

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program
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 <u>LOCKE LORD LLP 2017 PARTNERS CASH BALANCE PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>012</u>
	1c Effective date of plan <u>01/01/2017</u>
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) <u>LOCKE LORD LLP</u> <u>2200 ROSS AVENUE SUITE 2800</u> <u>DALLAS, TX 75201-2748</u>
2b	Employer Identification Number (EIN) <u>74-1164324</u>
2c	Plan Sponsor's telephone number <u>214-740-8000</u>
2d	Business code (see instructions) <u>541110</u>

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.	10/07/2022	E PHILIP BUSH
	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

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	341
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)	300
a(2) Total number of active participants at the end of the plan year		6a(2)	282
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	43
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	325
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	325
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 3B			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

A Name of plan <u>LOCKE LORD LLP 2017 PARTNERS CASH BALANCE PLAN</u>	B Three-digit plan number (PN) ▶ <u>012</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>LOCKE LORD LLP</u>	D Employer Identification Number (EIN) <u>74-1164324</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>	
2 Assets:	
a Market value	2a <u>45222280</u>
b Actuarial value	2b <u>45222280</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>0</u> (2) Vested Funding Target <u>0</u> (3) Total Funding Target <u>0</u>
b For terminated vested participants.....	<u>38</u> <u>2357972</u> <u>2357972</u>
c For active participants	<u>303</u> <u>36060873</u> <u>36093945</u>
d Total.....	<u>341</u> <u>38418845</u> <u>38451917</u>
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 <u>5.31</u> %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a <u>10265618</u>
b Expected plan-related expenses	6b <u>5000</u>
c Total (line 6a + line 6b)	6c <u>10270618</u>

Statement by Enrolled Actuary

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

SIGN HERE	
Signature of actuary	Date
<u>LISA MCGUIRE FUENTES</u>	<u>20-08749</u>
Type or print name of actuary	Most recent enrollment number
<u>PRICEWATERHOUSECOOPERS LLP</u>	<u>312-298-2000</u>
Firm name	Telephone number (including area code)
<u>ONE NORTH WACKER DRIVE</u> <u>CHICAGO, IL 60606</u>	
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 ☐

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

**Schedule SB (Form 5500) 2021
v. 201209**

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>7.71</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		5475247
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.07</u> %		277595
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		5752842
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	117.60 %
15 Adjusted funding target attainment percentage	15	117.60 %
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	112.87 %
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
09/20/2021	3523980	0			
02/01/2022	7387933	0			
Totals ▶			18(b)	10911913	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	10380161

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: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
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 Is the plan required to provide a Schedule of Active Participants? 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	10270618	
b Excess assets, if applicable, but not greater than line 31a	31b	6770363	
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	3500255	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	3500255	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	10380161	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	6879906	
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 Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan LOCKE LORD LLP 2017 PARTNERS CASH BALANCE PLAN	B Three-digit plan number (PN) ▶	012
C Plan sponsor's name as shown on line 2a of Form 5500 LOCKE LORD LLP	D Employer Identification Number (EIN) 74-1164324	

Part I	Service Provider Information (see instructions)
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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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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

WELLS FARGO

1525 WEST W.T. HARRIS BLVD.
CHARLOTTE, NC 28262

94-1347393

(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?
15 21	TRUSTEE RECORDKEEPER	15388	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 ☐

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)

(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 ☐

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan LOCKE LORD LLP 2017 PARTNERS CASH BALANCE PLAN	B Three-digit plan number (PN) ►	012
C Plan sponsor's name as shown on line 2a of Form 5500 LOCKE LORD LLP	D Employer Identification Number (EIN) 74-1164324	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	8384579	7387933
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	8	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2746683	101742
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	34147367	46232850
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	45278637	53722525

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	45278637	53722525
---	-----------	----------	----------

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)	10911914	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		10911914
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	634083	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		634083
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-201039
c Other income.....	2c		320
d Total income. Add all income amounts in column (b) and enter total.....	2d		11345278
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2885645	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		2885645
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	15745	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		15745
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2901390
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		8443888
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) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: WHITLEY PENN LLP

(2) EIN: 75-2393478

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year <u>443161</u> .			

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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>LOCKE LORD LLP 2017 PARTNERS CASH BALANCE PLAN</u>	B Three-digit plan number (PN) ▶ <u>012</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LOCKE LORD LLP</u>	D Employer Identification Number (EIN) <u>74-1164324</u>

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	<u>0</u>
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): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>19</u>

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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 _____

**LOCKE LORD LLP
2017 PARTNERS CASH BALANCE PLAN**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES**

**Years Ended December 31, 2021 and 2020
with Report of Independent Auditors**

LOCKE LORD LLP
2017 PARTNERS CASH BALANCE PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

Years Ended December 31, 2021 and 2020

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REPORT OF INDEPENDENT AUDITORS

To the Benefits Committee and Trustees of the
Locke Lord LLP 2017 Partners Cash Balance Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of the Locke Lord LLP 2017 Partners Cash Balance 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) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, the related statement of changes in net assets available for benefits for the year then ended, the statement of accumulated plan benefits as of December 31, 2020, the related statement of changes in accumulated plan benefits for the year then ended December 31, 2020, and the related notes to the financial statements (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 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 Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit 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 Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note D to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor’s Responsibilities for the Audit of the 2021 Financial Statements section:

- the amounts and disclosures in the accompanying 2021 Financial Statements, 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.
- the information in the accompanying 2021 Financial Statements 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 on the 2021 Financial Statements

We conducted our audit 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 2021 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 audit. 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 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management’s election of the ERISA Section 103(a)(3)(C) audit 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 for one year after the date that the financial statements are 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 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements 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 audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, 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 accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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 Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedules of Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4j – Schedule of Reportable Transactions as of and for the year ended December 31, 2021, 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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 Department of Labor'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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- 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).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 13, 2021 we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink that reads "Whitley Penn LLP". The signature is written in a cursive, flowing style.

Plano, Texas
October 7, 2022

LOCKE LORD LLP 2017 PARTNERS CASH BALANCE PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

Assets	December 31,	
	2021	2020
Investments, at fair value:		
Mutual funds	\$ 46,232,850	\$ 34,147,367
Money market fund	101,742	2,746,683
Total investments at fair value	<u>46,334,592</u>	<u>36,894,050</u>
Receivables:		
Accrued income	-	8
Employer contribution receivable	<u>7,387,933</u>	<u>8,384,579</u>
Net assets available for benefits	<u><u>\$ 53,722,525</u></u>	<u><u>\$ 45,278,637</u></u>

See accompanying notes to financial statements.

LOCKE LORD LLP 2017 PARTNERS CASH BALANCE PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31, 2021	2020
Additions to Net Assets		
Investment income:		
Net realized and unrealized (loss) gain on investments	\$ (201,039)	\$ 1,796,804
Interest and dividends	634,083	642,639
Total investment income	433,044	2,439,443
Other income	320	344
Employer contributions	10,911,914	12,831,740
Total additions to net assets	11,345,278	15,271,527
Deductions from Net Assets		
Benefits paid to participants	2,885,645	4,372,461
Administrative expenses	15,745	8,418
Total deductions from net assets	2,901,390	4,380,879
Net increase in net assets available for benefits	8,443,888	10,890,648
Net assets available for benefits at beginning of year	45,278,637	34,387,989
Net assets available for benefits at end of year	<u>\$ 53,722,525</u>	<u>\$ 45,278,637</u>

See accompanying notes to financial statements.

LOCKE LORD LLP 2017 PARTNERS CASH BALANCE PLAN

STATEMENT OF ACCUMULATED PLAN BENEFITS

December 31, 2020

Actuarial present value of accumulated plan benefits:

Vested benefits	
Participants receiving payments	\$ -
Participants with deferred benefits	2,629,892
Other participants	41,275,817
Total vested benefits	<u>43,905,709</u>
 Nonvested benefits	 <u>39,000</u>
 Total actuarial present value of accumulated plan benefits	 <u><u>\$ 43,944,709</u></u>

See accompanying notes to financial statements.

LOCKE LORD LLP 2017 PARTNERS CASH BALANCE PLAN
STATEMENT OF CHANGES IN ACCUMULATED BENEFITS

Year Ended December 31, 2020

Actuarial present value of accumulated plan benefits at beginning of year	\$ 34,290,585
Increase (decrease) during the year attributable to:	
Net benefits accumulated (including actuarial gains and losses)	13,111,173
Benefits paid	(4,372,461)
Change in discount period	915,412
Change in assumptions	-
Net change for the year	<u>9,654,124</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 43,944,709</u></u>

See accompanying notes to financial statements.

LOCKE LORD LLP 2017 PARTNERS CASH BALANCE PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2021 and 2020

A. Description of the Plan

The following brief description of the Locke Lord LLP 2017 Partners Cash Balance Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

Locke Lord LLP (the “Firm” or “Company”) adopted the Plan on January 1, 2017. The Plan is a cash balance defined benefit pension plan available to all eligible partners, selected employees of the Firm, Locke Lord Strategies and Keith D. Parr, P.C., a participating employer (collectively, the “Employer”). The Plan is provided for eligible partners and selected employees, except non-resident aliens who do not receive any U.S. source income, and leased employees. Participation is available for all eligible partners and selected employees who have completed one year of service as defined by Plan documents. The Plan provides for the payment of retirement benefits pursuant to its benefit provisions. The Plan is subject to the provisions of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (“ERISA”), and applicable provisions of the Internal Revenue Code (“IRC”). All investments are non-participant directed.

Effective May 31, 2020, the Plan was amended to suspend cash balance credits and suspend entry of new participants into the Plan to evaluate the effects of COVID-19. However, during December 2020, the Plan was retroactively amended to reinstate the cash balance credits and entry of new participants.

Contributions (Funding Policy)

A notional account (“Cash Balance Account”) is maintained for each participant in the Plan. A participant’s Cash Balance Account is credited with “Cash Balance Credits” and “Interest Credits”, as defined in the Plan documents. The Plan’s actuary determines the actual contribution required of the Employer in order for the Plan to satisfy the Plan’s benefit obligations which are based on such Credits. The Company’s funding policy is to make annual contributions to the Plan in amounts as determined by the actuary that are estimated to provide for the required employee’s pension benefits. The annual contributions are to equal or exceed the amount required by the “minimum funding standard” of the IRC Section 412. The Plan has met the minimum funding requirements for ERISA for the Plan years ended December 31, 2021 and 2020. The Employer funded \$10,911,914 and \$12,831,740 to the Plan for the years ending December 31, 2021 and 2020, respectively. The employer contributions include an employer contribution receivable for \$7,387,933 and \$8,384,579, as of December 31, 2021 and 2020, respectively.

LOCKE LORD LLP 2017 PARTNERS CASH BALANCE PLAN

NOTES TO FINANCIAL STATEMENTS *(continued)*

A. Description of the Plan – continued

Retirement Benefits

Normal retirement age for the Plan is when the participant attains age 62. The participant is eligible the first month coincident with or next following the attainment of normal retirement. The normal retirement benefit is provided as the cash balance account, or its actuarial equivalent payable as an annuity, subject to Internal Revenue Service (“IRS”) maximums.

Death Benefits

If a participant dies prior to his or her pension starting date, a death benefit based on the amount of the participant’s Cash Balance Account is paid to the participant’s named beneficiary. If the beneficiary is the participant’s spouse, the payment will be made in the form of a “pre-retirement survivor annuity”, as defined in the Plan documents, which has a value equal to the amount of the participant’s Cash Balance Account. If, however, the beneficiary is not the participant’s spouse then the death benefit shall be paid in the form of a single lump sum cash payment equal to the amount of the participant’s Cash Balance Account.

Vesting

Participants become fully vested in the Plan after three years of service.

Forfeitures

Any forfeitures arising from the termination of employment or death of a participant, or for any other reason, are used to reduce the contribution of the Employer under the Plan. There were no forfeitures for the years ended December 31, 2021 and 2020.

Administrative Expenses

Employees of the Company perform certain administrative functions with no compensation from the Plan. In accordance with Plan provisions, the Company pays substantially all costs relating to asset charges and recordkeeping. All significant administrative expenses are paid by the Company and are not reflected in the accompanying financial statements. However, administrative expenses can be paid for by the Plan.

B. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (“GAAP”).

LOCKE LORD LLP 2017 PARTNERS CASH BALANCE PLAN

NOTES TO FINANCIAL STATEMENTS (*continued*)

B. Summary of Significant Accounting Policies – continued

Use of Estimates

The preparation of the financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from these estimates.

Investments, Investment Valuation, and Income Recognition

The Plan's investments (mutual funds) are reported at fair value based on the quoted market price of the fund which represents the net asset value of the shares held by the fund at year-end.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends, which include capital gain distributions from mutual funds, are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. 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 the Plan's actuary, PricewaterhouseCoopers ("PwC") 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, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of January 1, 2021 and 2020, include a) for 2021 and 2020, RP-2014 Total Data Set nonannuitant and annuitant mortality table adjusted to 2006 for males and females, projected fully generationally with Scale MP- 2019 and 2018, respectively; b) retirement age assumptions (normal age of retirement is 62 for the Plan); and c) investment return (discount rate of 2.85% for January 1, 2021 and 2020). For 2021 or 2020, no disability is assumed as the termination due to disability is implicitly included in the retirement rates and retirement rates are based the Company's historical experience and future expectations for the Plan. Benefits accumulated, including actuarial adjustments, include the effects of actuarial experience gains and losses.

LOCKE LORD LLP 2017 PARTNERS CASH BALANCE PLAN

NOTES TO FINANCIAL STATEMENTS (*continued*)

B. Summary of Significant Accounting Policies – continued

Actuarial Present Value of Accumulated Plan Benefits – continued

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated benefits. The actuarial present value of accumulated plan benefits was calculated January 1, 2021. Had the calculation been performed as of December 31, 2020, there would have been no material differences.

Payment of Benefits

Benefits are recorded when paid.

Cash and Cash Equivalents

All highly-liquid investments with a maturity of three months or less when purchased are treated as cash equivalents. At December 31, 2021 and 2020, the Plan held such investments primarily in one financial institution, which at times exceeded amounts covered by insurance provided by the U.S. Federal Deposit Insurance Corporation (“FDIC”). The Plan has not experienced any losses related to amounts in excess of FDIC limits.

C. 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). Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described below:

- Level 1 — Inputs to the valuation methodology are quoted prices in active markets for identical assets or liabilities that the Plan can access at the measurement date.
- Level 2 — Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 — Inputs that are unobservable and significant to the fair value measurement of the asset or liability.

LOCKE LORD LLP 2017 PARTNERS CASH BALANCE PLAN

NOTES TO FINANCIAL STATEMENTS *(continued)*

C. Fair Value Measurements – continued

The asset 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. The following is a description of the valuation methodologies used for assets measured at fair value.

There have been no changes in the methodologies used at December 31, 2021 and 2020:

- *Registered investment companies (or "mutual funds")* — Valued at 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 ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. These are classified within Level 1 of the valuation hierarchy.
- *Money market funds* — Valued based on the short-term cash component as of the measurement date and classified within Level 1 of the valuation hierarchy.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

There have been no changes in the methodologies used at December 31, 2021 and 2020. The following table details the Plan's investments at fair value by level, within the fair value hierarchy, as of December 31, 2021 and 2020. The Plan has no assets classified within Level 2 or Level 3 of the valuation hierarchy.

2021				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$46,232,850	\$ -	\$ -	\$46,232,850
Money market fund	101,742			101,742
Total investment at fair value	<u>\$46,334,592</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$46,334,592</u>
2020				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$34,147,367	\$ -	\$ -	\$34,147,367
Money market fund	2,746,683			2,746,683
Total investment at fair value	<u>\$36,894,050</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$36,894,050</u>

LOCKE LORD LLP 2017 PARTNERS CASH BALANCE PLAN

NOTES TO FINANCIAL STATEMENTS *(continued)*

C. Fair Value Measurements – continued

These items are classified in their entirety based on the lowest priority level of input that is significant to the fair value measurement. The assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the placement of assets and liabilities within the levels of the fair value hierarchy.

D. Certified Investments

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 31, 2021 and 2020, and net appreciation (depreciation) in fair value of investments and interest and dividends for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by Wells Fargo Bank, N.A., (the trustee of the Plan).

E. Tax Status

The Plan received a favorable determination letter on March 27, 2019, in which the IRS stated that the Plan, as designed, was in compliance with the applicable requirements of the Code. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Company believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan will be qualified and the related trust was tax-exempt as of the financial statement date.

GAAP requires 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 administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

F. Plan Termination

The Employer can terminate the Plan at any time subject to provisions of ERISA. If it does, the trust fund must be held for the benefit of the participants (and beneficiaries), and all accrued benefits become fully vested.

LOCKE LORD LLP 2017 PARTNERS CASH BALANCE PLAN

NOTES TO FINANCIAL STATEMENTS *(continued)*

F. Plan Termination – continued

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (“PBGC”) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, certain disability benefits, 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. However, there is a statutory ceiling, which is adjusted periodically on the amount of an individual’s monthly benefit that the PBGC guarantees.

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 Employer and the level of benefits guaranteed by the PBGC.

G. Risk and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. 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 statement of net assets available for benefits.

Plan contributions are made and actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

H. Parties-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee organization, or relatives of such persons.

The Plan invests in shares of mutual funds managed by Wells Fargo Bank, N.A. and acts as trustee for only those investments as defined by the Plan. Transactions in such investments, qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules. The Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

LOCKE LORD LLP 2017 PARTNERS CASH BALANCE PLAN

NOTES TO FINANCIAL STATEMENTS *(continued)*

I. Subsequent Events

In preparing the accompanying financial statements, management has evaluated all subsequent events and transactions for potential recognition or disclosure through October 7, 2022, the date the financial statements were available for issuance.

Subsequent to year end, the Plan transferred to Principal Trust Company.

Attachment to the 2021 Schedule SB (Form 5500)

Locke Lord LLP 2017 Partners Cash Balance Plan
 EIN / PN: 74-1164324 / 012

Schedule SB, Line 26 - Schedule of Active Participant Data

Schedule of Active Participant Data

Completed Years of Service on January 1, 2021¹

Attained Age	Under 1 year		1 to 4 years		5 to 9 years		10 to 14 years		15 to 19 years		20 to 24 years		25 to 29 years		30 to 34 years		35 to 39 years		Over 40 years		Total
	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	
<25																					
25-29																					
30-34			2																		2
35-39	7		27																		34
40-44	1		32																		33
45-49			37																		37
50-54	2		40																		42
55-59			43																		43
60-64	1		39																		40
65-69			24																		24
70 & Up			6																		6
Total	11		250																		261

¹Credited Service

Attachment to the 2021 Schedule SB (Form 5500)

Locke Lord LLP 2017 Partners Cash Balance Plan
EIN / PN: 74-1164324 / 012

Schedule SB, Line 26 - Schedule of Inactive Participant Data

Schedule of Inactive Participant Data

Completed Years of Service on January 1, 2021¹

Attained Age	Under 1 year		1 to 4 years		5 to 9 years		10 to 14 years		15 to 19 years		20 to 24 years		25 to 29 years		30 to 34 years		35 to 39 years		Over 40 years		Total
	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	
<25																					
25-29																					
30-34																					
35-39			1																		1
40-44			5																		5
45-49			5																		5
50-54			6																		6
55-59			7																		7
60-64	1		4																		5
65-69			9																		9
70 & Up			4																		4
Total	1		41																		42

¹Credited Service

Attachment to the 2021 Schedule SB (Form 5500)

Locke Lord LLP 2017 Partners Cash Balance Plan

EIN / PN: 74-1164324 / 012

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

A. Actuarial Assumptions for Funding Purposes

Discount Rate

September 2020 American Rescue Plan Act ("ARPA") segment rates, which amended the MAP-21 segment rates under Section 430(h)(2)(C)
(Minimum Funding Purposes)

1st Rate: 4.75%

2nd Rate: 5.36%

3rd Rate: 6.11%

Other Economic Assumptions

Interest Crediting Rate 2.85%

Salary Increases None

Inflation N/A

Plan Administrative Expenses \$5,000

Expected Investment Return 2.85%

Form of Payment

Lump sum payment is assumed for all distributions including death benefits and beneficiaries

Mortality

2021 PPA separate static annuitant and nonannuitant mortality tables.

Retirement Rates

All participants are assumed to retire at the later of:
(a) Normal retirement date
(b) After the end of the current plan year

Attachment to the 2021 Schedule SB (Form 5500)

Locke Lord LLP 2017 Partners Cash Balance Plan

EIN / PN: 74-1164324 / 012

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

A. Actuarial Assumptions for Funding Purposes (continued)

Withdrawal Rates None

Disability Rates None

Other Assumptions

Timing Decrements are assumed to occur as of the middle of the year.

Maximum Compensation Not applicable as the plan is cash balance design with flat dollar cash balance credits.

Maximum Benefits The maximum benefit payable under IRC Section 415 at normal retirement age is \$230,000 for 2021.

Changes Since prior Valuation

The effective interest rate increased from 5.07% to 5.31%.

The valuation pre-retirement mortality assumption was changed from the static annuitant and nonannuitant RP 2006 mortality tables for males and females, adjusted for mortality improvements using projection Scale MP-2018, for plan years beginning in 2020, to the static annuitant and nonannuitant RP 2006 mortality tables for males and females, adjusted for mortality improvements using projection Scales MP-2019, for plan years beginning in 2021. This change was made to comply with the requirements of IRC Section 430.

All other actuarial assumptions were the same as those used in the January 1, 2020 actuarial valuation.

Attachment to the 2021 Schedule SB (Form 5500)

Locke Lord LLP 2017 Partners Cash Balance Plan

EIN / PN: 74-1164324 / 012

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

B. Actuarial Methods for Funding Purposes

Minimum Funding Methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the year.
- An individual's funding target is the present value of the future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's target normal cost is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's target normal cost is the sum of the individual target normal costs, and the plan's funding target is the sum of the individual funding targets for all participants under the plan.

Maximum Deductible Contribution Method

Calculations of maximum deductible contributions include the excess of the funding target computed using the projected unit credit method over the minimum funding target. The objective of the projected unit credit method is to fund each participant's benefits under the plan as they accrue, taking into consideration expected future compensation increases. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- An individual's projected funding target is the present value of benefits based on credited service as of the beginning of the plan year and projected compensation that would be used in the calculation of the benefit on each expected separation date. If multiple decrements are used, the projected funding target for an individual is the sum of the component projected funding targets associated with the various anticipated separation dates.
- The plan's projected funding target is the sum of the projected funding targets for all participants of the plan. The excess of the plan's projected funding target over the plan's funding target is included in the cushion amount.

Attachment to the 2021 Schedule SB (Form 5500)

Locke Lord LLP 2017 Partners Cash Balance Plan

EIN / PN: 74-1164324 / 012

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

B. Actuarial Methods for Funding Purposes (continued)

Asset and Liability Methods

We used financial data submitted by the trustee as of January 1, 2021 without further audit. Customarily, this information would not be verified by a plan's actuary. We have reviewed the information for internal consistency and we have no reason to doubt its substantial accuracy.

The asset valuation method used as of January 1, 2021 is the market value of assets, including receivable contributions.

We have used and evaluated actuarial models in accordance with Actuarial Standards of Practice ("ASOP") No. 56. PwC uses the ProVal valuation system developed by Winklevoss Technologies, LLC in performing valuations of pension and postretirement benefit plans. We have utilized the ProVal software to prepare the valuation results presented herein. ProVal is used to value participant data through projecting retirement benefits and applying plan specific assumptions, methods and plan provisions under applicable accounting and funding standards. PwC is not aware of any material limitations or known weaknesses in the ProVal software.

Participant Methods

Participants or former participants are included or excluded from the valuation as described below:

Participants included: The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.

Participants excluded: No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.

Insurance contracts: The plan does not have any insurance contracts.

There were no changes in actuarial methods from January 1, 2020 to January 1, 2021.

Attachment to the 2021 Schedule SB (Form 5500)

Locke Lord LLP 2017 Partners Cash Balance Plan

EIN / PN: 74-1164324 / 012

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

C. Assumptions Rationale

Valuation Interest Rates	The interest rate assumptions used is prescribed by IRC section 430(h) subject to specified elections by the plan sponsor.
Mortality	The mortality assumption used is in accordance with Treasury Regulations 1.430(h)(3).
Expected Investment Return	The expected investment return reflects the expected long-term return of various capital markets as determined by the plan sponsor based on the investment policy established for the Plan.
Administrative Expenses	The administrative expenses assumption is set based on the plan sponsor's historical experience and expectations for future expenses to be paid from the trust.
Retirement Rates	Retirement rates are set based on the plan sponsor's historical experience and future expectations with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.
Disability Rates	No disability is assumed as the termination due to disability is implicitly included in the retirement rates. This assumption is not expected to generate material actuarial gains or losses.
Form of Payment	The form of payment assumption is set based on the plan sponsor's best expectations given the plan provisions with periodic monitoring of observed gains and losses caused by form of payment election patterns different than assumed.
Interest Crediting Rate	This assumption is set considering historical increases and based on management's best estimate of future expectations of investment return on based on the investment policy established for the Plan.

Attachment to the 2021 Schedule SB (Form 5500)

Locke Lord LLP 2017 Partners Cash Balance Plan

EIN / PN: 74-1164324 / 012

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

D. Assessment of Risk Associated with Measurement of Plan Obligations and Contributions

In accordance with Actuarial Standard of Practice No. 51 we have assessed the following risks related to the measurement of the Plan's obligations and determination of contributions:

- Investment risk
- Interest rate risk
- Asset / Liability mismatch risk
- Longevity and other demographic risks
- Contribution risk

The Plan's investments are governed by an investment policy set by the Firm and executed by the Firm's investment managers. As of January 1, 2021, the Plan's assets were primarily invested in fixed income mutual funds. While there is investment risk, the Plan's funding policy is to contribute amounts to fully fund each participant's Plan benefit accrual each year.

Funding valuations under ERISA are required to determine plan liabilities using interest rates based on investment-grade corporate bonds. The Plan's funding target is determined based on the 24-month average of segment rates, adjusted for the corridor around the 25-year average of segment rates under the American Rescue Plan Act (ARPA) of 2021.

The interest rates used to determine the PBGC liability are not affected by the 25-year corridor.

Future changes in the mandated interest rates will impact the asset/liability mismatch, minimum required contributions and PBGC variable rate premiums.

Due to the nature of the plan and actual plan experience, there is no significant demographic risk associated with retirement, withdrawal or disability.

There is no significant longevity risks as all participants are assumed to take a lump sum payment of their Plan benefit which has been consistent with actual Plan experience.

The Plan's funding policy is to contribute amounts necessary to fully fund each participant's Plan benefit accrual, but not less than the level necessary to keep the plan in compliance with the minimum funding requirements imposed by law. For the 2021 Plan Year, contributions were made in excess of the minimum required contribution.

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		

A This return/report is for:

☐ a multiemployer plan

☒ a single-employer plan

☐ the first return/report
☐ an amended return/report

☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☐ a DFE (specify) _____
☐ the final return/report
☐ a short plan year return/report (less than 12 months)

B This return/report is:

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

D Check box if filing under:

☒ Form 5558
☐ special extension (enter description)

☐ automatic extension
☐ the DFVC program

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 Locke Lord LLP 2017 Partners Cash Balance Plan	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">012</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/2017</td> </tr> </table>	1b Three-digit plan number (PN) ▶	012	1c Effective date of plan 01/01/2017	
1b Three-digit plan number (PN) ▶	012					
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) Locke Lord LLP 2200 Ross Avenue Suite 2800 Dallas TX 75201-2748	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 74-1164324</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 214-740-8000</td> </tr> <tr> <td>2d Business code (see instructions) 541110</td> </tr> </table>	2b Employer Identification Number (EIN) 74-1164324	2c Plan Sponsor's telephone number 214-740-8000	2d Business code (see instructions) 541110	
2b Employer Identification Number (EIN) 74-1164324						
2c Plan Sponsor's telephone number 214-740-8000						
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		<u>10/7/2022</u>	E PHILIP BUSH
	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

LOCKE LORD LLP 2017 PARTNERS CASH BALANCE PLAN
FORM 5500, SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2021

EIN: 74-1164324
Plan #: 012

(a) Identity of Party	(b) Description of Asset	Number of Purchase Transactions	(c) Purchase Price	Number of Sell Transactions	(d) Selling Price	(g) Cost of Assets	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<u>Category (iii) - Series of securities transactions in excess of 5% of Plan Assets</u>								
* Wells Fargo Bank	Wells Fargo Government Money Market Fund	17	\$ 12,641,583	-	\$ -	\$ 12,641,583	\$ 12,641,583	\$ -
* Wells Fargo Bank	Wells Fargo Government Money Market Fund	-	\$ -	22	\$ 15,286,525	\$ 15,286,525	\$ 15,286,525	\$ -
Payden & Rygel	Payden Limited Maturity Fund	5	\$ 3,290,000	-	\$ -	\$ 3,290,000	\$ 3,290,000	\$ -
Vanguard	Vanguard Short Term Bond Index	8	\$ 4,333,350	-	\$ -	\$ 4,333,350	\$ 4,333,350	\$ -
Vanguard	Vanguard Intermediate Term Fund	5	\$ 4,000,000	-	\$ -	\$ 4,000,000	\$ 4,000,000	\$ -
<u>Category (i) - Single transactions in excess of 5% of Plan Assets</u>								
* Wells Fargo Bank	Wells Fargo Government Money Market Fund	-	\$ -	1	\$ 2,746,691	\$ 2,746,691	\$ 2,746,691	\$ -
* Wells Fargo Bank	Wells Fargo Government Money Market Fund	1	\$ 7,209,440	-	\$ -	\$ 7,209,440	\$ 7,209,440	\$ -
* Wells Fargo Bank	Wells Fargo Government Money Market Fund	-	\$ -	1	\$ 2,970,000	\$ 2,970,000	\$ 2,970,000	\$ -
* Wells Fargo Bank	Wells Fargo Government Money Market Fund	1	\$ 3,523,980	-	\$ -	\$ 3,523,980	\$ 3,523,980	\$ -
* Wells Fargo Bank	Wells Fargo Government Money Market Fund	-	\$ -	1	\$ 3,510,500	\$ 3,510,500	\$ 3,510,500	\$ -

* A party-in-interest as defined by ERISA

Columns (e) and (f) are not applicable

There were no category (ii) and (iv) reportable transactions during the year ended December 31, 2021

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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **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 LOCKE LORD LLP 2017 PARTNERS CASH BALANCE PLAN	B Three-digit plan number (PN) ▶ 012
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LOCKE LORD LLP	D Employer Identification Number (EIN) 74-1164324
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>	
2 Assets:	
a Market value	2a 45,222,280
b Actuarial value	2b 45,222,280
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.....	38 2,357,972 2,357,972
c For active participants	303 36,060,873 36,093,945
d Total.....	341 38,418,845 38,451,917
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 5.31%
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a 10,265,618
b Expected plan-related expenses	6b 5,000
c Total (line 6a + line 6b)	6c 10,270,618

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	Lisa McGuire Fuentes <i>LF</i> Signature of actuary	09/13/2022 Date
LISA MCGUIRE FUENTES	Type or print name of actuary	2008749 Most recent enrollment number
PRICEWATERHOUSECOOPERS LLP	Firm name	312-298-2000 Telephone number (including area code)
ONE NORTH WACKER DRIVE		
CHICAGO IL 60606	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 ☐

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

Schedule SB (Form 5500) 2021
v. 201209

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
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 Is the plan required to provide a Schedule of Active Participants? 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	10,270,618	
b Excess assets, if applicable, but not greater than line 31a	31b	6,770,363	
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	3,500,255	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	3,500,255	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	10,380,161	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	6,879,906	
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 Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Attachment to the 2021 Schedule SB (Form 5500)

Locke Lord LLP 2017 Partners Cash Balance Plan

EIN / PN: 74-1164324 / 012

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Description of Weighted Average Retirement Age

All participants are assumed to retire at the later of their normal retirement date at age 62 or after the end of the current plan year.

Attachment to the 2021 Schedule SB (Form 5500)

Locke Lord LLP 2017 Partners Cash Balance Plan

EIN / PN: 74-1164324 / 012

Schedule SB, Part V – Summary of Plan Provisions

Effective Date	The effective date of the plan was January 1, 2017.
Contributions	The firm will pay to the trustee such sums of money as the enrolled actuary shall certify as the amounts necessary to meet the minimum required contribution within the meaning of IRC section 430. The firm may also provide, from time to time, additional sums of money to the trustee as deemed appropriate. Employee contributions are neither required nor permitted under the plan.
Expenses	All expenses incurred in connection with the administration of the plan and the trust are paid by the fund to the extent they are not paid by the firm.
Employees Eligible for Participant	Each person who is a Partner or Selected Employee becomes a participant on the later of (a) January 1st or July 1st following the date he or she becomes a Partner or Selected Employee, (b) January 1st or July 1st following completion of a Year of Service or (c) the Effective Date of the plan.
Year(s) of Service / Year of Benefit Service	Each Plan Year an individual completes 1,000 or more Hours of Service.
Hour of Service	Each hour for which an individual is directly or indirectly paid, or entitled to payment by the Employer or an Affiliate.
Budgeted Compensation	Budgeted Compensation for a Plan Year for a Partner is as determined by the Executive Committee and for a Selected Employee is the Selected Employee's base salary. For the 2017 Plan Year, a Selected Employee's Budgeted Compensation is equal to base salary plus bonus.
Plan Year	Calendar year.
Accrued Benefit	The lump sum amount equal to the Participant's Cash Balance Account. At Normal Retirement Date, the Accrued Benefit equals the sum of all Cash Balance Credits and Interest Credits that have been added to the Participant's Cash Balance Account.

Attachment to the 2021 Schedule SB (Form 5500)

Locke Lord LLP 2017 Partners Cash Balance Plan

EIN / PN: 74-1164324 / 012

Schedule SB, Part V – Summary of Plan Provisions

Actuarial Equivalent

For converting the Accrued Benefit to an annuity form of payment, the following Actuarial Equivalence is used:

Interest: An annual rate of interest equal to the 30 Year Treasury Rate for November of the preceding year

Pre-retirement mortality: None

Post-retirement mortality: Applicable Mortality Table as specified under Code Section 417(e)(3)(B)

Cash Balance Account

Notional account balance, which grows each year with Cash Balance Credits and Interest Credits.

Normal Retirement

Normal Retirement Age is the day the Participant attains age 62. Participant is eligible the first of the month coincident with or next following attainment of Normal Retirement Age. The normal retirement benefit is provided as the Cash Balance Account, or its Actuarial Equivalent payable as an annuity, subject to IRS maximums.

In no event shall a Participant's Cash Balance Account payable at Normal Retirement be less than the sum of the Participant's Cash Balance Credits.

Deferred Vested Pension

Termination of employment after having earned a vested Accrued Benefit. A participant is vested in his account after 3 years of service. The deferred vested pension is provided as the Vested Cash Balance account, or its Actuarial Equivalent payable as an annuity, subject to IRS maximums.

In no event shall a Participant's vested Cash Balance Account payable as a deferred vested benefit be less than the sum of the Participant's Cash Balance Credits.

Death Benefit

Spouse or other named beneficiary of an active or terminated participant prior to Normal Retirement Age and before benefit payments commence. The death benefit is provided as the Cash Balance Account, or its Actuarial Equivalent payable as an annuity, subject to IRS maximums.

In on event shall a Participant's Cash Balance Account payable after death be less than the sum of the Participant's Cash Balance Credits.

Attachment to the 2021 Schedule SB (Form 5500)

Locke Lord LLP 2017 Partners Cash Balance Plan

EIN / PN: 74-1164324 / 012

Schedule SB, Part V – Summary of Plan Provisions

Cash Balance Credits

A Cash Balance Credit is credited to the Cash Balance Account of each Participant who has accrued a Year of Benefit Service for a given Plan Year or who has incurred a separation from service due to death during the Plan Year.

The annual Cash Balance Credit for a Participant is determined using the table below, based on the Group (as defined below) a Participant belongs to for the Plan Year. The amount determined by the table and Group below is then multiplied by the applicable percentage for Participants listed on Schedule A of the plan document. For Participants listed on Schedule B of the plan document, the Cash Balance Credit is stated on the Schedule B. The Cash Balance Credit is prorated for mid-year plan entry in the first year of plan participation.

To the extent a Participant does not earn an Hour of Service after the fourteenth day of each month in the Plan Year, his or her Cash Balance Credit is prorated so that the numerator is the number of calendar months during the Plan Year (including or following the Participant's Entry Date) that the Participant is credited with an Hour of Service after the fourteenth day of such month, and the denominator is twelve.

<u>Group</u>	<u>Cash Balance Credit</u>
1	\$1,000
2	\$12,000
3	\$20,000
4	\$27,000
5	\$39,000
6	\$57,000
7	\$92,000
8	\$129,000
9	\$155,000
10	\$186,000
11	\$205,000

A Participant's Cash Balance Credit may be further adjusted by the Participant's Budgeted Compensation Ratio which equals the Participant's cumulative Budgeted Compensation at the end of the Plan Year divided by the Participant's Budgeted Compensation goal for such Plan Year.

In no event will the Cash Balance Credit for a Plan Year be greater than the Maximum Credit Amount (as defined below).

A Cash Balance Credit is not credited to a Participant's Cash Balance Account for any Plan Year after the 10th Year of Benefit Service.

Attachment to the 2021 Schedule SB (Form 5500)

Locke Lord LLP 2017 Partners Cash Balance Plan

EIN / PN: 74-1164324 / 012

Schedule SB, Part V – Summary of Plan Provisions

Maximum Credit Amount

The Maximum Credit Amount is equal to the lesser of:

a) 10% of the actuarial present value of the 415(b) dollar limitation based on the Participant's age (computed in completed years) as of the last day of the Plan Year. The actuarial present value of the IRC section 415(b) dollar limit shall be determined using a 5.5% interest assumption, truncated to the nearest \$1,000. In no event shall the Maximum Credit Amount, as determined for any age preceding age 65, exceed the amount determined at age 65. Nor shall the Maximum Credit Amount increase or decrease in value for any age beyond age 65.

b) An amount equal to the IRS maximum benefit accrual for the year assuming the Cash Balance Account is paid as a lump sum while considering all defined benefit plans of the employer.

In no event shall the Cash Balance Credit that is credited to a Participant's Cash Balance Account exceed 133 1/3% of the amount that was credited for any earlier Plan Year (excluding Plan Years preceding the most recent change in the Participant's designated Group) with respect to which the Participant received a Cash Balance Credit (annualized to the extent the Cash Balance Credit in the earlier Plan Year was prorated for a partial year).

Interest Credits

Interest Credits are based on a market rate of return, which for purposes of this Plan is the rate of return on the investment portfolio in which the trust assets are invested. Interest Credits are added annually to each Participant's Cash Balance Account at the end of each Plan Year. In no event shall the cumulative rate of return provided herein be greater than the cumulative rate of return employing a 5.5% per annum interest rate assumption. Interest Credits are equal to the market rate of return times the Participant's Cash Balance Account as of the beginning of the Plan Year. Interest Credits do not apply to benefits in payment.

Attachment to the 2021 Schedule SB (Form 5500)

Locke Lord LLP 2017 Partners Cash Balance Plan

EIN / PN: 74-1164324 / 012

Schedule SB, Part V – Summary of Plan Provisions

Group

For purposes of determining a participant's Cash Balance Credit for a Plan Year, a Group is determined based upon the participant's Budgeted Compensation for the Plan Year as follows:

<u>Group</u>	<u>Budgeted Compensation</u>
1	less than < \$200,000
2	\$200,000 to \$299,999
3	\$300,000 to \$399,999
4	\$400,000 to \$499,999
5	\$500,000 to \$599,999
6	\$600,000 to \$699,999
7	\$700,000 to \$799,999
8	\$800,000 to \$899,999
9	\$900,000 to \$999,999
10	\$1,000,000 to \$1,099,999
11	\$1,100,000 or more

Forms of Payment / Distributions

The normal form is a straight life annuity. The automatic form of payment for a single participant is the normal form and for a married participant at the benefit commencement date is a reduced qualified joint and survivor annuity, with 50% of the benefit continuing to the surviving spouse upon the earlier death of the participant.

In lieu of the automatic form of payment, a Participant may elect, with the proper spousal consent, a single lump sum payment or a 75% qualified optional survivor annuity.

If the sum of a Participant's Cash Balance Credits exceeds his or her Cash Balance Account at distribution by more than \$1,000, the "Capital Preservation \$1,000 Requirement" will apply. If the Capital Preservation \$1,000 Requirement applies to a vested terminated Participant, the Participant may not take a distribution until the earlier of (1) his or her Normal Retirement date and (2) the date the Capital Preservation \$1,000 Requirement no longer applies to the Participant.

If the Capital Preservation \$1,000 Requirement applies to an active Participant who has attained his or her Normal Retirement date, he or she may not take a distribution until the earliest of (1) the date the Capital Preservation \$1,000 Requirement no longer applies to the Participant, (2) the date the Participant terminates service, and (3) the Participant's Required Beginning Date (April 1 of the year following the year the Participant attains age 70 1/2).

Participants with a Cash Balance Account of \$5,000 or less must receive payment of their Plan benefit as a single lump sum.

LOCKE LORD LLP 2017 PARTNERS CASH BALANCE PLAN

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2021

EIN: 74-1164324

Plan #: 012

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Vanguard	Vanguard Short Term Bond Index	\$ 14,819,585	\$ 14,882,925
	Vanguard	Vanguard Intermediate Term Fund	14,815,081	14,823,370
	Payden & Rygel	Payden Limited Maturity Fund	11,642,464	11,638,957
	Vanguard	Vanguard Total Stock Market Index	1,732,925	2,763,278
	Vanguard	Vanguard Total Int'l Stock Index	1,787,173	2,124,320
*	Wells Fargo Bank	Wells Fargo Government Money Market Fund	101,741	101,742
			<u>\$ 44,898,969</u>	<u>\$ 46,334,592</u>

* A party-in interest as defined by ERISA