annuity or as a lump-sum. A participant who becomes disabled is not entitled to any additional benefits from the Plan, but could claim their retirement benefit if employment ceases due to disability. Participants should refer to the Plan agreement for a complete description of benefits available.

FROST BROWN TODD LLP CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

Note 1 – Plan Description (Continued)

Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet the annual ERISA minimum funding requirement. The Company's contributions for 2024 and 2023 met the minimum funding requirements of ERISA.

Note 2 – Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of Plan assets and the actuarial present value of accumulated Plan benefits at the date of the financial statements. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated Plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated Plan benefits reported in the accompanying financial statements.

Investment Valuation and Income Recognition

Investments are 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 Retirement Committee determines the Plan's valuation policies utilizing information provided by the investment advisors. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

FROST BROWN TODD LLP CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

Note 2 – Significant Accounting Policies (Continued)

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments.

Note 3 – Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future payments, including lump-sum distributions that are accrued under the Plan's provisions for each year of service participants have rendered, provided they log 1,000 hours of service in a Plan year. Accumulated Plan benefits include 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.

Benefits under the Plan are based on benefit tiers, which are set forth in the Plan. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated Plan benefits is determined by an independent actuary and is 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 or retirement) between the valuation date and the expected date of payment.

Certain significant assumptions underlying the actuarial computations of accumulated benefits as of December 31, 2024 and 2023 are as follows:

	<u>2024</u>	<u>2023</u>
Life Expectancy of Participants	2024 Applicable Mortality Table	2023 Applicable Mortality Table
Retirement Age Assumptions	100% by 65 years old	100% by 65 years old
Interest crediting rate	5.48%	-7.74%
Calculated effective interest rate	4.97%	5.03%
Assumed actuarial cost method	Unit credit	Unit credit

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors may be applicable in determining the actuarial present value of accumulated Plan benefits. The computations of the actuarial present value of accumulated Plan benefits were made as of December 31, 2024 and 2023.

FROST BROWN TODD LLP CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

Note 4 – Summary of Financial Data Certified by the Trustee

The following is a summary of the Plan's financial information as of December 31, 2024 and 2023, and for the year ended December 31, 2024, included throughout the Plan's financial statements and supplemental schedules, that were prepared by or derived from information provided by U.S. Bank National Association, the Trustee of the Plan. The Plan administrator has obtained certifications from the Trustee that the following assets are complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information which appears throughout the financial statements and supplemental schedules related to the following.

	<u>2024</u>	<u>2023</u>
<u>Net Assets Available for Benefits Held by Trustee</u>		
Investments at fair value	\$ 30,601,151	\$ 27,304,738
Accrued interest and dividends	<u>189,066</u>	<u>130,926</u>
	<u>\$ 30,790,217</u>	<u>\$ 27,435,664</u>
<u>Statement of Changes in Net Assets Available for Benefits</u>		
Investment income		
Net appreciation in fair value of investments	\$ 264,762	\$ 859,950
Interest and dividends	<u>876,922</u>	<u>680,946</u>
	<u>\$ 1,141,684</u>	<u>\$ 1,540,896</u>

FROST BROWN TODD LLP CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

Note 5 – Fair Value Measurements

The framework for measuring fair value provides 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 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under the Financial Accounting Standards Board ASC 820 are described as follows:

Level 1 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 2 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;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specific (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability'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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Money market fund: The carrying amount approximates fair value because of the short-term maturity of those instruments.

Corporate and municipal bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

FROST BROWN TODD LLP CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

Note 5 – Fair Value Measurements (Continued)

U.S. government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 331,920	\$ 0	\$ 0	\$ 331,920
Corporate bonds	0	12,102,369	0	12,102,369
Municipal bonds	0	4,179,315	0	4,179,315
Mutual funds	3,103,939	0	0	3,103,939
U.S. government securities	10,883,608	0	0	10,883,608
Total investments in the fair value hierarchy	<u>\$ 14,319,467</u>	<u>\$ 16,281,684</u>	<u>\$ 0</u>	<u>\$ 30,601,151</u>
	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 102,406	\$ 0	\$ 0	\$ 102,406
Corporate bonds	0	10,714,308	0	10,714,308
Municipal bonds	0	3,571,274	0	3,571,274
Mutual funds	2,701,954	0	0	2,701,954
U.S. government securities	10,214,796	0	0	10,214,796
Total investments in the fair value hierarchy	<u>\$ 13,019,156</u>	<u>\$ 14,285,582</u>	<u>\$ 0</u>	<u>\$ 27,304,738</u>

Note 6 – Related Party Transactions and Party-in-Interest Transactions

U.S. Bank National Association is the Trustee for the Plan and; therefore, transactions with the Trustee qualify as party-in-interest transactions. The Plan made direct payments to the Trustee of \$13,160. The Plan also has additional investment advisors that are considered parties-in-interest. As described in Note 2, the Plan made direct payments to other parties-in-interest and other service providers in the amount of \$65,721.

FROST BROWN TODD LLP CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

Note 7 – Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Equally among:
 - Retired participants and their beneficiaries to whom payments commenced at least three years prior to the date of termination; and
 - Participants who could have retired and received payments of their benefits at least three years prior to the date of termination.
- Participants who have reached their normal retirement date, but have not retired on the date of termination.
- Benefits guaranteed and insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. Government agency) up to the applicable limitations.
- All other vested accrued benefits (that is, vested benefits not insured by the PBGC).
- All other accrued benefits provided under the Plan.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

Note 8 – Tax Status

The Plan has adopted a volume submitter plan document sponsored by CCH Incorporated. The Plan received an opinion letter from the Internal Revenue Service (IRS) as to the Plan's qualified status. The Plan Sponsor can rely on the qualified status to the extent the Plan Document does not deviate from the Internal Revenue Code (IRC) pre-approved provisions. The Plan administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the IRC and; therefore, believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in progress.

FROST BROWN TODD LLP CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

Note 9 – Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near-term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 10 – Subsequent Events

The Plan has evaluated subsequent events through October 2, 2025, the date the financial statements were available to be issued.

FROST BROWN TODD LLP
CASH BALANCE PENSION PLAN

Schedule of Active Participant Data

Plan Year: 1/1/2024 to 12/31/2024

Valuation Date: 1/1/2024

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	0	0	0	0	0	0	0	0	0	0	0
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
25-29	0	0	0	0	0	0	0	0	0	0	0
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
30-34	2	1	0	0	0	0	0	0	0	0	3
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
35-39	5	8	1	0	0	0	0	0	0	0	14
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
40-44	0	11	5	0	0	0	0	0	0	0	16
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
45-49	1	14	21	0	0	0	0	0	0	0	36
Avg Mo Comp	n/a	n/a	46279	n/a	n/a	n/a	n/a	n/a	n/a	n/a	40598
50-54	0	11	24	0	0	0	0	0	0	0	35
Avg Mo Comp	n/a	n/a	34062	n/a	n/a	n/a	n/a	n/a	n/a	n/a	32620
55-59	2	7	24	0	0	0	0	0	0	0	33
Avg Mo Comp	n/a	n/a	41274	n/a	n/a	n/a	n/a	n/a	n/a	n/a	39054
60-64	1	6	22	0	0	0	0	0	0	0	29
Avg Mo Comp	n/a	n/a	35240	n/a	n/a	n/a	n/a	n/a	n/a	n/a	35723
65-69	0	2	15	0	0	0	0	0	0	0	17
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
70+	0	0	12	0	0	0	0	0	0	0	12
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total	11	60	124	0	0	0	0	0	0	0	195
Avg Mo Comp	n/a	29142	38989	n/a	n/a	n/a	n/a	n/a	n/a	n/a	35456

* Employees who have not met the minimum eligibility requirements are excluded

Average Age: 53.9

Average Service: 5

FROST BROWN TODD LLP
CASH BALANCE PENSION PLAN

Summary of Actuarial Assumptions and Method

Plan Year: 1/1/2024 to 12/31/2024

Valuation Date: 1/1/2024

	For Funding		For 417(e)	For Actuarial Equiv.
	<u>Min</u>	<u>Max</u>		
Interest Rates	Seg 1: 4.75%	4.37%	Pre-Retirement: 1.50%	Pre-Retirement: 1.50%
	Seg 2: 4.96%	4.96%	Post-Retirement: 1.50%	Post-Retirement: 1.50%
	Seg 3: 5.59%	4.95%		
Applicable Date	01/2024	01/2024		
Pre-Retirement				
Turnover	None		None	None
Mortality	None		None	None
Assumed Ret Age	Normal retirement age 65		Normal retirement age 65	Normal retirement age 65
Post-Retirement				
Mortality	2024 Applicable Mortality Table from Notice 2023-73		2017 Section 417(e) Applicable Mortality Table Setback 5 Years	2017 Section 417(e) Applicable Mortality Table Setback 5 Years
Assumed Benefit Form For Funding			100% Lump Sum / 0% Normal Form	
Assumed Spouse's Age	Spouse assumed to be the same age as participant			Spouse assumed to be the same age as participant
	Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known			Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known
Calculated Effective Interest Rate			4.97%	
Cash Balance Projected Interest Crediting Rate			3.00% annual rate	
Cash Balance Post-Retirement Conversion Assumptions			1.50% interest 2017 Section 417(e) Applicable Mortality Table Setback 5 Years	
Actuarial Cost Method			The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.	

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

FROST BROWN TODD LLP CASH BALANCE PENSION PLAN

PLAN SPONSOR: FROST BROWN TODD LLP

PLAN SPONSOR EIN: 61-0722001

PLAN NUMBER: 004

ATTACHMENT TO SCHEDULE H, PART IV, LINE 4j

SCHEDULE OF REPORTABLE TRANSACTIONS

December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Transaction Expense	(f) Cost of Asset	(g) Current Value of Asset on Transaction Date	(h) Net Gain (Loss)
<i>Single transactions in excess of five percent of Plan assets</i>							
First American Government Obligations Fund	First American Government Obligations Fund	\$ 2,254,205	N/A	\$ 0	\$ 2,254,205	\$ 2,254,205	\$ 0
First American Government Obligations Fund	First American Government Obligations Fund	1,404,305	N/A	0	1,404,305	\$ 1,404,305	0
First American Government Obligations Fund	First American Government Obligations Fund	1,468,688	N/A	0	1,468,688	\$ 1,468,688	0
<i>Series of transactions in excess of five percent of Plan assets</i>							
Federal Home Loan Mortgage Corporation	F H L M C Mltel Mtg 2.243% 10/25/31	\$ 672,750	N/A	\$ 0	\$ 672,750	\$ 672,750	\$ 0
Federal Home Loan Mortgage Corporation	F H L M C Mltel Mt 3.136% 10/25/24	N/A	341,159	0	341,159	321,390	(19,769)
Iowa	Iowa Fin Auth 4.938% 1/01/30	501,500	N/A	0	501,500	501,500	0
Palm Beach County Florida	Palm Beach Cnty Fl 2.000% 11/01/27	N/A	301,533	0	301,533	273,609	(27,924)
Texas ST	Texas ST Dept Hsg 4.726% 1/01/29	501,500	N/A	0	501,500	501,500	0
Federal Home Loan Mortgage Corporation	F H L M C Mltel 2.590% 1/25/32	522,539	N/A	0	522,539	522,539	0
Blackrock Inc.	Blackrock Inc 1.900% 1/28/31	415,280	N/A	0	415,280	415,280	0
JPMorgan Chase & Company	Jpmorgan Chase 2.580% 4/22/32	333,892	N/A	0	333,892	333,892	0
American Honda Finance Corporation	American Honda Mtn 1.000% 9/10/25	N/A	301,812	0	301,812	282,000	(19,812)
Johnson & Johnson	Johnson Johnson 2.450% 3/01/26	95,706	N/A	0	95,706	95,706	0
Eli Lilly Co.	Eli Lilly Co 4.700% 2/27/33	496,030	N/A	0	496,030	496,030	0
Visa Inc.	Visa Inc 1.900% 4/15/27	N/A	232,565	0	232,565	231,430	(1,135)

See independent auditor's report.

FROST BROWN TODD LLP CASH BALANCE PENSION PLAN

PLAN SPONSOR: FROST BROWN TODD LLP

PLAN SPONSOR EIN: 61-0722001

PLAN NUMBER: 004

ATTACHMENT TO SCHEDULE H, PART IV, LINE 4j

SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)

December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Transaction Expense	(f) Cost of Asset	(g) Current Value of Asset on Transaction Date	(h) Net Gain (Loss)
<i>Series of transactions in excess of five percent of Plan assets (continued)</i>							
Merck Company Inc.	Merck Co Inc 1.900% 12/10/28	\$ 178,608	N/A	\$ 0	\$ 178,608	\$ 178,608	\$ 0
Chevron Corp	Chevron Corp 1.995% 5/11/27	463,510	N/A	0	463,510	463,510	0
United Health Group	Unitedhealth Group 2.300% 5/15/31	427,490	N/A	0	427,490	427,490	0
JPMorgan Chase & Company	Jpmorgan Chase Co 3.625% 5/13/24	N/A	220,280	0	220,280	198,912	(21,368)
Pfizer Inc.	Pfizer Inc 3.400% 5/15/24	N/A	310,392	0	310,392	298,332	(12,060)
Morgan Stanley	Morgan Stanley Mtn 3.700% 10/23/24	N/A	328,464	0	328,464	296,556	(31,908)
The Charles Schwab Corporation	Schwab Charles Corp 2.000% 3/20/28	443,870	N/A	0	443,870	443,870	0
Toyota Motor Corporation	Toyota Mtr Cr Mtn 0.800% 1/09/26	N/A	297,402	0	297,402	277,965	(19,437)
The Hershey Company	Hershey Company 2.050% 11/15/24	N/A	249,785	0	249,785	244,263	(5,522)
The Home Depot Inc.	Home Depot Inc 2.125% 9/15/26	N/A	196,024	0	196,024	187,302	(8,722)
Cleveland OH	Cleveland Ohio 1.165% 1/01/27	N/A	300,000	0	300,000	271,200	(28,800)
Rapid City SD	Rapid City Sd 1.242% 12/01/27	N/A	350,000	0	350,000	306,250	(43,750)
Senguin TX	Seguin Tex Indpt Tx 4.000% 8/15/25	N/A	347,343	0	347,343	295,629	(51,714)
Salinas Valley CA	Salinas Vy Ca 1.617% 8/01/25	N/A	300,000	0	300,000	285,303	(14,697)
Walt Disney	Walt Disney Company 2.000% 9/01/29	432,320	N/A	0	432,320	432,320	0
Cisco Sys Inc	Cisco Sys Inc 5.050% 2/26/34	401,180	N/A	0	401,180	401,180	0

See independent auditor's report.

FROST BROWN TODD LLP CASH BALANCE PENSION PLAN

PLAN SPONSOR: FROST BROWN TODD LLP

PLAN SPONSOR EIN: 61-0722001

PLAN NUMBER: 004

ATTACHMENT TO SCHEDULE H, PART IV, LINE 4j

SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)

December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Transaction Expense	(f) Cost of Asset	(g) Current Value of Asset on Transaction Date	(h) Net Gain (Loss)
<i>Series of transactions in excess of five percent of Plan assets (continued)</i>							
Wells Fargo & Company	Wells Fargo Mtn 3.300% 9/09/24	N/A	\$ 145,989	\$ 0	\$ 145,989	\$ 148,208	\$ 2,219
Exxon Mobil Corporation	Exxon Mobil Corp 2.709% 3/06/25	N/A	292,169	0	292,169	292,845	676
Nike, Inc	Nike Inc 2.750% 3/27/27	N/A	324,318	0	324,318	282,633	(41,685)
Johnson & Johnson	Johnson Johnson 2.450% 3/01/26	N/A	282,926	0	282,926	286,896	3,970
Albuquerque NM	Albuquerque Nm 1.370% 7/01/25	N/A	200,000	0	200,000	190,532	(9,468)
Baldwin Woodville WI	Baldwin Woodville Wi 1.300% 4/01/26	N/A	200,000	0	200,000	185,894	(14,106)
Apple Inc.	Apple Inc 3.350% 2/09/27	N/A	320,100	0	320,100	288,828	(31,272)
New York NY	New York Ny Txbl 2.390% 8/01/26	N/A	353,591	0	353,591	329,889	(23,702)
Amazon Com	Amazon Com Inc 4.700% 12/01/32	398,392	N/A	0	398,392	398,392	0
Warren OH	Warren Oh Loc 1.860% 12/01/26	N/A	200,000	0	200,000	184,906	(15,094)
Caterpillar	Caterpillar Finl Mtn 0.800% 11/13/25	N/A	387,556	0	387,556	374,420	(13,136)
Colorado	Colorado Hsg 2.311% 5/01/30	N/A	173,960	0	173,960	169,836	(4,124)
Nvidia Corporation	Nvidia Corp 3.200% 9/16/26	N/A	314,160	0	314,160	289,473	(24,687)
Buncombe County NC	Buncombe Cnty Nc 2.100% 6/01/27	N/A	200,000	0	200,000	182,982	(17,018)
Intel Corporation	Intel Corp 3.700% 7/29/25	N/A	313,416	0	313,416	294,732	(18,684)
Texas Instruments Inc	Texas Instrs Inc 4.900% 3/14/33	503,125	N/A	0	503,125	503,125	0
Coca Cola Co	Coca Cola Co 5.000% 5/13/34	510,405	N/A	0	510,405	510,405	0
Meta Platforms Inc	Meta Platforms Inc 4.950% 5/15/33	413,160	N/A	0	413,160	413,160	0
Wells Fargo & Company	Wells Fargo Mtn 3.000% 2/19/25	N/A	292,935	0	292,935	297,039	4,104

See independent auditor's report.

FROST BROWN TODD LLP CASH BALANCE PENSION PLAN

PLAN SPONSOR: FROST BROWN TODD LLP

PLAN SPONSOR EIN: 61-0722001

PLAN NUMBER: 004

ATTACHMENT TO SCHEDULE H, PART IV, LINE 4j

SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)

December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Transaction Expense	(f) Cost of Asset	(g) Current Value of Asset on Transaction Date	(h) Net Gain (Loss)
<i>Series of transactions in excess of five percent of Plan assets (continued)</i>							
Merck Company Inc.	Merck Co Inc 1.900% 12/10/28	N/A	\$ 360,557	\$ 0	\$ 360,557	\$ 365,408	\$ 4,851
Bank of New York Mellon Corporation	Bank Ny Mellon Mtn 3.000% 2/24/25	N/A	98,220	0	98,220	99,264	1,044
State Str Corp	State Str Corp 4.164% 8/04/33	289,773	N/A	0	289,773	289,773	0
Merck Company Inc.	Merck Co Inc 1.900% 12/10/28	180,846	N/A	0	180,846	180,846	0
Emori University	Emory University 2.143% 9/01/30	N/A	346,864	0	346,864	349,860	2,996
Hawaii	Hawaii ST 1.718% 10/01/30	N/A	283,693	0	283,693	289,326	5,633
Pepsico Inc.	Pepsico Inc 2.625% 7/29/29	367,496	N/A	0	367,496	367,496	0
United States Treasury	U S Treasury Nt 2.875% 5/15/28	N/A	370,000	0	370,000	377,125	7,125
Agate Bay Mortgage	Agate Bay Mortgage 3.500% 7/25/43	N/A	77,065	0	77,065	66,765	(10,300)
United States Treasury	U S Treasury Nt 3.875% 8/15/33	401,844	N/A	0	401,844	401,844	0
United States Treasury	U S Treasury Nt 3.750% 5/31/30	N/A	693,957	0	693,957	683,758	(10,199)
Emori University	Emory University 2.143% 9/01/30	346,864	N/A	0	346,864	346,864	0
Port of Corpus TX	Port Of Corpus Tx 4.137% 12/01/29	389,556	N/A	0	389,556	389,556	0
Hawaii	Hawaii ST 1.718% 10/01/30	283,693	N/A	0	283,693	283,693	0
Port Oakland CA	Port Oakland Ca 2.099% 5/01/30	504,442	N/A	0	504,442	504,442	0
JPMorgan Mtg	Jp Morgan Mtg Tr 3.500% 5/25/50	N/A	308,370	0	308,370	269,468	(38,902)
Wells Fargo & Company	Wellsfrg Mrt Bk Sec 2.500% 6/25/51	959,915	N/A	0	959,915	959,915	0
United States Treasury	U S Treasury Nt 3.875% 8/15/33	568,453	N/A	0	568,453	568,453	0
First American Government Obligations Fund	First AM Govt Ob Fd CI Z	17,436,587	N/A	0	17,436,587	17,436,587	0
First American Government Obligations Fund	First AM Govt Ob Fd CI Z	N/A	17,207,069	0	17,207,069	17,207,069	0

See independent auditor's report.

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

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

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

A Name of plan Frost Brown Todd LLP Cash Balance Pension Plan	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Frost Brown Todd LLP	D Employer Identification Number (EIN) 61-0722001	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	29,673,131
	b Actuarial value	2b	29,673,131
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	0	0
	b For terminated vested participants	21	2,798,806
	c For active participants	194	23,749,964
	d Total	215	26,548,770
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	4.97%
6	Target normal cost		
	a Present value of current plan year accruals	6a	3,736,550
	b Expected plan-related expenses	6b	0
	c Target normal cost	6c	3,736,550

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

SIGN HERE	 Signature of actuary	<u>10/06/2025</u> Date
	Andrea R. Mutters Type or print name of actuary	<u>2308278</u> Most recent enrollment number
	McHenry Advisers, Inc. Firm name	<u>800-805-9538</u> Telephone number (including area code)
	134 E. Main Street New Albany OH 43054 Address of the firm	

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.96%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 66
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 3,736,550
b Excess assets, if applicable, but not greater than line 31a				31b 3,124,361
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 612,189
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement			0	
36 Additional cash requirement (line 34 minus line 35).....				36 612,189
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 4,363,997
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 3,751,808
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....				39 0
40 Unpaid minimum required contributions for all years				40 0

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

FROST BROWN TODD LLP
CASH BALANCE PENSION PLAN
Employer ID# 61-0722001: Plan No. 004
Quarterly Installment Payment: \$0.00

Schedule SB, line 19 - Discounted Employer Contributions

Plan Year: 1/1/2024 to 12/31/2024
Valuation Date: 1/1/2024

<u>Date</u>	<u>Amount</u>	<u>Year</u>	<u>Rate</u>	<u>Period</u>	<u>Adj Ctb</u>
07-15-2024	1,468,688.00	2024	4.97%	07-15-2024 to 01-01-2024	1,430,883.22
08-26-2024	209,812.00	2024	4.97%	08-26-2024 to 01-01-2024	203,294.96
09-27-2024	209,812.00	2024	4.97%	09-27-2024 to 01-01-2024	202,448.51
10-31-2024	209,812.00	2024	4.97%	10-31-2024 to 01-01-2024	201,526.70
12-19-2024	510,626.00	2024	4.97%	12-19-2024 to 01-01-2024	487,274.70
01-27-2025	1,936,500.00	2024	4.97%	01-27-2025 to 01-01-2024	1,838,569.31
Totals:	4,545,250.00				4,363,997.40

19	Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year		
a	Contributions allocated toward unpaid minimum required contribution from prior years	19a	0.00
b	Contributions made to avoid benefit restrictions adjusted to valuation date	19b	0.00
c	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	19c	4,363,997.40

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

Plan: Frost Brown Todd LLP Cash Balance Pension Plan

Sponsor: Frost Brown Todd LLP

EIN: 61-0722001

Plan Number: 004

Plan Year: 01/01/2024 - 12/31/2024

Line 22

The Weighted Average Retirement Age is calculated based upon the PPA Funding Target:

Retirement Age	PPA Funding Target
65	18,161,976
66	1,086,148
67	877,657
68	1,507,594
69	1,147,683
70	392,900
71	1,379,020
72	1,051,907
73	582,028
74	29,782
75	246,793
77	85,282

FROST BROWN TODD LLP
CASH BALANCE PENSION PLAN

Summary of Plan Provisions
Plan Year: 1/1/2024 to 12/31/2024
Valuation Date: 1/1/2024

Plan Effective Date	January 1, 2017
Plan Year	From January 1, 2024 to December 31, 2024
Eligibility	All employees not excluded by class are eligible to enter on the January 1 or July 1 coincident with or following the completion of the following requirements: 2 years of service Minimum age 21
Normal Retirement Age	All participants are eligible to retire with their full retirement benefit on attainment of age 65
Cash Balance Contribution Credit	The plan provides cash balance contribution credits to participants based on their group classification. The maximum monthly benefit is the lesser of \$22,916.66 and 100% of the highest 3-year average salary, subject to service requirements. Salary based contribution credits are applied to current compensation.
Normal Form of Benefit	A benefit payable for the life of the participant
Accrued Benefit	The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date. Credited years are plan years from the first day of the plan year containing date of entry excluding the following: Years with less than 1,000 hours
Termination Benefit	Upon termination for any reason other than death or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule: Immediate 100% vesting Credited years are plan years from date of hire excluding the following: Years with less than 1,000 hours
Top-Heavy Status	A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.

FROST BROWN TODD LLP
CASH BALANCE PENSION PLAN

Summary of Plan Provisions
Plan Year: 1/1/2024 to 12/31/2024
Valuation Date: 1/1/2024

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death

Cash Balance

The annual Interest Crediting Rate for this plan year is 3.82%

FROST BROWN TODD LLP CASH BALANCE PENSION PLAN

PLAN SPONSOR: FROST BROWN TODD LLP

PLAN SPONSOR EIN: 61-0722001

PLAN NUMBER: 004

ATTACHMENT TO SCHEDULE H, PART IV, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value	
<u>Investments at Fair Value</u>				
	Money Market Fund:			
First American Government Obligations Fund	First American Government Obligations Fund	\$ 331,920	\$ 331,920	
	U.S. Government Securities:			
Federal Farm Credit Bank	F F C B Deb 3.430% DUE 12/6/2028	263,710	240,953	
Federal Farm Credit Bank	F F C B Deb 4.250% DUE 9/30/2030	503,355	492,680	
Federal Home Loan Mortgage Corporation	F H L M C 3.350% DUE 1/25/2028	336,844	289,332	
Federal Home Loan Mortgage Corporation	F H L M C 3.854% DUE 6/25/2028	546,305	536,096	
Federal Home Loan Mortgage Corporation	F H L M C 1.545% DUE 1/25/2027	639,406	661,507	
Federal Home Loan Mortgage Corporation	F H L M C 4.284% DUE 7/25/2030	556,313	584,796	
Federal Home Loan Mortgage Corporation	F H L M C 2.243% DUE 10/25/2031	672,750	680,168	
Federal Home Loan Mortgage Corporation	F H L M C 2.590% DUE 1/25/2032	522,539	519,090	
United States Treasury	U S Treasury 1.125% DUE 2/15/2031	759,188	742,725	
United States Treasury	U S Treasury 1.625% DUE 5/15/2031	939,832	928,004	
United States Treasury	U S Treasury 1.250% DUE 8/15/2031	255,363	244,824	
United States Treasury	U S Treasury 1.375% DUE 11/15/2031	256,969	245,148	
United States Treasury	U S Treasury 2.375% DUE 3/31/2029	455,684	461,450	
United States Treasury	U S Treasury 2.875% DUE 5/15/2032	454,180	449,050	
United States Treasury	U S Treasury 3.250% DUE 6/30/2029	965,363	954,230	
United States Treasury	U S Treasury 3.875% DUE 9/30/2029	593,414	586,950	
United States Treasury	U S Treasury 3.875% DUE 8/15/2033	970,297	951,720	
United States Treasury	U S Treasury 3.875% DUE 11/30/2029	399,000	391,016	
United States Treasury	U S Treasury 3.625% DUE 3/31/2028	491,543	489,710	
United States Treasury	U S Treasury 1.5% DUE 2/15/2030	439,453	434,160	
	Corporate Bonds:			
Amazon Com	Amaxon Com 4.700% DUE 12/1/2032	398,392	397,640	
American Express	American Express 2.550% DUE 3/4/2027	283,698	287,211	
Bank of New York Mellon Corporation	Bank Ny Mellon Mtn 3.000% DUE 2/24/2025	196,440	199,508	
Blackrock Inc	Blackrock Inc 1.900% DUE 1/28/2031	415,280	421,315	
Chevron Corp	Chevron Corp 1.995% DUE 5/11/2027	463,510	472,690	
Cisco Sys Inc	Cisco Sys Inc 5.050% DUE 2/26/2034	401,180	398,556	
Coca Cola Co	Coca Cola Co 5.000% DUE 5/13/2034	510,405	500,120	

See independent auditor's report.

FROST BROWN TODD LLP CASH BALANCE PENSION PLAN

PLAN SPONSOR: FROST BROWN TODD LLP

PLAN SPONSOR EIN: 61-0722001

PLAN NUMBER: 004

ATTACHMENT TO SCHEDULE H, PART IV, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value	
<u>Investments at Fair Value</u>				
	Corporate Bonds:			
Costco Wholesale	Costco Wholesale 1.600% DUE 4/20/2030	\$ 434,620	\$ 427,925	
Cummins Inc.	Cummins, Inc. 1.500% DUE 9/1/2030	344,704	334,764	
Walt Disney	Walt Disney 2.000% DUE 9/1/2029	432,320	444,615	
Meta Platforms Inc	Meta Platforms Inc 4.950% DUE 5/15/2033	413,160	400,560	
The Goldman Sachs Group, Inc.	Goldman Sachs Group 3.500% DUE 11/16/2026	208,542	195,548	
Honeywell International, Inc.	Honeywell 2.500% DUE 11/1/2026	283,722	289,566	
JPMorgan Mtg	Jpmorgan Mortgage 2.500% DUE 8/25/2051	494,572	509,682	
JPMorgan Chase & Company	Jpmorgan Chase Co 3.200% DUE 6/15/2026	289,455	294,321	
JPMorgan Chase & Company	Jpmorgan Chase Co 2.58% DUE 4/22/2032	333,892	343,124	
JPMorgan Mortgage Trust	Jpmorgan Mortgage 2.500% DUE 7/25/2052	380,171	333,202	
JPMorgan Mortgage Trust	Jpmorgan Mtg Tr 2.500% DUE 8/25/2052	395,418	330,618	
Johnson and Johnson	Johnson Johnson 4.950% DUE 6/1/2034	528,175	499,985	
Johnson and Johnson	Johnson Johnson 4.700% DUE 2/27/2033	496,030	490,055	
Mastercard Inc.	Mastercard Inc. 2.950% DUE 6/1/2029	472,940	466,530	
Merck Company Inc.	Merck Company Inc. 1.900% DUE 12/10/2028	361,125	360,900	
Morgan Stanley	Morgan Stanley Mtn 3.625% DUE 1/20/2027	311,133	294,531	
PepsiCo, Inc.	Pepsico Inc 2.625% DUE 3/19/2025	553,392	550,002	
The Charles Schwab Corporation	Charles Schwab Corp 2.000% DUE 3/20/2028	443,870	457,990	
State Str Corp	State Str Corp 4.146% DUE 8/4/2033	289,773	279,948	
Texas Instruments Inc	Texas Instruments Inc 4.900% DUE 3/14/2033	503,125	496,550	
United Health Group	United Health Group 2.300% DUE 5/15/2031	427,490	425,155	
Walmart Inc.	Walmart Inc 1.500% DUE 9/22/2028	260,109	269,505	
Wells Fargo & Company	Wells Fargo Mrt 2.500% DUE 6/25/2051	948,753	930,254	

See independent auditor's report.

FROST BROWN TODD LLP CASH BALANCE PENSION PLAN

PLAN SPONSOR: FROST BROWN TODD LLP

PLAN SPONSOR EIN: 61-0722001

PLAN NUMBER: 004

ATTACHMENT TO SCHEDULE H, PART IV, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
Investments at Fair Value				
		Municipal Bonds:		
	Colorado	Colorado Hsg 5.813% DUE 5/1/2030	\$ 528,395	\$ 521,970
	Colorado	Colorado Hsg 2.311% DUE 5/1/2030	234,846	238,764
	Dallas TX	Dallas Tx 5.000% DUE 2/15/2027	317,382	304,215
	El Paso County CO	El Paso Cnty Co 3.000% DUE 9/15/2026	156,423	147,083
	Florence County	Florence Cnty 1.800% DUE 4/1/2031	290,521	294,886
	Florida ST	Florida ST 5.000% DUE 7/01/2028	302,925	303,726
	Hawaii ST	Hawaii ST 1.595% DUE 8/1/2031	490,303	472,978
	Iowa	Iowa Fin Auth 4.938% DUE 1/1/2030	501,500	502,945
	Port of Corpus Tx	Port of Corpus Tx 4.137% DUE 12/1/2029	389,556	387,860
	Port Oakland CA	Port Oakland Ca 2.099% DUE 5/1/2030	504,442	506,193
	Texas ST	Texas ST Dept Hsg 4.726% DUE 1/1/2029	501,500	498,695
		Mutual Funds:		
	MFS International Diversification Fund Class R6	Mfs Intl Diversificat R6	772,514	850,545
	Vanguard Tax Managed Small Cap Fund	Vanguard Tax Managed Small Cap Fund	408,011	571,600
	Vanguard Total Stock Market Index Fund Admiral	Vanguard Total Stock Mkt Idx Adm	1,170,036	1,681,794
	Total investments		<u>\$ 30,197,176</u>	<u>\$ 30,601,151</u>

See independent auditor's report.