

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan SHEPPARD, MULLIN, RICHTER & HAMPTON LLP CASH BALANCE PENSION PLAN
1b Three-digit plan number (PN) 003
1c Effective date of plan 01/01/1998
2a Plan sponsor's name (employer, if for a single-employer plan) SHEPPARD, MULLIN, RICHTER & HAMPTON LLP
2b Employer Identification Number (EIN) 95-1463164
2c Plan Sponsor's telephone number 213-620-1780
2d Business code (see instructions) 541110

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor SHEPPARD, MULLIN, RICHTER & HAMPTON LLP CASH BALANCE PENSION PLAN COMM 350 S GRAND AVENUE 40TH FLOOR LOS ANGELES, CA 90071-3460	3b Administrator's EIN 95-1463164 3c Administrator's telephone number 213-620-1780
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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
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5 Total number of participants at the beginning of the plan year	5	447
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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)	415
a(2) Total number of active participants at the end of the plan year	6a(2)	434
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	36
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	470
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0
f Total. Add lines 6d and 6e	6f	470
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 3B 1C 3H 3F

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) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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

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

A Name of plan <u>SHEPPARD, MULLIN, RICHTER & HAMPTON LLP CASH BALANCE PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SHEPPARD, MULLIN, RICHTER & HAMPTON LLP</u>	D Employer Identification Number (EIN) <u>95-1463164</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>206889064</u>
	b Actuarial value	2b	<u>206889064</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>
	b For terminated vested participants	<u>32</u>	<u>3051096</u>
	c For active participants	<u>415</u>	<u>177684223</u>
	d Total	<u>447</u>	<u>180735319</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>4.89 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>27382559</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>27382559</u>

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

SIGN HERE <u>SHEPHERD PRICE</u> Signature of actuary <u>PWC US CONSULTING LLP</u> Firm name <u>ONE NORTH WACKER DRIVE</u> <u>CHICAGO, IL 60606-2807</u> Address of the firm	<u>10/09/2025</u> Date <u>23-07887</u> Most recent enrollment number <u>312-298-2000</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	4030586	10830382
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)	4030586	10830382
10	Interest on line 9 using prior year's actual return of <u>12.30</u> %	495762	1332137
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		14393463
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>4.99</u> %		718234
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		15111697
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)	4526348	12162519

Part III Funding Percentages			
14	Funding target attainment percentage	14	105.23 %
15	Adjusted funding target attainment percentage	15	114.47 %
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	109.09 %
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
09/04/2024	2138533	0			
10/02/2024	6381840	0			
11/04/2024	2178877	0			
12/03/2024	2161940	0			
01/03/2025	6481652	0			
			Totals ▶	18(b)	18(c)
				19342842	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 18567597
20	Quarterly contributions and liquidity shortfalls:	
a	Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> 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) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	27382559	
b Excess assets, if applicable, but not greater than line 31a	31b	9464878	
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	17917681	
	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	17917681	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	18567597	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	649916	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

A Name of plan SHEPPARD, MULLIN, RICHTER & HAMPTON LLP CASH BALANCE PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 SHEPPARD, MULLIN, RICHTER & HAMPTON LLP	D Employer Identification Number (EIN) 95-1463164	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ARGA EMERGING MARKETS VALUE FUND	1010 WASHINGTON BLVD. 6TH FLOOR STAMFORD, CT 06901
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

ARISTEIA INTERNATIONAL LTD	ONE GREENWICH PLAZA THIRD FLOOR GREENWICH, CT 06830
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BAIRD AGGREGATE BOND FUND	C/O U.S. BANK GLOBAL FUND SERVICES MILWAUKEE, WI 53201-0701
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BLACKROCK STRAG OPPORT CLASS K	100 BELLEVUE PARKWAY WILMINGTON, DE 19809
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FIDELITY MID CAP INDEX FUND

900 SALEM ST
SMITHFIELD, RI 02917-1243

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

FRANKLIN SMALL CAP GROWTH R6

FRANKLIN TEMPLETON DISTRIBUTORS, INC
ONE FRANKLIN PARKWAY
SAN MATEO, CA 94403-1906

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

GOLDMAN SACHS GQP PARTNERS

C/O GOLDMAN SACHS AND CO LLC
UNIT 7348 TAX DEPT, 30 HUDSON STREE
JERSEY CITY, NJ 07302

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

GQG PARTNERS EMERGING MARKETS

350 E. LAS OLAS BLVD
18TH FLOOR
FORT LAUDERDALE, FL 33301

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

HBK MULTI-STRATEGY OFFSHORE LTD.

2300 NORTH FIELD STREET
SUITE 2200
DALLAS, TX 75201

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

HUDSON BAY INTERNATIONAL FUND LTD

HUDSON BAY CAPITAL MANAGEMENT LP
777 THIRD AVENUE, 30TH FLOOR
NEW YORK, NY 10017

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

JP MORGAN SHORT DURATION BOND

277 PARK AVENUE
NEW YORK, NY 10172

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

MIDOCEAN CREDIT OPPORTUNITY

MIDOCEAN PARTNERS
245 PARK AVENUE, 38TH FLOOR
NEW YORK, NY 10167

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

PIMCO RAE US SMALL FUND

650 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

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

VANGUARD INSTITUTINOAL INDEX FD

THE VANGUARD GROUP INC.
P.O. BOX 2600
VALLEY FORGE, PA 19482

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

WOLVERINE FLAGSHIP RV

WOLVERINE ASSET MANAGEMENT, LLC
175 W JACKSON BLVD., SUITE 340
CHICAGO, IL 60604

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>SHEPPARD, MULLIN, RICHTER & HAMPTON LLP CASH BALANCE PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SHEPPARD, MULLIN, RICHTER & HAMPTON LLP</u>	D Employer Identification Number (EIN) <u>95-1463164</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: COHEN & STEERS U.S. REALTY FUND

b Name of sponsor of entity listed in (a): COHEN & STEERS COLLECTIVE INVESTMENT TRUST

c EIN-PN <u>46-3411346-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4176401</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO RAE US SMALL CIT CLASS FUND

b Name of sponsor of entity listed in (a): PIMCO RAE US SMALL CIT CLASS FUND

c EIN-PN <u>88-2858456-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2515162</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SHEPPARD, MULLIN, RICHTER & HAMPTON LLP CASH BALANCE PENSION PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 SHEPPARD, MULLIN, RICHTER & HAMPTON LLP	D Employer Identification Number (EIN) 95-1463164

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	21219839	6481652
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	188071	140054
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	18420863	14643051
(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)	4574775	6691563
(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)	146066722	163998478
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	16663660	24486592

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	207133930	216441390
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	207133930	216441390

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)	19342842	
(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)		19342842
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	735152	
(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)		735152
(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)	5202970	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		5202970
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	71405844	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	71408290	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-2446
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1912688	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		875300
(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)		6091542
c Other income	2c		49693
d Total income. Add all income amounts in column (b) and enter total	2d		34207741

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	24900281	
(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)		24900281
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		24900281

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9307460
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: **LUCAS, HORSFALL, MURPHY & PINDROH**

(2) EIN: **95-4659692**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 553980.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>SHEPPARD, MULLIN, RICHTER & HAMPTON LLP CASH BALANCE PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SHEPPARD, MULLIN, RICHTER & HAMPTON LLP</u>	D Employer Identification Number (EIN) <u>95-1463164</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 41-6257133

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	25
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

Sheppard, Mullin, Richter & Hampton LLP

Cash Balance Pension Plan

FINANCIAL STATEMENTS

December 31, 2024 and 2023

(with Independent Auditor's Report Thereon)

Sheppard, Mullin, Richter & Hampton LLP

Cash Balance Pension Plan

FINANCIAL STATEMENTS

December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

Administrative Committee of
Sheppard, Mullin, Richter & Hampton LLP Cash Balance Pension Plan
Los Angeles, California

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

We have performed audits of the financial statements of Sheppard, Mullin, Richter & Hampton LLP Cash Balance Pension Plan (the 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 statements of net assets available for benefits and the statements of accumulated plan benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits and statements of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying 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 (U.S. GAAP).
- The information in the accompanying 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).

INDEPENDENT AUDITOR'S REPORT (Continued)

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) 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 within one year after the date that the financial statements are issued or available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the 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.

INDEPENDENT AUDITOR'S REPORT (Continued)

- 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 the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the 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 U.S. GAAP.

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

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

Other Matters - Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule of Reportable Transactions for the Year Ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

INDEPENDENT AUDITOR'S REPORT (Continued)

In our opinion:

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

LUCAS, HOSFALL, MURPHY & PINDRON, LLP

Pasadena, California
October 8, 2025

Sheppard, Mullin, Richter & Hampton LLP
Cash Balance Pension Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2024	2023
ASSETS		
Investments, at fair value (non-participant directed):	<u>\$209,819,684</u>	<u>\$185,726,020</u>
Receivables:		
Employer's contribution	6,481,652	21,219,839
Other receivables	<u>140,054</u>	<u>188,071</u>
Total receivables	<u>6,621,706</u>	<u>21,407,910</u>
Total assets	<u>216,441,390</u>	<u>207,133,930</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$216,441,390</u>	<u>\$207,133,930</u>

See Independent Auditor's Report.
The accompanying notes are an integral part of these financial statements.

Sheppard, Mullin, Richter & Hampton LLP
Cash Balance Pension Plan
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	For the Years Ended December 31,	
	2024	2023
ADDITIONS		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 8,877,084	\$ 14,657,877
Interest and dividends	<u>5,987,815</u>	<u>4,860,282</u>
Total investment income	<u>14,864,899</u>	<u>19,518,159</u>
Contributions:		
Employer contributions	<u>19,342,842</u>	<u>33,816,810</u>
Total additions	34,207,741	53,334,969
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants	24,900,281	22,112,273
Administrative expense	<u>-</u>	<u>193</u>
Total deductions	<u>24,900,281</u>	<u>22,112,466</u>
Net increase	9,307,460	31,222,503
Net assets available for benefits:		
Beginning of year	<u>207,133,930</u>	<u>175,911,427</u>
End of year	<u>\$ 216,441,390</u>	<u>\$207,133,930</u>

See Independent Auditor's Report.
The accompanying notes are an integral part of these financial statements.

Sheppard, Mullin, Richter & Hampton LLP
Cash Balance Pension Plan
STATEMENTS OF ACCUMULATED PLAN BENEFITS

	December 31,	
	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits		
Vested accumulated plan benefits:		
Other participants	<u>213,158,968</u>	<u>189,211,098</u>
Total actuarial present value of accumulated plan benefits	<u>\$213,158,968</u>	<u>\$ 189,211,098</u>

See Independent Auditor's Report.
The accompanying notes are an integral part of these statement.

Sheppard, Mullin, Richter & Hampton LLP
Cash Balance Pension Plan
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS

	For the Years Ended December 31,	
	2024	2023
Actuarial present value of accumulated plan benefits at beginning of year	\$189,211,098	\$159,413,309
Increase (decrease) during the year attributable to:		
Benefits accumulated	34,284,508	33,956,754
Actuarial gains/(losses)	6,121,824	10,660,751
Decrease in discount period	8,441,819	7,292,557
Actual benefits paid	(24,900,281)	(20,763,273)
Retiree annuity purchase	-	(1,349,000)
Actuarial present value of accumulated plan benefits at end of year	\$213,158,968	\$189,211,098

See Independent Auditor's Report.
The accompanying notes are an integral part of these statement.

Sheppard, Mullin, Richter & Hampton LLP
Cash Balance Pension Plan
NOTES TO THE FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

The following description of the Sheppard, Mullin, Richter & Hampton LLP Cash Balance Pension Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a cash balance pension plan covering all partners (other than contract partners) and non-union employees of participating corporations of Sheppard, Mullin, Richter & Hampton LLP (the Firm) and certain senior employees of the Firm. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Pension Benefits

Participants are entitled to lump-sum payments or monthly benefits upon the first to occur of 1) retirement, 2) total disability, 3) death, or 4) separation from the Firm prior to normal retirement age for a reason other than death or total disability. Lump-sum benefits are generally equal to the participant's account balance, and monthly benefits are equal to the actuarial equivalent of the participant's account balance. The actuarial equivalent for distributions in 2024 is calculated by an enrolled actuary based on the 2024 statutory mortality tables, and interest is based on three segment rates for the month of December 2023. The actuarial equivalent for distributions in 2023 is calculated by an enrolled actuary based on the 2023 statutory mortality tables, and interest is based on three segment rates for the month of December 2022. The actuarial assumptions may be changed from time to time, based upon the advice of an enrolled actuary. Benefits are generally payable in a lump sum upon retirement, termination or death; or alternatively in the form of a life or joint and survivor annuities. Benefits, up to a certain level, are insured by the Pension Benefit Guaranty Corporation.

Vesting

All participants are fully vested in their account at all times.

Funding

Funding of the Plan is made entirely by Firm contributions. The current funding policy is to contribute an amount equal to the annual cash balance contribution allocations for the participants for the Plan year. The Firm's contributions for 2024 and 2023 exceeded the minimum funding under ERISA.

Contribution Credits and Investment Credits

The Plan account is credited with both contribution and investment credits. Effective January 1, 2014, the Plan adopted a market-based crediting rate calculated upon actual return on investments held in the Plan (subject to a cumulative maximum return and to a cumulative minimum return) for participants who were active on or after January 1, 2014. As defined in the Plan, contribution credits vary by participant and investment crediting rates are determined annually.

Sheppard, Mullin, Richter & Hampton LLP
Cash Balance Pension Plan
NOTES TO THE FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN (Continued)

Contribution Credits and Investment Credits (Continued)

For the year ended December 31, 2024, the investment crediting rate was 7.90% for participants who were active on or after January 1, 2014, and 6.28% for participants who were terminated prior to January 1, 2014.

For the year ended December 31, 2023, the investment crediting rate was 11.92% for participants who were active on or after January 1, 2014, and 5.73% for participants who were terminated prior to January 1, 2014.

Plan Expenses

The Firm pays all administrative expenses of the Plan, excluding investment related expenses. As a result, no administrative expenses were incurred by the Plan for the year ended December 31, 2024. For the years ended December 31, 2023, the Plan recognized \$193 in administrative expense.

ERISA Bond Requirement

ERISA requires that every person who handles funds or other property of the Plan be bonded. The bond coverage is to be determined by the balance of the total Plan assets and is required to be at least equal to the lesser of 10% of the Plan's assets at the beginning of the Plan year or \$500,000. As of December 31, 2024 and 2023, the Plan was in compliance with the ERISA bond requirement.

Plan Amendments

The Plan was most recently amended effective as of May 1, 2024.

2. SUMMARY OF SIGNIFICANT ACCOUNTING PRINCIPLES

Basis of Accounting

The accompanying financial statements have been prepared using the accrual method of accounting.

Valuation of Investments

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in orderly transaction between market participants at the measurement date. The fair value of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges. Cash equivalents, which include U.S. Treasury bills, are valued based on quoted market prices in active markets. The hedge funds and common/collective funds are valued at net asset value per share (or its equivalent) of the fund, which is based on the fair value of the funds' underlying net assets. There have been no changes in the fair value methodologies used at December 31, 2024 and 2023.

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

Sheppard, Mullin, Richter & Hampton LLP
Cash Balance Pension Plan
NOTES TO THE FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING PRINCIPLES (Continued)

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 that participants have rendered since entering the Plan. Accumulated plan benefits include benefits expected to be paid to (a) retired, terminated or fully disabled participants; (b) beneficiaries of participants who have died; and (c) present participants who are required to receive a distribution because they have attained age 73. Benefits under the Plan are based on the actuarial equivalent of participants' accounts determined as of the date of eligibility to receive benefits. Participants' accounts are credited with contributions, as specified in the Plan document) and an investment credit. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to the participants' service that have been rendered to the valuation date. There are currently no benefits to be provided via annuity contracts with third parties.

The actuarial present value of accumulated plan benefits as of December 31, 2024 was determined by actuaries from PricewaterhouseCoopers LLP ("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 valuations as of December 31, 2024 and 2023 included: (a) life expectancy of participants (using the applicable 2024 and 2023 statutory mortality tables for males and females), (b) retirement age assumptions (ranging from 6% of eligible participants retiring at age 55 to 100% retiring by age 70), and (c) an assumed investment return. Both the 2024 and 2023 valuations used a discount rate of 4%.

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 plan benefits.

Benefits Paid to Participants

Benefits are recorded when paid.

Use of Estimates

The preparation of the financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Sheppard, Mullin, Richter & Hampton LLP
Cash Balance Pension Plan
NOTES TO THE FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING PRINCIPLES (Continued)

Risk and Uncertainties

The Plan's exposure to credit loss in the event of non-performance of investments is limited to the carrying value of such instruments. The Plan's concentration of credit risk and market risk are dictated by the Plan's provisions as well as those of ERISA. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of these investments, it is at least reasonably possible that changes in risk in the near term could materially affect the amounts reported in the statements of net assets available for Plan benefits.

3. CERTIFICATION OF TRUSTEE

In accordance with ERISA, Principal Bank, certified that certain information included in the December 31, 2024 financial statements and supplemental schedules is complete and accurate. The certified information is as follows:

- A. Investments as included in the Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023;
- B. All information pertaining to investment income and expenses in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2024 and 2023; and
- C. Schedule of Assets (Held at End of Year) as of December 31, 2024.
- D. Schedule of Reportable Transactions for the Year Ended December 31, 2024.

4. FAIR VALUE FINANCIAL INSTRUMENTS

Accounting Standards Codification, *Fair Value Measurements and Disclosures* (ASC 820), establishes a framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1 - Quoted prices are available in active markets for identical investments as of the reporting date. The type of investments in Level 1 include listed equities and other securities held in the name of the Plan, and exclude listed equities and other securities held indirectly through commingled funds.

Level 2 - Pricing inputs, including broker quotes, are generally those other than exchange quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value is determined through the use of models or other valuation methodologies.

Level 3 - Pricing inputs are unobservable for the investment and include situations where there is little, if any market activity for the investment. The inputs into the determination of fair value require significant management judgment or estimation. Investments that are included in this category generally include privately held investments and partnership interests.

Sheppard, Mullin, Richter & Hampton LLP
Cash Balance Pension Plan
NOTES TO THE FINANCIAL STATEMENTS

4. FAIR VALUE FINANCIAL INSTRUMENTS (Continued)

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

As of December 31, 2024				
	Level 1	Level 2	Level 3	Total
Cash equivalents	\$ 14,643,051	\$ -	\$ -	\$ 14,643,051
Mutual funds	163,998,478	-	-	163,998,478
Total	\$ 178,641,529	\$ -	\$ -	178,641,529
Investments measured at NAV as practical expedient: Common/Collective Trusts (a)				6,691,563
Investments measured at NAV as practical expedient: Hedge funds (b)				24,486,592
Total investments, at fair value				\$ 209,819,684
As of December 31, 2023				
	Level 1	Level 2	Level 3	Total
Cash equivalents	\$ 18,420,863	\$ -	\$ -	\$ 18,420,863
Mutual funds	146,066,722	-	-	146,066,722
Total	\$ 164,487,585	\$ -	\$ -	164,487,585
Investments measured at NAV as practical expedient: Common/Collective Trusts (a)				4,574,775
Investments measured at NAV as practical expedient: Hedge funds (b)				16,663,660
Total investments, at fair value				\$ 185,726,020

Sheppard, Mullin, Richter & Hampton LLP
Cash Balance Pension Plan
NOTES TO THE FINANCIAL STATEMENTS

4. FAIR VALUE FINANCIAL INSTRUMENTS (Continued)

(a) Class includes investment in common/collective trust funds. Common/collective trust fund units may be redeemed on a daily basis to meet benefit payments and other participant-initiated withdrawals permitted by the Plan. Additionally, under the terms of the Declaration of the common/collective trust funds, the Plan is required to provide 30 days advance written notice to the trustee prior to redemption of trust units. Common/collective trust units are generally issued and redeemed only on a valuation date and at the net asset value per unit computed on that date. There were no unfunded commitments.

(b) Class represents investments in seven offshore hedge funds. The hedge funds invest the majority of their assets in related master funds. The hedge funds have no unfunded commitments. The hedge funds have the following characteristics (summarized by %) as of December 31, 2024 and 2023:

21% Debt and credit focused investments through flexible strategies of hedged, directional, performing assets, mortgage backed securities and stressed and event-driven opportunities. Units may be redeemed quarterly with 45-90 days written notice in advance of redemption. Some of the funds have a two year lock-up period and can suspend withdrawals and withdrawal payments under certain circumstances. A 20-25% fund level gate provision can be applied during a liquidity window.

79% Equity and credit investments with goals to obtain absolute returns uncorrelated with market indices. Units may be redeemed quarterly with 60-90 days written notice in advance of redemption limited over a four year period. One fund has a one year lock-up period and another fund can suspend withdrawals and suspend payment on withdrawals under certain circumstances.

5. PLAN TERMINATION

Although it has not expressed any intent to do so, the Firm has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of such termination, the assets will be liquidated and, after the payment of related expenses, participants' claims to the Plan's assets will be paid in the following order of priority: (1) participants or beneficiaries who were in pay status as of the beginning of the three-year period ending on the termination date of the Plan; (2) participants or beneficiaries who would have been in pay status as of the beginning of such three-year period if the participant had retired prior to the beginning of the three-year period and if his or her benefits had commenced as of the beginning of such period; (3) all other benefits (if any) of individuals under the Plan guaranteed by the Pension Benefit Guaranty Corporation; (4) all other non-forfeitable benefits under the Plan; (5) all other benefits under the Plan. Any residual assets of the Plan may then be distributed to the Firm, if all liabilities of the Plan to participants and their beneficiaries have been satisfied, and the distribution does not contravene any provision of law.

Sheppard, Mullin, Richter & Hampton LLP
Cash Balance Pension Plan
NOTES TO THE FINANCIAL STATEMENTS

6. FUNDING REQUIREMENTS

The Pension Protection Act of 2006 (PPA), as amended, imposes certain benefit restrictions for qualified defined benefit plans based on the Adjusted Funding Target Attainment Percentage (AFTAP) level. The AFTAP must be established each year to administer these restrictions, if applicable. The AFTAP, as certified by the Plan's actuary, was 114.47% as of January 1, 2024 and 116.25% as of January 1, 2023. Because the Plan's AFTAP equals or exceeds 80%, the Plan is not subject to any benefit restrictions.

7. TAX STATUS

The Plan was adopted on December 30, 1998, with an effective date of January 1, 1998. The Internal Revenue Service has determined and informed the Plan's sponsor by a letter dated August 2, 2016, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Department of Labor or Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, 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.

8. SUBSEQUENT EVENTS

The Plan Administrator evaluates events and transactions occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transaction and event that affect the financial statements. Subsequent events have been evaluated through October 8, 2025, the date the financial statements were available to be issued.

Schedule SB, Line 26a – Schedule of Active Participant Data

Age/Service Distribution of Active Participants as of January 1, 2024¹

Attained Age	Completed Years of Service ²										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
<25											
25-29											
30-34											
35-39	11	34	1								46
40-44	3	40	21								64
45-49	4	24	25	24							77
50-54	2	15	21	20	9	2					79
55-59	1	10	10	15	5	9					50
60-64	1	7	22	8	12	3	13				66
65-69		5	5	3	4	3	7				27
70 & Up		1	2				3				6
Total	22	146	107	70	30	17	23				415

¹ Consistent with the requirements of the Form 5500 Schedule SB.

² Credited Service.

Schedule SB, Part V – Summary of Actuarial Assumptions and Methods

Actuarial Assumptions for Funding Purposes

Discount Rate

September 2023 ARPA / IIJA segment rates under Section 430(h)(2)(C) (Minimum Funding Purposes)

1st Rate:	4.75%
2nd Rate:	4.87%
3rd Rate:	5.59%

September 2023 pre-MAP-21 / ARPA / IIJA segment rates under Section 430(h)(2)(C) (Maximum Deductible Contribution Purposes)

1st Rate:	3.62%
2nd Rate:	4.46%
3rd Rate:	4.52%

Other Economic Assumptions

Cash Balance interest crediting rate	4.00%
Administrative Expenses	\$0; Sheppard Mullin intends to pay all the expenses except investment expenses directly from the Firm, not from the trust.

Form of Payment

All participants are assumed to elect a lump sum payment upon retirement, termination, or death (participant's beneficiary in the case of death).

Mortality

2024 generational mortality tables for annuitants and non-annuitants, as required under Treasury Reg. section 1.430(h)(3)-1

Retirement Rates

(Assumed percentage retiring during the year)

<u>Age</u>	<u>Percentage Rate</u>
55	6.0%
56 – 59	4.0%
60 – 61	8.0%
62	25.0%
63 – 64	15.0%
65	60.0%
66 – 69	80.0%
70+	100.0%

Schedule SB, Part V – Summary of Actuarial Assumptions and Methods

Withdrawal Rates

(Assumed percentage terminating during the year)

Rates varying by age

Representative Termination Rates:

<u>Attained Age</u>	<u>Males Scale T-2</u>	<u>Females Scale T-2</u>
30	5.1%	5.1%
35	4.7%	4.7%
40	3.5%	3.5%
45	1.8%	1.8%
50	0.4%	0.4%
55+	0.0%	0.0%

Original total decrement scales less GA51M

Disability Rates

None

Benefit Commencement Date

Upon retirement, termination or death

Percent Married and Spouse Age

For purposes of valuing the death benefit, 100% of eligible participants are assumed to be married. Male spouses are assumed to be 3 years older than female spouses.

Changes in Funding Assumptions

The prescribed interest rate and mortality assumptions under IRC Section 430 were updated

Schedule SB, Part V – Summary of Actuarial Assumptions and Methods

Assumptions Rationale

Valuation Interest Rates	The interest rate assumptions used are prescribed by IRC section 430(h) subject to specified elections by the plan sponsor.
Expected Investment Return	The expected 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.
Mortality	Assumptions used for funding purposes are as prescribed by IRC section 430(h).
Cash Balance Interest Crediting Rate	This assumption is set considering historical increases and the long-term expectation of asset returns, reflecting the Plan's target asset allocation and the cumulative 7% per annum cap on interest credits.
Administrative Expenses	For the 2024 plan year, the administrative expenses assumption was set to \$0 as Sheppard Mullin does not intend to pay administrative expenses from the Plan trust.
Retirement and Withdrawal Rates	The retirement and withdrawal rate assumptions were selected by Sheppard Mullin and used by the prior actuary, WTW. The rates are based on expectations of future experience with periodic monitoring of observed gains and losses caused by retirement / termination patterns different than assumed.
Form of Payment	The form of payment assumption was selected by Sheppard Mullin based on historical experience of the Plan's population and future expectations.
Inflation for Compensation Limit and Maximum Benefit	N/A - All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code under Section 415 and Section 401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Schedule SB, Part V – Summary of Actuarial Assumptions and Methods

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 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.

Schedule SB, Part V – Summary of Actuarial Assumptions and Methods

Asset and Liability Methods

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

The asset valuation method used as of January 1, 2024 is the market value of assets, including discounted 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 participants are excluded from the valuation.

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

All actuarial methods are consistent as of January 1, 2023 and January 1, 2024.

Sheppard, Mullin, Richter & Hampton LLP
Cash Balance Pension Plan
SUPPLEMENTAL SCHEDULE II
EIN - 95-1463164, Plan #003
Schedule H, line 4j

Schedule of Reportable Transactions For the Year Ended December 31, 2024

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
JPMorgan Short Duration Bond	Mutual Fund	\$ 27,769,878	\$ -	\$ -	\$ -	\$ 27,769,878	\$ 26,300,000	\$ -
Metropolitan West Low Duration Bond	Mutual Fund	20,477,277	-	-	-	20,477,277	20,000,000	-
Metropolitan West Low Duration Bond	Mutual Fund	-	26,706,182	-	-	26,258,667	26,706,182	447,515

See Independent Auditor's Report.

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

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

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

A Name of plan SHEPPARD, MULLIN, RICHTER & HAMPTON LLP CASH BALANCE PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SHEPPARD, MULLIN, RICHTER & HAMPTON LLP	D Employer Identification Number (EIN) 95-1463164	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I	Basic Information		
1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	206,889,064	
b Actuarial value	2b	206,889,064	
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	32	3,051,096	3,051,096
c For active participants	415	177,684,223	177,684,223
d Total	447	180,735,319	180,735,319
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	4.89%	
6 Target normal cost			
a Present value of current plan year accruals	6a	27,382,559	
b Expected plan-related expenses	6b	0	
c Target normal cost	6c	27,382,559	

Statement by Enrolled Actuary

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

SIGN HERE	Signature of actuary	<u>10/9/2025</u> Date
	SHEPHERD PRICE Type or print name of actuary	2307887 Most recent enrollment number
	PWC US CONSULTING LLP Firm name	312-298-2000 Telephone number (including area code)
	ONE NORTH WACKER DRIVE CHICAGO IL 60606-2807 Address of the firm	

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

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> 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 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... **30** 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)..... **31a** 27,382,559

b Excess assets, if applicable, but not greater than line 31a **31b** 9,464,878

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** 17,917,681

	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).....			17,917,681
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			18,567,597
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36).....			649,916
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....			0
40 Unpaid minimum required contributions for all years			0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

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

All Participants – Assumed Retirement Age Calculation				
Retirement Age	Retirement Rates	Retirement Probability	Active Probability	Weighted Average Retirement Age
(A)	(B)	(C)	(D)	= (A) X (C)
55.0	6.00%	6.00%	94.00%	3.30
56.0	4.00%	3.76%	90.24%	2.11
57.0	4.00%	3.61%	86.63%	2.06
58.0	4.00%	3.47%	83.17%	2.01
59.0	4.00%	3.33%	79.84%	1.96
60.0	8.00%	6.39%	73.45%	3.83
61.0	8.00%	5.88%	67.58%	3.58
62.0	25.00%	16.89%	50.68%	10.47
63.0	15.00%	7.60%	43.08%	4.79
64.0	15.00%	6.46%	36.62%	4.14
65.0	60.00%	21.97%	14.65%	14.28
66.0	80.00%	11.72%	2.93%	7.73
67.0	80.00%	2.34%	0.59%	1.57
68.0	80.00%	0.47%	0.12%	0.32
69.0	80.00%	0.09%	0.02%	0.06
70.0	100.00%	0.02%	0.00%	0.02
Schedule SB, Line 22 – Weighted Average Retirement Age				62.2

Schedule SB, Part V - Summary of Plan Provisions

Plan Provisions

Effective Date Originally established effective January 1, 1998. As of the date of this report, all plan amendments that impact the 2024 Plan Year actuarial valuation results are reflected herein.

Definitions

Plan Year The calendar year.

Eligible Employee An eligible employee is (i) an individual Partner of the Firm, (ii) the licensed person employed by any professional corporation that is a Partner of the Firm (a "Participating PC"), and (iii) employees with specific titles are considered Eligible Employees.

Participation /
Entry Date Any Employee who becomes eligible for participation in accordance with the provisions of the Plan.

All Eligible Employees become a Participant in the Plan on the fifteenth day of the month that follows the first day of the month coinciding with or next following the date he or she became an Eligible Employee (i.e., "Entry Date").

Participation is mandatory for all Partners once they qualify as an Eligible Employee.

Prior Return
Participant A Participant who has not incurred an Hour of Service on or after January 1, 2014.

Normal
Retirement Date First day of the month that coincides with or immediately follows attainment of age 65.

Cash Balance Account Hypothetical account that is credited with Contribution Credits and Investment Credits.

Accrued Benefit A single monthly life annuity benefit equal to the Actuarial Equivalent of a participant's Cash Balance Account.

Actuarial Equivalent Mortality table and interest rates defined under IRC Section 417(e) for the month of December for the preceding year.

Partnership Points The number of points allocated to a Participant by the Firm pursuant to the Partnership Agreement. A participant who is not a Partner shall be deemed to have the number of Partnership Points equivalent to his or her annual Compensation (including bonuses), as determined by the Committee, in its sole discretion.

Schedule SB, Part V - Summary of Plan Provisions

Definitions (cont.)

Investment Return	The rate of return equal to the actual rate of return on the aggregate assets of the Trust, including both positive returns and negative returns, from the first business day of such period through and including the last business day of such period. The Investment Return applied over a Participant's entire period of participation from his or her Entry Date through his or her Benefit Commencement Date shall not exceed a cumulative return in excess of 7% per annum.
Investment Percentage	The percentage equal to the rate designated as the "One-Year Constant Maturities Treasury Yield" for the month of November of the preceding Plan Year, plus 1%; provided, however, that the Investment Percentage shall not exceed 7%.

Eligibility for Benefits and Benefits Payable

Normal Retirement	<p><u>Eligibility:</u> Retirement on NRD</p> <p><u>Benefits Payable:</u> Cash Balance Account, or its Actuarial Equivalent payable as an annuity</p>
Early Deferred Vested Retirement	<p><u>Eligibility:</u> Termination / retirement prior to NRD, all Participants are 100% vested in his or her Cash Balance Account at all times</p> <p><u>Benefits Payable:</u> Cash Balance Account, or its Actuarial Equivalent payable as an annuity at any age prior to his or her NRD</p>
Postponed Retirement	<p><u>Eligibility:</u> Retirement after NRD</p> <p><u>Benefits Payable:</u> Cash Balance Account, or its Actuarial Equivalent payable as an annuity determined as of the late retirement date</p>
Preretirement Death	<p><u>Eligibility:</u> Surviving spouse, other named Beneficiary, or estate of a Participant that dies prior to commencing benefits</p> <p><u>Benefits Payable:</u> Cash Balance Account, or its Actuarial Equivalent payable as a preretirement survivor annuity to a surviving spouse</p>

Cash Balance Account Contribution Credits

Credit Timing	<p>For Partners, Contract Partners, and Schedule 1 Participants, Cash Balance Accounts are credited with three-sixteenths (3/16) of the annual Contribution Credit for the months of September and December and one-sixteenth (1/16) of the annual Contribution Credit for the other months of the Plan Year.</p> <p>For all other participants ("Table B Participants") and the Chief Operating Officer, at the end of each month, the Cash Balance Account is credited with one-twelfth (1/12) of the annual Cash Balance Contribution Credit.</p>
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Schedule SB, Part V - Summary of Plan Provisions

Cash Balance Account Contribution Credits (cont.)

Table A
Participant
Credit Amount

For each Participant, other than a Contract Partner, a Schedule 1 Participant (listed below), or a Table B Participant (listed below), the Annual Contribution Credit is shown in Table A below based on each Participant's number of Partnership Points and age as of the later of the first day of the Plan Year or his or her Entry Date.

Table A Annual Contribution Credit Amounts:

Age Band	Partnership Points*								
	12	14	16	18	20	21-25	26-30	31-39	40+
< 35	\$6k	\$6k	\$6k	\$6k	\$6k	\$6k	\$6k	\$30k	\$40k
35 – 39	\$6k	\$6k	\$6k	\$6k	\$6k	\$15k	\$30k	\$75k	\$85k
40 – 44	\$7.5k	\$9k	\$12.5k	\$20k	\$25k	\$30k	\$60k	\$95k	\$110k
45 – 49	\$8.5k	\$9k	\$15k	\$25k	\$30k	\$60k	\$75k	\$122k	\$148k
50 - 54	\$8.5k	\$15k	\$35k	\$35k	\$60k	\$100k	\$100k	\$150k	\$190k
55 - 59	\$10k	\$15k	\$40k	\$40k	\$75k	\$125k	\$125k	\$150k	\$240k
> 59	\$10k	\$50k	\$50k	\$75k	\$90k	\$150k	\$200k	\$220k	\$260k

* A Partner with fewer than 12 Partnership Points shall have a Contribution Credit of \$0

Contract Partner
Credit Amount

Each Contract Partner shall have an annual Contribution Credit equal to \$6,000

Schedule 1 Participant
Credit Amount

Any participant who is listed on Schedule 1 of the Plan Document shall have an annual Contribution Credit equal to \$7,500

Table B Participant
Credit Amount

For each Participant, other than a Partner, a Contract Partner, a Schedule 1 Participant (listed above), or the Chief Operating Officer, the Annual Contribution Credit is shown in Table B below based on each Participant's age as of the later of the first day of the Plan Year or his or her Entry Date.

Table B Annual Contribution Credit Amounts:

Age	Annual Contribution Credit
Above 50	\$40,000
40 – 50	\$35,000

Schedule SB, Part V - Summary of Plan Provisions

Cash Balance Account Contribution Credits (cont.)

Percentage of Scheduled Contribution Credit A Participant, other than a Table B Participant (listed above), whose Entry Date is on or after January 1, 2020, and who, prior to such Entry Date, was not a participant in the Sheppard, Mullin, Richter & Hampton LLP Retirement and Savings Plan, may elect to receive an annual Contribution Credit equal to 20% or 50% of the annual Contribution Credit amount. Alternatively, he or she may elect to receive a “graded option” based on the following schedule:

Number of Full Plan Years of Participation	“Graded Option” Percentage of Scheduled Contribution Credit
< 2	20%
2	40%
3	60%
4	80%
5 or more	100%

Cash Balance Account Investment Credits

Prior Return Participants As of the last day of each month prior to Participant’s Benefit Commencement Date, the Cash Balance Account of such Participant shall be credited with an Investment Credit. The amount of such Investment Credit is equal to 1/12 of the Investment Percentage (defined above), multiplied by such Participants Cash Balance Account determined as of the first day of the month.

Participants other than Prior Return Participants (a) For Plan Years beginning prior to January 1, 2014, same Investment Credits as Prior Return Participants listed above.
 (b) For Plan Years beginning after December 31, 2013, as of the Anniversary Date of each Plan Year prior to such Participant’s Benefit Commencement Date, the Cash Balance Account of such Participant shall be credited with an Investment Credit. The amount of such Investment Credit is equal to the Investment Return for such Plan Year, multiplied by such Participant’s Cash Balance Account determined as of the first day of such Plan Year. Contribution Credits made during the Plan Year shall be credited with an Investment Credit based on the Investment Return from the date such Contribution Credits were credited to such Participant’s Cash Balance Account.

Other Plan Provisions

Normal Form and Optional Forms of Payment For single participants, the normal form of payment is a monthly life annuity. For married participants, the normal form of payment is an actuarially equivalent 100% joint and survivor annuity. Optional annuity forms and a lump sum payment are also available.

Schedule SB, Part V - Summary of Plan Provisions

Other Plan Provisions (cont.)

Preservation of Account Balance	In no event shall a Participant's Cash Balance Account be less than the total amount of his or her Contribution Credits allocated to his or her account for the entire period of participation in the Plan. The foregoing determination shall only be applicable as of the last day of the month that precedes the Participant's benefit commencement date.
Plan Participant Contributions	Not required or permitted.
Maximum Limits on Benefits and Pay	<p>All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code under Section 415 and Section 401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.</p> <p>The accrual method used for the Plan shall be the 133 1/3 percent rule under Code Section 411(b)(1)(B) (the "133 1/3% Limit").</p> <p>If, at any time, a Participant's Cash Balance Account Contribution Credit may cause a Participant's Cash Balance Account to exceed the IRC Section 415 limit maximums (determined on a lump-sum basis) or the 133 1/3% Limit, such Participant's Contribution Credit shall be reduced or eliminated so that such limitations are not exceeded. All determinations, including the amount of such reductions, shall be made by the Committee.</p>

Sheppard, Mullin, Richter & Hampton LLP
Cash Balance Pension Plan
SUPPLEMENTAL SCHEDULE
EIN - 95-1463164, Plan #003
Schedule H, line 4i
Schedule of Assets (Held at End of Year) - December 31, 2024

(a) Identity of issuer, borrower, lessor or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(c) Cost	(d) Current value
Arga Emerging Markets Value Fund	Mutual Funds	\$ 2,227,697	\$ 2,435,105
Baird Aggregate Bond Fund	Mutual Funds	23,368,110	21,451,960
BlackRock Strategic Income Opp	Mutual Funds	22,061,158	20,773,865
Cohen & Steers U.S. Realty Fund	Common/Collective Trust	3,516,262	4,176,401
Goldman Sachs GQP Partners International	Mutual Funds	5,713,896	4,878,308
Dodge & Cox Income Fund	Mutual Funds	23,155,649	21,353,467
Dodge & Cox Global Bond	Mutual Funds	6,003,245	6,070,393
Dodge & Cox International Stock	Mutual Funds	4,492,830	5,439,467
DWS RREEF Real Assets Fund	Mutual Funds	6,184,306	6,007,471
Federated Institutional High Yield Bond	Mutual Funds	6,592,433	6,174,789
Franklin Small Cap Growth	Mutual Funds	2,173,918	2,592,221
GQG Partners Emerging Markets Equity Fund	Mutual Funds	2,539,139	2,336,338
JPMorgan Short Duration Bond	Mutual Funds	27,769,878	27,647,883
Pimco Rae US Small Cit CI FD	Common/Collective Trust	2,300,000	2,515,162
Fidelity Mid Cap Index Fund	Mutual Funds	7,683,872	8,109,560
Vanguard Institutional Index Fund	Mutual Funds	22,967,045	28,727,651
Aristeia International Ltd	Hedge Funds	3,600,000	3,939,366
Bluebay Global Structured Credit	Hedge Funds	3,291,770	4,150,003
Davidson Kempner International	Hedge Funds	3,500,000	3,964,389
HBK Multi-Strategy Offshore Fun	Hedge Funds	3,166,633	4,053,503
Hudson Bay International Fund	Hedge Funds	2,950,000	4,078,156
Midocean Credit Opportunity Offshore Fund	Hedge Funds	131,131	102,881
Wolverine Flagship Fund Limited Class I	Hedge Funds	2,940,000	4,198,294
Federated US Treasury	Cash	<u>14,643,051</u>	<u>14,643,051</u>
		<u>\$ 202,972,023</u>	<u>\$ 209,819,684</u>

See Independent Auditor's Report.