Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
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)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
FROST BROWN TODD LLP

400 WEST MARKET ST
SUITE 3200
LOUISVILLE, KY 40202-3363

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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2026	MARK SOMMER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	213
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	196
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	189
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	18
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	207
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	207
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	32720163
b Actuarial value	**2b**	32720163

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	0	0	0
b For terminated vested participants	17	2079573	2079573
c For active participants	196	27261342	27261342
d Total	213	29340915	29340915

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.24 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	4327155
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	4327155

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

10/05/2026
Date

ANDREA R. MUTTERS
Type or print name of actuary

26-08278
Most recent enrollment number

MCHENRY ADVISERS, INC.
Firm name

800-805-9538
Telephone number (including area code)

4960 EAST DUBLIN GRANVILLE ROAD
SUITE #110
WESTERVILLE, OH 43081
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 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 3.82 %	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)		3751808
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 4.97 %		186465
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		3938273
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	111.51 %
15	Adjusted funding target attainment percentage	15	111.51 %
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	111.76 %
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
07/15/2025	1790104	0			
09/05/2025	255729	0			
10/21/2025	255729	0			
12/23/2025	767188	0			
01/30/2026	2290250	0			
			Totals ► 18(b)	5359000	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	5131554

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ 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) ☒ Prescribed - combined ☐ Prescribed - separate ☐ 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. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ 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. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ 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**	4327155
b Excess assets, if applicable, but not greater than line 31a	**31b**	3379248

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**	947907

	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**	947907
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	5131554
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	4183647
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. ☐ 2019 ☐ 2020 ☐ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	80229	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	15000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	13250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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.

4960 EAST DUBLIN GRANVILLE ROAD
SUITE #110
WESTERVILLE, OH 43081

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	11119	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1936500	2290250
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	189066	248454
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)	10883608	11983377
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	12102370	13749893
(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)	3435859	4081402
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	4179313	5497322

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	32726716	37850698
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	32726716	37850698

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)	5359000	
(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)		5359000
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)	360257	
(C) Corporate debt instruments	2b(1)(C)	409299	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	180352	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		949908
(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)	63097	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		63097
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	14170558	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	13975514	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		195044
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	927259	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		927259

		(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)		562796
c Other income	2c		1
d Total income. Add all **income** amounts in column (b) and enter total	2d		8057105
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2790295	
(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)		2790295
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	13250	
(5) Investment advisory and investment management fees	2i(5)	80229	
(6) Bank or trust company trustee/custodial fees	2i(6)	15000	
(7) Actuarial fees	2i(7)	11119	
(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)	23230	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		142828
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2933123
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		5123982
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [X] 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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 582795.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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 Distributions

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

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

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

EIN(s): 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** 12

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☒ Yes ☐ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 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, 2025

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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, 2025 and 2024, 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, 2025 and 2024, and for the years then ended December 31, 2025, 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).

Evansville, IN | Louisville, KY

Harding, Shymanski & Company, P.S.C. is proud to be a part of the Aprio Alliance -- a national association created by accounting professionals to help collaborative, growth-minded CPA firms thrive. This affiliation gives us access to leading expertise, resources, and best practices, while preserving what matters most: the personalized service and local insight you expect from an independent firm.

Joining Aprio Alliance reinforces our commitment to exceptional client service and staying ahead of industry trends. While we leverage the strength of a national firm, we remain fully independent -- maintaining our name, client relationships, and service approach.



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.



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.

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, 2025 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.

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, Shymanski & Company, P.S.C.

Louisville, Kentucky
October 1, 2026

FROST BROWN TODD LLP CASH BALANCE PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments at fair value	**$ 35,311,994**	$ 30,601,151
Receivables:		
Employer contributions	**2,290,250**	1,936,500
Accrued interest and dividends	**248,454**	189,066
Total receivables	**2,538,704**	2,125,566
Total assets	**37,850,698**	32,726,717
Net assets available for benefits	**$ 37,850,698**	$ 32,726,717

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, 2025 and 2024

	2025	2024
Additions		
Investment income:		
Net appreciation in fair value of investments	**$ 1,685,100**	$ 264,762
Interest and dividends	**1,013,005**	876,922
	2,698,105	1,141,684
Contributions:		
Employer	**5,359,000**	4,545,250
Total additions	**8,057,105**	5,686,934
Deductions		
Benefits paid to participants	**2,790,295**	2,541,060
Administrative expenses	**142,829**	99,384
Total deductions	**2,933,124**	2,640,444
Net increase	**5,123,981**	3,046,490
Net assets available for benefits:		
Beginning of year	**32,726,717**	29,680,227
End of year	**$ 37,850,698**	$ 32,726,717

See accompanying notes to the financial statements.

FROST BROWN TODD LLP CASH BALANCE PENSION PLAN

STATEMENTS OF ACCUMULATED PLAN BENEFITS
December 31, 2025 and 2024

	2025	2024
Actuarial present value of accumulated Plan benefits		
Vested benefits:		
Participants entitled to future benefits (vested terminations)	**$ 3,088,859**	$ 1,371,000
Other participants (active)	**34,527,748**	31,221,973
Total vested benefits	**37,616,607**	32,592,973
Total actuarial present value of accumulated Plan benefits	**$ 37,616,607**	$ 32,592,973

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, 2025 and 2024

	2025	2024
Actuarial present value of accumulated Plan benefits at beginning of year	**$ 32,592,973**	$ 29,553,986
Increase (decrease) during the year attributable to:		
Benefits earned	**5,359,000**	4,545,250
Excess assets reallocated as additional benefit	**750,000**	0
Interest and actuarial gain due to mortality and terminations	**1,704,929**	1,034,797
Benefits paid	**(2,790,295)**	(2,541,060)
Net increase	**5,023,634**	3,038,987
Actuarial present value of accumulated Plan benefits at end of year	**$ 37,616,607**	$ 32,592,973

See accompanying notes to the financial statements.

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.

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 December 31, 2025 and 2024 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.

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, 2025 and 2024 are as follows:

	2025	2024
Life expectancy of participants	2025 Applicable Mortality Table	2024 Applicable Mortality Table
Retirement age assumptions	100% by 65 years old	100% by 65 years old
Interest crediting rate	3.82%	5.48%
Calculated effective interest rate	5.24%	4.97%
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, 2025 and 2024.

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, 2025 and 2024, and for the years then ended December 31, 2025 and 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.

	2025	2024
Net Assets Available for Benefits Held by Trustee		
Investments at fair value	$ 35,311,994	$ 30,601,151
Accrued interest and dividends	248,454	189,066
	$ 35,560,448	$ 30,790,217
Statements of Changes in Net Assets Available for Benefits		
Investment income		
Net appreciation in fair value of investments	$ 1,685,100	$ 264,762
Interest and dividends	1,013,005	876,922
	$ 2,698,105	$ 1,141,684

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, 2025 and 2024.

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. In certain cases, pricing models may incorporate limited adjustments to reflect factors such as credit characteristics or marketability; however, such adjustments are not significant to the overall valuation, which is based primarily on observable market data.

Note 5 – Fair Value Measurements (Continued)

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.

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, 2025 and 2024:

	Assets at Fair Value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Money market fund	$ 574,131	$ 0	$ 0	$ 574,131
Corporate bonds	0	13,749,893	0	13,749,893
Municipal bonds	0	5,497,322	0	5,497,322
Mutual funds	3,507,271	0	0	3,507,271
U.S. government securities	11,983,377	0	0	11,983,377
Total investments in the fair value hierarchy	$ 16,064,779	$ 19,247,215	$ 0	$ 35,311,994

	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	$ 14,319,467	$ 16,281,684	$ 0	$ 30,601,151

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 $15,000. 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 $119,598.

Note 7 – Plan Termination

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.

The Plan was terminated effective June 30, 2026. See Note 10 for additional details.

Note 8 – Tax Status

The Plan has adopted a non-standardized pre-approved defined benefit 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.

Note 8 – Tax Status (Continued)

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.

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 1, 2026, the date the financial statements were available to be issued.

On May 15, 2026, the Plan was amended to freeze benefit accruals effective May 15, 2026. The amendment also provided for an ad hoc one-time principal credit to be issued to participants effective December 31, 2025.

On June 17, 2026, a resolution was adopted approving the termination of the Plan effective June 30, 2026. Effective January 1, 2026, the Plan Sponsor, Frost Brown Todd LLP, changed its name to FBT Gibbons LLP in connection with a merger agreement with Gibbons P.C. Upon termination, benefits under the Plan will be distributed to participants as soon as administratively feasible pursuant to the terms of the Plan and subject to review by the Pension Benefit Guaranty Corporation. Following complete satisfaction of liabilities, any remaining assets will be transferred to the FBT Gibbons Retirement Savings Plan as a qualified replacement plan within the meaning of IRC Section 4980(d)(2). The termination was approved after December 31, 2025 and accordingly is a non-recognized subsequent event. As a result, the financial statements for the year ended December 31, 2025 have not been prepared using the liquidation basis of accounting.

FROST BROWN TODD LLP
CASH BALANCE PENSION PLAN

Schedule of Active Participant Data
Plan Year: 1/1/2025 to 12/31/2025
Valuation Date: 1/1/2025

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	0	2	0	0	0	0	0	0	0	0	2
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	3	11	0	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	1	12	7	0	0	0	0	0	0	0	20
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	38335
45-49	1	7	18	0	0	0	0	0	0	0	26
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	54261
50-54	1	12	22	0	0	0	0	0	0	0	35
Avg Mo Comp	n/a	n/a	41936	n/a	n/a	n/a	n/a	n/a	n/a	n/a	41470
55-59	0	10	26	0	0	0	0	0	0	0	36
Avg Mo Comp	n/a	n/a	47142	n/a	n/a	n/a	n/a	n/a	n/a	n/a	45541
60-64	2	6	27	0	0	0	0	0	0	0	35
Avg Mo Comp	n/a	n/a	48258	n/a	n/a	n/a	n/a	n/a	n/a	n/a	46148
65-69	0	4	11	0	0	0	0	0	0	0	15
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	13	0	0	0	0	0	0	0	13
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	8	64	124	0	0	0	0	0	0	0	196
Avg Mo Comp	n/a	37121	48505	n/a	n/a	n/a	n/a	n/a	n/a	n/a	43871

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

Average Age: 54.3 Average Service: 6

FROST BROWN TODD LLP
CASH BALANCE PENSION PLAN

Summary of Actuarial Assumptions and Method
Plan Year: 1/1/2025 to 12/31/2025
Valuation Date: 1/1/2025

		For Funding Min	For Funding Max	For 417(e)	For Actuarial Equiv.
Interest Rates	Seg 1:	5.00%	5.00%	Pre-Retirement: 1.50%	Pre-Retirement: 1.50%
	Seg 2:	5.27%	5.27%	Post-Retirement: 1.50%	Post-Retirement: 1.50%
	Seg 3:	5.50%	5.40%		
Applicable Date		01/2025	01/2025		
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		2025 Applicable Mortality Table from Notice 2024-42		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				5.24%	
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, 2025

(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)
Single transactions in excess of five percent of Plan assets							
First American Government Obligations Fund	First American Government Obligations Fund	$ 1,944,100	N/A	$ 0	$ 1,944,100	$ 1,944,100	$ 0
First American Government Obligations Fund	First American Government Obligations Fund	1,790,104	N/A	0	1,790,104	1,790,104	0
United States Treasury	U S Treasury Bill 5/01/25	1,985,482	N/A	0	1,985,482	1,985,482	0
Series of transactions in excess of five percent of Plan assets							
United States Treasury	U S Treasury Bill 5/01/25	N/A	$ 1,985,413	$ 0	$ 1,985,413	$ 1,985,482	$ 69
The Goldman Sachs Group, Inc.	Goldman Sachs Group 3.500% 11/16/26	294,249	N/A	0	294,249	294,249	0
The State Street Corporation	State Str Corp 4.164% 8/04/33	280,389	N/A	0	280,389	280,389	0
Cummins Inc	Cummins Inc Sr Glbl 1.500% 9/01/30	N/A	333,928	0	333,928	344,704	10,776
John Deere Mtn	John Deere Mtn 4.950% 7/14/28	711,991	N/A	0	711,991	711,991	0
Coca Cola Co	Coca Cola Co 5.000% 5/13/34	N/A	508,660	0	508,660	510,405	1,745
Johnson & Johnson	Johnson Johnson 4.950% 6/01/34	N/A	510,410	0	510,410	528,175	17,765
Broadcom Corporation Cayman	Broadcom Crp Caymn 3.875% 1/15/27	691,908	N/A	0	691,908	691,908	0
Amazon Com Inc	Amazon Com Inc 4.700% 12/01/32	N/A	402,304	0	402,304	398,392	(3,912)
Cisco Systems Inc	Cisco Sys Inc 5.050% 2/26/34	N/A	404,728	0	404,728	401,180	(3,548)
Morgan Stanley Mtn	Morgan Stanley Mtn 3.625% 1/20/27	296,112	N/A	0	296,112	296,112	0
The State Street Corporation	State Str Corp 4.164% 8/04/33	N/A	569,856	0	569,856	570,162	306

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, 2025

(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)
Series of transactions in excess of five percent of Plan assets (continued)							
Gilead Sciences Inc	Gilead Sciences Inc 1.200% 10/01/27	$ 553,344	N/A	$ 0	$ 553,344	$ 553,344	$ 0
American Express Co	American Express Co 2.550% 3/04/27	289,368	N/A	0	289,368	289,368	0
Eli Lilly Co	Eli Lilly Co 4.700% 2/27/33	N/A	500,360	0	500,360	496,030	(4,330)
Broadcom Corporation Cayman	Broadcom Crp Caymn 3.875% 1/15/27	N/A	694,386	0	694,386	691,908	(2,478)
The Hershey Company	Hershey Co 4.950% 2/24/32	711,928	N/A	0	711,928	711,928	0
Cisco Systems Inc	Cisco Sys Inc 5.050% 2/26/34	505,950	N/A	0	505,950	505,950	0
John Deere Mtn	John Deere Mtn 4.950% 7/14/28	51,048	N/A	0	51,048	51,048	0
Blackrock Inc	Blackrock Inc 1.900% 1/28/31	196,929	N/A	0	196,929	196,929	0
Cisco Systems Inc	Cisco Sys Inc 5.050% 2/26/34	101,107	N/A	0	101,107	101,107	0
Honeywell	Honeywell 2.500% 11/01/26	97,759	N/A	0	97,759	97,759	0
Merck Co Inc	Merck Co Inc 1.900% 12/10/28	93,033	N/A	0	93,033	93,033	0
Meta Platforms Inc	Meta Platforms Inc 4.950% 5/15/33	203,712	N/A	0	203,712	203,712	0
Coca Cola Co	Coca Cola Co Nt 2.250% 1/05/32	355,364	N/A	0	355,364	355,364	0
Walmart Inc	Walmart Inc 1.500% 9/22/28	N/A	280,158	0	280,158	260,109	(20,049)
Pepsico Inc	Pepsico Inc Sr 4.800% 7/17/34	606,594	N/A	0	606,594	606,594	0
Pepsico Inc	Pepsico Inc 2.625% 7/29/29	N/A	570,900	0	570,900	553,392	(17,508)

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, 2025

(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)
Series of transactions in excess of five percent of Plan assets (continued)							
Costco Wholesale Corporation	Costco Whsl Corp New 1.600% 4/20/30	N/A	$ 448,720	$ 0	$ 448,720	$ 434,620	$ (14,100)
Home Depot Inc	Home Depot Inc 4.950% 6/25/34	506,815	N/A	0	506,815	506,815	0
Home Depot Inc	Home Depot Inc 4.950% 6/25/34	207,352	N/A	0	207,352	207,352	0
United States Treasury	U S Treasury Nt 2.250% 3/31/26	391,188	N/A	0	391,188	391,188	0
United States Treasury	U S Treasury Nt 1.500% 2/15/30	N/A	433,477	0	433,477	439,453	5,976
United States Treasury	U S Treasury Nt 2.875% 5/15/32	N/A	458,281	0	458,281	454,180	(4,101)
United States Treasury	U S Treasury Bill 8/21/25	979,821	N/A	0	979,821	979,821	0
Federal Home Loan Mortgage Corporation	F H L M C Mltcl Mt 3.350% 1/25/28	N/A	289,078	0	289,078	336,844	47,766
United States Treasury	U S Treasury Bill 5/01/25	1,985,482	N/A	0	1,985,482	1,985,482	0
United States Treasury	U S Treasury Nt 1.625% 5/15/31	N/A	946,086	0	946,086	939,832	(6,254)
United States Treasury	U S Treasury Bill 8/21/25	979,821	N/A	0	979,821	979,821	0
United States Treasury	U S Treasury Nt 3.750% 8/15/27	498,926	N/A	0	498,926	498,926	0
United States Treasury	U S Treasury Nt 2.250% 3/31/26	N/A	394,578	0	394,578	391,188	(3,390)
United States Treasury	U S Treasury Nt 4.000% 6/30/32	203,406	N/A	0	203,406	203,406	0
Salinas Valley CA	Salinas Vy Ca 2.481% 8/01/30	489,764	N/A	0	489,764	489,764	0
United States Treasury	U S Treasury Nt 3.875% 8/15/33	N/A	972,734	0	972,734	970,297	(2,437)
Federal Home Loan Mortgage Corporation	F H L M C Mltcl Mt 3.900% 4/25/28	690,074	N/A	0	690,074	690,074	0
United States Treasury	U S Treasury Nt 3.750% 8/31/26	1,491,738	N/A	0	1,491,738	1,491,738	0
Federal Home Loan Mortgage Corporation	F H L M C Mltcl Mtg 2.243% 10/25/31	N/A	695,688	0	695,688	672,750	(22,938)

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, 2025

(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)
Series of transactions in excess of five percent of Plan assets (continued)							
United States Treasury	U S Treasury Nt 3.500% 2/15/33	$ 950,234	N/A	$ 0	$ 950,234	$ 950,234	$ 0
United States Treasury	U S Treasury Nt 3.500% 2/15/33	N/A	950,039	0	950,039	950,234	195
United States Treasury	U S Treasury Nt 4.000% 6/30/32	493,633	N/A	0	493,633	493,633	0
United States Treasury	U S Treasury Nt 1.375% 11/15/31	257,777	N/A	0	257,777	257,777	0
United States Treasury	U S Treasury Nt 1.250% 8/15/31	174,594	N/A	0	174,594	174,594	0
United States Treasury	U S Treasury Nt 3.875% 8/15/33	696,145	N/A	0	696,145	696,145	0
First American Government Obligations Fund	First AM Govt Ob Fd CI Z	9,978,274	N/A	0	9,978,274	9,978,274	0
First American Government Obligations Fund	First AM Govt Ob Fd CI Z	N/A	9,736,060	0	9,736,060	9,736,060	0

See independent auditor’s report.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	32,720,163
b Actuarial value	**2b**	32,720,163

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	0	0	0
b For terminated vested participants	17	2,079,573	2,079,573
c For active participants	196	27,261,342	27,261,342
d Total	213	29,340,915	29,340,915

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.24%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	4,327,155
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	4,327,155

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

Andrea Mutters

Signature of actuary

10/05/2026
Date

Andrea R. Mutters
Type or print name of actuary

2608278
Most recent enrollment number

McHenry Advisers, Inc.
Firm name

800-805-9538
Telephone number (including area code)

4960 East Dublin Granville Road
Suite #110
Westerville OH 43081
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 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 3.82 %	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)		3,751,808
	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 4.97 %		186,465
	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		3,938,273
	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	111.51 %
15	Adjusted funding target attainment percentage	15	111.51 %
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	111.76 %
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
07/15/2025	1,790,104	0			
09/05/2025	255,729	0			
10/21/2025	255,729	0			
12/23/2025	767,188	0			
01/30/2026	2,290,250	0			
			Totals ► 18(b)	5,359,000	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	5,131,554

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.00 %	5.27 %	5.50%	☐ 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) ☒ Prescribed - combined ☐ Prescribed - separate ☐ 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. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ 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. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ 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**	4,327,155
b Excess assets, if applicable, but not greater than line 31a	**31b**	3,379,248

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**	947,907

	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**	947,907
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	5,131,554

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	4,183,647
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. ☐ 2019 ☐ 2020 ☐ 2021

FROST BROWN TODD LLP
CASH BALANCE PENSION PLAN

Discounted Employer Contributions

Plan Year: 1/1/2025 to 12/31/2025
Valuation Date: 1/1/2025

Quarterly Installment Payment: $0.00

Date	Amount	Year	Rate	Period	Adj Ctb
07-15-2025	1,790,104.17	2025	5.24%	07-15-2025 to 01-01-2025	1,741,618.92
09-05-2025	255,729.17	2025	5.24%	09-05-2025 to 01-01-2025	247,032.76
10-21-2025	255,729.17	2025	5.24%	10-21-2025 to 01-01-2025	245,443.83
12-23-2025	767,187.51	2025	5.24%	12-23-2025 to 01-01-2025	729,889.87
01-30-2026	2,290,250.00	2025	5.24%	01-30-2026 to 01-01-2025	2,167,568.76
Totals:	**5,359,000.02**				**5,131,554.14**

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**	5,131,554.14

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: 01/01/2025 - 12/31/2025

Line 22

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

Retirement Age	PPA Funding Target
65	20,916,573
66	1,014,347
67	1,401,384
68	1,024,199
69	1,712,469
70	551,424
71	413,523
72	902,105
73	659,332
74	612,576
75	31,345
76	15,950
78	85,688

FROST BROWN TODD LLP
CASH BALANCE PENSION PLAN

Summary of Plan Provisions
Plan Year: 1/1/2025 to 12/31/2025
Valuation Date: 1/1/2025

Plan Effective Date	January 1, 2017
Plan Year	From January 1, 2025 to December 31, 2025
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 the following cash balance contribution credits to participants based on their group classification: Group 1: $100,000 Group 2: $75,000 Group 3: $50,000 Group 4: $30,000 Group 5: $20,000 Group 6: $15,000 Group 7: $7,000 The maximum monthly benefit is the lesser of $23,333.33 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

FROST BROWN TODD LLP
CASH BALANCE PENSION PLAN

Summary of Plan Provisions
Plan Year: 1/1/2025 to 12/31/2025
Valuation Date: 1/1/2025

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.

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 5.50%

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, 2025

(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				
		Money Market Fund:		
First American Government Obligations Fund	First American Government Obligations Fund	First American Government Obligations Fund	$ 574,131	$ 574,131
		U.S. Government Securities:		
Federal Farm Credit Bank	F F C B Deb 3.430% DUE 12/6/2028		263,710	249,330
Federal Farm Credit Bank	F F C B Deb 4.250% DUE 9/30/2030		503,355	510,645
Federal Home Loan Mortgage Corporation	F H L M C 3.900% DUE 4/25/2028		690,074	700,749
Federal Home Loan Mortgage Corporation	F H L M C 3.854% DUE 6/25/2028		546,305	550,055
Federal Home Loan Mortgage Corporation	F H L M C 1.545% DUE 1/25/2027		639,406	685,608
Federal Home Loan Mortgage Corporation	F H L M C 4.284% DUE 7/25/2030		556,313	605,334
Federal Home Loan Mortgage Corporation	F H L M C 2.590% DUE 1/25/2032		522,539	548,982
United States Treasury	U S Treasury 1.125% DUE 2/15/2031		759,188	792,387
United States Treasury	U S Treasury 1.250% DUE 8/15/2031		429,957	435,605
United States Treasury	U S Treasury 1.375% DUE 11/15/2031		514,746	522,636
United States Treasury	U S Treasury 2.375% DUE 3/31/2029		455,684	481,720
United States Treasury	U S Treasury 3.250% DUE 6/30/2029		965,363	988,590
United States Treasury	U S Treasury 3.875% DUE 9/30/2029		593,414	605,178
United States Treasury	U S Treasury 3.875% DUE 11/30/2029		399,000	403,344
United States Treasury	U S Treasury 3.875% DUE 8/15/2033		696,145	694,176
United States Treasury	U S Treasury 3.625% DUE 3/31/2028		491,543	501,330
United States Treasury	U S Treasury 3.750% DUE 8/15/2027		498,926	502,070
United States Treasury	U S Treasury 3.750% DUE 8/31/2026		1,491,738	1,501,620
United States Treasury	U S Treasury 4.000% DUE 6/30/2032		697,039	704,018
		Corporate Bonds:		
American Express	American Express 2.550% DUE 3/4/2027		573,066	591,312
Blackrock Inc	Blackrock Inc 1.900% DUE 1/28/2031		612,209	651,572
Chevron Corp	Chevron Corp 1.995% DUE 5/11/2027		463,510	489,015
Cisco Sys Inc	Cisco Sys Inc 5.050% DUE 2/26/2034		607,057	617,430
Coca Cola Co	Coca Cola Co 2.250% DUE 1/5/2032		355,364	361,476
John Deere	John Deere 4.950% DUE 7/14/2028		763,039	770,198
Walt Disney	Walt Disney 2.000% DUE 9/1/2029		432,320	467,500
Meta Platforms Inc	Meta Platforms Inc 4.950% DUE 5/15/2033		616,872	617,394
Gilead Sciences Inc	Gilead Sciences Inc 1.200% DUE 10/1/2027		553,344	574,728
The Goldman Sachs Group, Inc.	Goldman Sachs Group 3.500% DUE 11/16/2026		502,791	498,255
The Hershey Company	Hershey Company 4.950% DUE 2/24/2032		711,928	725,641
The Home Depot Inc.	Home Depot Inc 4.950% DUE 6/25/2034		714,167	715,946
Honeywell International, Inc.	Honeywell 2.500% DUE 11/1/2026		381,481	395,680
JPMorgan Mtg	Jpmorgan Mortgage 2.500% DUE 8/25/2051		461,005	487,952
JPMorgan Chase & Company	Jpmorgan Chase Co 3.200% DUE 6/15/2026		289,455	299,103
JPMorgan Chase & Company	Jpmorgan Chase Co 2.58% DUE 4/22/2032		333,892	365,620
JPMorgan Mortgage Trust	Jpmorgan Mortgage 2.500% DUE 7/25/2052		340,760	307,955

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, 2025

(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				
		Corporate Bonds (Continued):		
JPMorgan Mortgage Trust		Jpmorgan Mtg Tr 2.500% DUE 8/25/2052	$ 362,015	$ 319,708
Mastercard Inc.		Mastercard Inc. 2.950% DUE 6/1/2029	472,940	484,320
Merck Company Inc.		Merck Company Inc. 1.900% DUE 12/10/2028	454,158	474,175
Morgan Stanley		Morgan Stanley Mtn 3.625% DUE 1/20/2027	607,245	598,440
PepsiCo, Inc.		Pepsico Inc 4.800% DUE 7/17/2034	606,594	612,606
The Charles Schwab Corporation		Charles Schwab Corp 2.000% DUE 3/20/2028	443,870	480,825
Texas Instruments Inc		Texas Instruments Inc 4.900% DUE 3/14/2033	503,125	515,825
United Health Group		United Health Group 2.300% DUE 5/15/2031	427,490	450,905
Wells Fargo & Company		Wells Fargo Mrt 2.500% DUE 6/25/2051	868,122	876,311
		Municipal Bonds:		
Cincinnati OH		Cincinnati Ohio 1.830% DUE 12/1/2031	502,176	532,302
Colorado		Colorado Hsg 5.813% DUE 5/1/2030	391,012	392,263
Colorado		Colorado Hsg 2.311% DUE 5/1/2030	234,846	252,285
El Paso County CO		El Paso Cnty Co 3.000% DUE 9/15/2026	156,423	149,418
Florence County		Florence Cnty 1.800% DUE 4/1/2031	290,521	310,282
Florida ST		Florida ST 5.000% DUE 7/01/2028	302,925	308,658
Hawaii ST		Hawaii ST 1.595% DUE 8/1/2031	490,303	503,878
Iowa		Iowa Fin Auth 4.938% DUE 1/1/2030	501,500	517,230
Port of Corpus Tx		Port of Corpus Tx 4.137% DUE 12/1/2029	389,556	400,076
Port Oakland CA		Port Oakland Ca 2.099% DUE 5/1/2030	504,442	538,707
Salinas Valley CA		Salinas Vy Ca 2.481% DUE 8/1/2030	489,764	516,010
Texas ST		Texas ST Dept Hsg 4.726% DUE 1/1/2029	501,500	511,480
Texas ST		Texas ST Taxable Go 4.477% DUE 10/01/2031	301,701	306,963
Tuscaloosa AL		Tuscaloosa AL 4.666% DUE 8/1/2031	251,945	257,770
		Mutual Funds:		
Mfs Blended Research Intl Eq R6		Mfs Blended Research Intl Eq R6	1,035,000	1,047,056
Nuveen Quant Small Mid Cap Eq I		Nuveen Quant Small Mid Cap Eq I	631,853	699,004
Vanguard Total Stock Market Index Fund Admiral		Vanguard Total Stock Mkt Idx Adm	1,058,923	1,761,212
Total investments			$ 33,780,782	$ 35,311,994

See independent auditor's report.