Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

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: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
BOIES SCHILLER FLEXNER LLP CASH BALANCE PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2022

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)
BOIES SCHILLER FLEXNER LLP

2200 CORPORATE BOULEVARD, NW
STE. 400
BOCA RATON, FL 33431

2b Employer Identification Number (EIN) 65-1160056

2c Sponsor's telephone number 561-886-6000

2d Business code (see instructions) 541110

3a Plan administrator's name and address [X] Same as Plan Sponsor.

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
a Sponsor's name
c Plan Name

4b EIN

4d PN

5a Total number of participants at the beginning of the plan year	**5a**	83
b Total number of participants at the end of the plan year	**5b**	82
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**5c(1)**	
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c(2)**	
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	81
d(2) Total number of active participants at the end of the plan year	**5d(2)**	81
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	1

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	STEVEN KAVRAL
	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

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 593029. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	14841323	17336925
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	14841323	17336925
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)	5009417	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	537629	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		5547046
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2970323	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	81121	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		3051444
i Net income (loss) (subtract line 8h from line 8c)	8i		2495602
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristic Codes

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1C 3B

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

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

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

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

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

- [ ] Yes.
- [ ] No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- [ ] No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- [ ] No. Other. Provide explanation _____

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

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

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

b Enter the minimum required contribution for this plan year	**12b**	
c Enter the amount contributed by the employer to the plan for this plan year	**12c**	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	**12d**	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		[ ] Yes [ ] No [ ] N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?		[ ] Yes [X] No
a If "Yes," enter the amount of any plan assets that reverted to the employer this year	**13a**	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		[ ] Yes [X] No

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

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

Part VIII IRS Compliance Questions

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

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

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

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

SCHEDULE SB (Form 5500)

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
BOIES SCHILLER FLEXNER LLP CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BOIES SCHILLER FLEXNER LLP

D Employer Identification Number (EIN)
65-1160056

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 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**	14796943
b Actuarial value	**2b**	14796943

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	2	581344	581344
c For active participants	81	12099405	12190265
d Total	83	12680749	12771609

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**	5.36 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	3504062
b Expected plan-related expenses	**6b**	87000
c Target normal cost	**6c**	3591062

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 — Date: 09/30/2026

CAROLINE CAMPBELL — Type or print name of actuary

26-08659 — Most recent enrollment number

PWC US CONSULTING LLP — Firm name

206-398-3000 — Telephone number (including area code)

1420 5TH AVE
#2800
SEATTLE, WA 98101

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 2.94 %	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)		2399292
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 5.24 %		125723
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		2525015
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	115.85 %
15	Adjusted funding target attainment percentage	15	115.85 %
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	113.97 %
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
12/23/2025	1336250	0			
04/27/2026	3673167	0			
			Totals ► 18(b)	5009417	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	4698832

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**	67

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**	3591062
b Excess assets, if applicable, but not greater than line 31a	**31b**	2025334

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**	1565728

	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**	1565728
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	4698832

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

a Total (excess, if any, of line 37 over line 36)	**38a**	3133104
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

Boies Schiller Flexner LLP
Boies Schiller Flexner LLP Cash Balance Plan
EIN: 65-1160056 / PN: 002
2022 Schedule SB, Line 26 - Schedule of Active Participant Data

A. Age/Service Distribution of Active Participants as of January 1, 2025[1]

	Years of Credited Service										
Attained Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	Over 40	Total
<25											
25-29											
30-34	2										2
35-39	7	7									14
40-44	4	16									20
45-49	1	14									15
50-54	1	5									6
55-59		8									8
60-64		4									4
65-69		5									5
70 & Up		7									7
Total	15	66									81

[1] The average accrued benefit data for each age/service cell is not shown because there are fewer than 1,000 active participants in the Plan.

Boies Schiller Flexner LLP
Boies Schiller Flexner LLP Cash Balance Plan
EIN: 65-1160056 / PN: 002
2025 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

A. Actuarial Assumptions for Funding Purposes

The actuarial assumptions and methods used to determine the costs and liabilities at the valuation date are described below.

Valuation Date	January 1, 2025
Valuation Interest Rates	Valuation interest rate is based on the 24-month average segment rates for January 2025 pursuant to IRC Section 430(h)(2), taking into account the corridor around the 25-year average segment rates, reflecting applicable minimum rates, in accordance with MAP-21, HATFA, ARPA and IIJA.

	January 2025 Segment Rates	Reflecting Corridor
1st Segment Rate	5.00%	5.00%
2nd Segment Rate	5.27%	5.27%
3rd Segment Rate	5.40%	5.50%
Effective Interest Rate		5.36%

Cash Balance Interest Crediting Rate	4.00% per annum
Mortality	IRS 2025 Generational Mortality Table pursuant to Internal Revenue Code section 1.430(h)(3)-1, post commencement only
Withdrawal	None
Disability	None
Retirement	Rates vary by age:

Attained Age	Rate
<62	0%
62-63	15%
64-65	20%
66	15%
67-69	5%
70-74	50%
>=75	100%

Salary Scale	None
New Entrants	No new entrants are assumed to enter the Plan after the valuation date.
IRS Section 415(b) Limit	For 2025, the maximum benefit limitation is $280,000
Form of Payment	It has been assumed that all types of benefits will be paid in the form of a single lump sum at Retirement age.
Maximum Compensation	Compensation was limited to $350,000 for 2025 for the purposes of calculating benefits.

Boies Schiller Flexner LLP
Boies Schiller Flexner LLP Cash Balance Plan
EIN: 65-1160056 / PN: 002
2025 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Normal Cost	Normal Cost reflects actual 2025 contributions.
Pre-Retirement Death Benefit	Because the assumed form of payment is a lump sum payable at Normal Retirement and there is no forfeiture upon death, the value of the Pre-Retirement Death Benefit was implicitly determined by not reflecting pre-retirement mortality.
Expenses	$87,000 per year

Boies Schiller Flexner LLP
Boies Schiller Flexner LLP Cash Balance Plan
EIN: 65-1160056 / PN: 002
2025 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

B. Actuarial Methods for Funding Purposes

Actuarial Cost Method	The actuarial cost method is the Unit Credit Actuarial Cost Method. Under this cost method, the target liability is defined as the present value of the accrued benefits on the valuation date. The funding shortfall is the excess, if any, of the amount by which the target liability exceeds the actuarial value of Plan Assets. The target normal cost, determined on the valuation date, is the amount required to fund the benefit expected to be earned in the current year plus expected expenses.
Asset Valuation Method	Market Value of Assets

C. Actuarial Assumptions Rationale

Valuation Interest Rates	The interest rate assumption used is prescribed by IRC section 430(h) subject to specified elections by the plan sponsor.
Cash Balance Interest Crediting Rate	The interest rate of 4.00% is intended to represent the net yield on Deemed Account Balances over an extended period of time in the future, reflecting the investment policy established by the plan sponsor. Note that the interest rate credited to participants' balances is the yield on plan assets (after expenses) minus 0.25% per annum.
Mortality	The mortality assumption used is prescribed by IRC section 430(h) subject to specified elections by the plan sponsor.
Withdrawal	No withdrawal is assumed. This assumption is not expected to generate material actuarial gains or losses.
Retirement	Retirement rates are based on the plan sponsor's expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.
Disability	No disability is assumed. This assumption is not expected to generate material actuarial gains or losses as there is no forfeiture upon disability and no additional disability benefit is provided under the Plan.
Salary	The salary assumption is not applicable due to the nature of the benefits provided in the Plan.
Form of Payment	100% of participants are assumed to elect a lump sum. This assumption was based on best expectations given plan provisions. Alternative forms of payment are not expected to generate material gains or losses.
Expenses	This assumption is based on the plan sponsor's expectations for annual expenses paid from the trust.

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
BOIES SCHILLER FLEXNER LLP CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BOIES SCHILLER FLEXNER LLP

D Employer Identification Number (EIN)
65-1160056

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 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**	14,796,943
b Actuarial value	**2b**	14,796,943

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	2	581,344	581,344
c For active participants	81	12,099,405	12,190,265
d Total	83	12,680,749	12,771,609

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**	5.36%

6 Target normal cost

a Present value of current plan year accruals	**6a**	3,504,062
b Expected plan-related expenses	**6b**	87,000
c Target normal cost	**6c**	3,591,062

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

Caroline Campbell CBC
Signature of actuary

09/30/2026
Date

Caroline Campbell
Type or print name of actuary

2608659
Most recent enrollment number

PwC US Consulting LLP
Firm name

206-398-3000
Telephone number (including area code)

1420 5th Ave
#2800
Seattle WA 98101
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 2.94%	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)		2,399,292
	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 5.24%		125,723
	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		2,525,015
	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	115.85%
15	Adjusted funding target attainment percentage	15	115.85%
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	113.97%
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
12/23/2025	1,336,250	0			
04/27/2026	3,673,167	0			
			Totals ► 18(b)	5,009,417	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	4,698,832

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [ ] Yes [X] 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:	☐ N/A, full yield curve used
5.00 %	5.27 %	5.50%	

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	67

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**	3,591,062
b Excess assets, if applicable, but not greater than line 31a	**31b**	2,025,334

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**	1,565,728

	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**	1,565,728
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	4,698,832

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

a Total (excess, if any, of line 37 over line 36)	**38a**	3,133,104
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

Boies Schiller Flexner LLP
Boies Schiller Flexner LLP Cash Balance Plan
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2025 Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Weighted Average Retirement Age

The normal retirement age in the Plan is age 62. Based on the current demographics of the Plan, for the actuarial valuation as of January 1, 2025, participants are assumed to retire at the end of the year based on the following schedule. For the purposes of calculating the weighted average retirement age, the weighted average retirement age was calculated based on assumed retirement age.

Retirement Age	Retirement Rate	Weighted Average Retirement Age
<62	0.0%	67.42
62	15.0%	
63	15.0%	
64	20.0%	
65	20.0%	
66	15.0%	
67	5.0%	
68	5.0%	
69	5.0%	
70	50.0%	
71	50.0%	
72	50.0%	
73	50.0%	
74	50.0%	
>=75	100.0%	

Boies Schiller Flexner LLP
Boies Schiller Flexner LLP Cash Balance Plan
EIN: 65-1160056 / PN: 002
2025 Schedule SB, Part V - Summary of Plan Provisions

Plan Name	Boies Schiller Flexner LLP Cash Balance Plan
Plan Sponsor	Boies Schiller Flexner LLP
Adoption Date	September 5, 2023
Effective Date	January 1, 2022. The latest amendment recognized was adopted December 27, 2023 and effective January 1, 2023.
Employer	Boies Schiller Flexner LLP, or any successor partnership, limited liability company, corporation or other business entity by merger, consolidation, purchase, or otherwise, that elects to adopt the Plan.
Plan Year	Calendar Year
Eligible Employees	Eligible Employees are: (1) All Partners except: (a) Partners listed in Appendix B of the Plan Document and (b) Non-Equity Partners who are not Highly Compensated Employees for a given Plan Year; (c) Founders of Boies Schiller Flexner LLP; and (2) Employees of the Employer who are Finance Managers, Directors, Controllers, or have "Chief" in their job title as such terms are defined in the applicable documents and procedures of the Firm, except Employees listed in Appendix B of the Plan Document.
Entry Date	The Entry Date is the date an employee becomes an Eligible Employee and attains age twenty-one (21).
Participation	Each Employee who becomes an Eligible Employee shall become a Participant as of the Entry Date for the Plan Year during which the Employee becomes an Eligible Employee and attains age twenty-one (21); provided, however, that an Eligible Employee who: (1) is employed by the Employer on the date during 2023 that this Plan is adopted and was hired prior to July 1, 2022 shall become a Participant as of the Effective Date; (2) is employed by the Employer on the date during 2023 that this Plan is adopted and was hired on or after July 1, 2022 and prior to January 1, 2023 shall become a Participant as of January 1, 2023; (3) is employed by the Employer on the date during 2023 that this Plan is adopted and was hired on or after January 1, 2023 shall become a Participant as of the Entry Date for the Plan Year during which the Employee becomes an Eligible Employee and attains age twenty-one (21); or (4) terminated service with the Employer during 2022 or 2023 prior to the date on which the Plan is adopted shall not become a Participant except upon rehire as an Eligible Employee.
Years of Service for Vesting	Vesting Service is credited for the period between the employee's date of hire and ending on the employee's date of termination.

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Boies Schiller Flexner LLP Cash Balance Plan
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2025 Schedule SB, Part V - Summary of Plan Provisions

Vesting

Participants become 100% vested in their benefits upon attaining 3 Years of Service for Vesting.

Deemed Account Balance

For any Participant, as of any date, the Participant's Deemed Plan Year Allocations credited to such date, as increased or decreased to reflect his or her Deemed Investment Experience to such date and decreased by the amount of any distributions the Participant may have received to such date. At the time of benefit commencement, a Participant's Deemed Account Balance shall be no less than the sum of the Participant's Deemed Plan Year Allocations.

Deemed Plan Year Allocation

An amount that is credited to an Eligible Employee's Deemed Account Balance for a Plan Year as determined by their Group assignment and Group Allocation as follows:

(1) Group 1 is defined in Appendix A of the Plan Document. Eligible Employees are assigned to Groups 2—7 based on the performance tier to which they are assigned. The performance tiers are used by the Employer to classify Employees' performance as defined in the applicable documents and procedures of the Firm. Group Allocations are as shown in the table below.

Group	Group Allocation
1	$10,000
2	$15,000
3	$25,000
4	$75,000
5	$125,000
6	$170,000
7	$300,000

(2) If the Group Allocation exceeds 50% of Bonus, the Group Allocation is limited to Bonus multiplied by the Bonus Limitation. The Bonus Limitation is 0% for Group 3 and 50% for all other Groups.

(3) A Participant cannot accrue more than the amount which would be eligible to be paid without limitation under IRC Section 415(b) in a given Plan Year

(4) The Group Allocation for a Plan Year in which an employee becomes a Participant or terminates employment is prorated by a fraction, the numerator of which is the number of months in which an Hour of Service was rendered after the 14th day of such month and the denominator of which is 12.

Bonus

Employee's performance-based bonus for the calendar year coinciding with the Plan Year.

Hour of Service

Each hour for which an Eligible Employee is paid, directly or indirectly, or entitled to payment, for the performance of services for an Employer.

Valuation Date

The last day of each calendar month during a Plan Year and such other day(s) as may be prescribed by the Plan Administrator.

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2025 Schedule SB, Part V - Summary of Plan Provisions

Annuity Starting Date	An Annuity Starting Date shall occur on the last day of a calendar month during a Plan Year. For termination on, or after, Normal Retirement Date, the Annuity Starting Date is the first day of the calendar month immediately following termination.
Deemed Investment Experience	As of any Valuation Date, a credit for earnings, or a debit for losses (after taking into account fees and expenses) on the Plan's aggregate assets held in the Trust since the immediately preceding Valuation Date in accordance with the formula: $i_a = [(1+i_m)^{12}]-1$ $i_m^{adj} = [(1+ i_a - 0.0025)^{(1/12)}]-1$ where i_m=unadjusted monthly rate of return on the Plan's assets i_a=unadjusted annualized rate of return on the Plan's assets i_m^{adj} =adjusted monthly rate of return on the Plan's assets to be applied to Deemed Account Balances as Deemed Investment Experience. All distributions are deemed to be paid as of an Annuity Starting Date, all contributions are deemed to be made as of a Valuation Date, and all Deemed Plan Year Allocations are deemed to be credited as of a Valuation Date. Each Participant's Deemed Account Balance shall be adjusted to reflect Deemed Investment Experience in the same manner as if his or her Deemed Account Balance were actually invested in the assets from which Deemed Investment Experience is derived.
Capital Preservation $1,000 Requirement	An increase, in the amount of a Participant's Deemed Account Balance, determined as of the Valuation Date that coincides with the Annuity Starting Date, of more than $1,000 in order for it to equal the sum of his or her Deemed Plan Year Allocations.
Capital Preservation Adjustment Amount	The excess, if any, of (i) the sum of a Participant's Deemed Plan Year Allocations to the current Annuity Starting Date over (ii) the sum of (x) the amount of his or her Deemed Account Balance as of the current Annuity Starting Date (determined without applying the Capital Preservation $1,000 Requirement and (y) the sum of the amounts of his or her Deemed Account Balance as of all prior Annuity Starting Dates.
Normal Retirement Age	Age 62
Normal Retirement Date	The last day of the calendar month coincident with, or during which, a Participant attains Normal Retirement Age
Termination and Death Benefit	Equal to Deemed Account Balance, but no less than the sum of the Deemed Plan Year Allocations (subject to Capital Preservation considerations).
Distribution of Benefits prior to Normal Retirement	(1) A Participant who terminates with the Affiliated Employers prior to Normal Retirement Date may elect to receive a distribution as of an Annuity Starting Date following termination but not later than Normal Retirement Date;

	provided, however, that if a Capital Preservation $1,000 Requirement would apply to such distribution, payment may not occur until the earlier of the first Annuity Starting Date on which the Capital Preservation $1,000 Requirement does not apply or the Participant's Normal Retirement Date if the Participant is a Highly Compensated Employee. This restriction does not apply to death benefits. See below for further details. (2) A Participant who on or after his or her attainment of age 59 ½ has not terminated employment with the Affiliated Employers may elect, if a Capital Preservation $1,000 Requirement would not apply to such distribution, to receive a distribution commencing as soon as administratively possible as of the May 31st that coincides with or immediately follows attainment of age 59 ½ or any May 31st thereafter. The Capital Preservation restriction also applies to in-service distributions after Normal Retirement Age but prior to the Required Beginning Date.
Deemed Account Balance as of Annuity Starting Date (for Distribution Purposes)	For purposes of distributing a Participant's Benefit as of an Annuity Starting Date, the amount of his or her Deemed Account Balance shall not be less than the sum of his or her Deemed Plan Year Allocations (with no Deemed Plan Year Allocation taken into account more than once) to such Annuity Starting Date reduced by the amount of any distributions made to such Annuity Starting Date. If, as of an Annuity Starting Date, a Participant's Capital Preservation Adjustment Amount would exceed $0, the Participant's Deemed Account Balance shall be increased by the amount of his or her Capital Preservation Adjustment Amount if one of the following occur: (1) A Participant has terminated his or her employment with the Affiliated Employers prior to the Participant's Normal Retirement Date and a Capital Preservation $1,000 Requirement does not apply; or (2) A Participant has terminated his or her employment with the Affiliated Employers and attained his or her Normal Retirement Date; or (3) A Participant has not terminated his or her employment with the Affiliated Employers, attained his or her Normal Retirement Date and a Capital Preservation $1,000 Requirement does not apply; or (4) A Participant has attained his or her Required Beginning Date At such time as payment of a Participant's Benefit occurs, whether in the form of an annuity or a Lump Sum, his or her Deemed Account Balance shall be reduced to zero.
Required Beginning Date	If a Participant has not terminated his or her employment prior to April 1 of the calendar year following the calendar year during which he or she attains age seventy and one-half (70½), his or her Benefit must commence to be distributed as of the December 31 that immediately precedes such April 1 and, if a claim for his or her Benefit has not been made by the Participant, payment shall be made in the Normal Form. This requirement applies regardless of whether the Participant is a 5-percent owner (as defined in section 416 of the Code).
Normal Form	For a Participant who does not have a Spouse, a Life Annuity or, for a Participant who does have a Spouse, a Qualified Joint & Survivor

	Annuity.
Optional Payment Forms	Other than a lump sum, the amount of any optional form of payment is the Actuarial Equivalent of the Participant's Benefit as of the Valuation Date that coincides with the Annuity Starting Date. The amount of a Lump Sum is equal to the Participant's Benefit as of the Valuation Date that coincides with the Annuity Starting Date. The optional forms of payment are: (1) Qualified Optional Survivor Annuity, or (2) Lump Sum.
Qualified Joint & Survivor Annuity	A nonincreasing annuity, payable monthly, for the life of the Participant, with a survivor annuity for the remaining life of the Participant's Spouse, provided that the Spouse survives the Participant, which is 50% of the amount of the annuity that is payable during the life of the Participant. If the Spouse dies before the Participant, then payments end with the calendar month during which the Participant dies. As of the Annuity Starting Date, the Qualified Joint and Survivor Annuity shall be the Actuarial Equivalent of the Participant's Benefit.
Qualified Optional Annuity	A nonincreasing annuity, payable monthly, for the life of the Participant, with a survivor annuity for the remaining life of the Participant's Spouse, provided that the Spouse survives the Participant, which is 75% of the amount of the annuity that is payable during the life of the Participant. If the Spouse dies before the Participant, then payments end with the calendar month during which the Participant dies. As of the Annuity Starting Date, the Qualified Optional Survivor Annuity shall be the Actuarial Equivalent of the Participant's Benefit.
Actuarial Equivalent	A form of payment having in the aggregate equality in value to the Participant's Deemed Account Balance based upon (i) an annual rate of interest equal to the interest rate on 30-year Treasury Securities, as published by the Commissioner of the IRS, for the month of October immediately preceding the Plan Year that contains the Annuity Starting Date and (ii) the mortality table prescribed by the Secretary of the Treasury, pursuant to section 417(e)(3)(B) of the Code, for the calendar year coinciding with the Plan Year that contains the Annuity Starting Date.

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2025 Schedule SB, Line 24 – Change in Actuarial Assumptions

The 2025 valuation reflects the following change in non-prescribed actuarial assumptions:

- The administrative expenses were updated from $110,000 in 2024 to $87,000 in 2025.