

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan EMPLOYEES' RETIREMENT PLAN OF PROSKAUER ROSE LLP
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1965
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PROSKAUER ROSE LLP ELEVEN TIMES SQUARE NEW YORK, NY 10036-8299
2b	Employer Identification Number (EIN) 13-1840454
2c	Plan Sponsor's telephone number 212-969-3000
2d	Business code (see instructions) 541110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/12/2026	IRA G. BOGNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 638
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 153 6a(2) 147 6b 174 6c 225 6d 546 6e 7 6f 553 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 1I

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan EMPLOYEES' RETIREMENT PLAN OF PROSKAUER ROSE LLP	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PROSKAUER ROSE LLP	D Employer Identification Number (EIN) 13-1840454
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 11 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	55765927	
b	Actuarial value	2b	53538112	
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	181	20041674	20041674
b	For terminated vested participants	304	12541283	12541283
c	For active participants	153	13159227	13190581
d	Total	638	45742184	45773538
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.14 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	419788	
c	Target normal cost	6c	419788	

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 TOBIAH MINTZ Type or print name of actuary PWC US CONSULTING LLP Firm name 300 MADISON AVENUE NEW YORK, NY 10017 Address of the firm	07/29/2026 Date 26-07720 Most recent enrollment number 646-471-3000 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	6754047
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	6754047
10 Interest on line 9 using prior year's actual return of <u>10.91</u> %	0	736867
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
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>6.15</u> %		0
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		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	7490914

Part III Funding Percentages

14 Funding target attainment percentage	14	100.59 %
15 Adjusted funding target attainment percentage	15	116.96 %
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	117.46 %
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
Totals ►			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b
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	419788	
b Excess assets, if applicable, but not greater than line 31a	31b	273660	
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	146128	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	146128	146128
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025

A Name of plan EMPLOYEES' RETIREMENT PLAN OF PROSKAUER ROSE LLP	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 PROSKAUER ROSE LLP	D Employer Identification Number (EIN) 13-1840454

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

X

YesNo
- 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	
CARLYLE	520 MADISON AVE. NEW YORK, NY 10022

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
ELLIOTT	40 W. 57TH ST. NEW YORK, NY 10069

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
GOLDMAN SACHS	
46-5215217	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
POINTER	735 BROAD STREET, SUITE 1108 CHATTANOOGA, TN 37402

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

WELLINGTON MANAGEMENT COMPANY LLP

280 CONGRESS STREET
BOSTON, MA 02111

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

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

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

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

PWC US TAX LLP

92-0460586

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	213900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CARLYLE STRATEGIC PARTNERS IV LP

1001 PENNSYLVANIA AVENUE, N.W.
SUITE 220 SOUTH
WASHINGTON, DC 20004

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	106906	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLINGTON MANAGEMENT COMPANY

799 BROADWAY
NEW YORK, NY 10003

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	103827	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MORGAN STANLEY

1585 BROADWAY
NEW YORK, NY 10036

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	75000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SETTER CAPITAL INC.

2 FLOOR ST. WEST SUITE 1700
TORONTO, ONTARIO M4W 3E2 CA

(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?
49 50	NONE	38529	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MIDWEST INST.TRUST CO

10700 RESEARCH DRIVE
WAUWATOSA, WI 53226

(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?
18 50	CUSTODIAN	24099	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NEWPORT TRUST COMPANY

1627 EYE STREET, NW
SUITE 950
WASHINGTON, DC 20006

(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?
49 50	NONE	15000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SIMPSON THACHER & BARTLETT LLP

425 LEXINGTON AVE
NEW YORK, NY 10017

(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?
29 50	NONE	6250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025		
A Name of plan EMPLOYEES' RETIREMENT PLAN OF PROSKAUER ROSE LLP	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 PROSKAUER ROSE LLP	D Employer Identification Number (EIN) 13-1840454	

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)		
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF II US LONG TREAS PORTPOLIO			
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA			
c EIN-PN 04-6913417-173	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12998086	
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF II US INV GRADE INTERM CORP			
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA			
c EIN-PN 04-6913417-206	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21677346	
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF II US INV GRADE CORP LONG B			
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA			
c EIN-PN 04-6913417-120	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9264465	
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CTF ULTRA SHORT DURATION			
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA			
c EIN-PN 45-3995022-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7721601	
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF II US LONG STRIPS PORTFOLIO			
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA			
c EIN-PN 04-6913417-182	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
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)**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)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025		
A Name of plan EMPLOYEES' RETIREMENT PLAN OF PROSKAUER ROSE LLP	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PROSKAUER ROSE LLP	D Employer Identification Number (EIN) 13-1840454	

Part I	Asset and Liability Statement
--------	-------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1962	7400
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	4423005	0
(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)	50581014	51661498
(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)	759946	2134393
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	55765927	53803291
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	55765927	53803291

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)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	9554	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9554
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	11233321	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	11753703	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-520382
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-1546358	
(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)		4220287
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2163101

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3473416	
(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)		3473416
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)	285733	
(6) Bank or trust company trustee/custodial fees	2i(6)	24099	
(7) Actuarial fees	2i(7)	213900	
(8) Legal fees	2i(8)	6250	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	122339	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		652321
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4125737

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1962636
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: EISNERAMPER LLP

(2) EIN: 87-1363769

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
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 0.

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 577544.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025		
A Name of plan EMPLOYEES' RETIREMENT PLAN OF PROSKAUER ROSE LLP		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PROSKAUER ROSE LLP		D Employer Identification Number (EIN) 13-1840454
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 39-6436442		
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 79
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

**EMPLOYEES' RETIREMENT PLAN
OF PROSKAUER ROSE LLP**

FINANCIAL STATEMENTS

OCTOBER 31, 2025 (IN LIQUIDATION)
AND 2024 (ONGOING)
(with supplemental information)

EMPLOYEES' RETIREMENT PLAN OF PROSKAUER ROSE LLP

Contents

	<u>Page</u>
Independent Auditors' Report	1 - 3
Financial Statements	
Statements of net assets available for benefits as of October 31, 2025 (in liquidation) and 2024 (ongoing)	4
Statements of changes in net assets available for benefits for the years ended October 31, 2025 (in liquidation) and 2024 (ongoing)	5
Notes to financial statements	6 - 17
Supplemental Information	
Schedule H, Line 4(i) - Schedule of assets (held at end of year) as of October 31, 2025 (in liquidation)	18
Schedule H, Line 4(j) - Schedule of reportable transactions for the year ended October 31, 2025 (in liquidation)	19 - 21

INDEPENDENT AUDITORS' REPORT

Executive Committee and Participants
Employees' Retirement Plan of Proskauer Rose LLP

Opinion

We have audited the financial statements of the Employees' Retirement Plan of Proskauer Rose LLP (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of October 31, 2025 (in liquidation) and 2024 (ongoing), the related statements of changes in net assets available for benefits for the year ended October 31, 2025 (in liquidation) and October 31, 2024 (ongoing), and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of October 31, 2025 (in liquidation) and 2024 (ongoing), and the changes in its net assets available for benefits for year ended October 31, 2025 (in liquidation) and October 31, 2024 (ongoing), in accordance with accounting principles generally accepted in the United States of America.

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 *Auditors' 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 audit opinion.

Emphasis of Matter - Plan Termination

As further discussed in Note A to the financial statements, the governing body of Proskauer Rose LLP, the plan sponsor, approved a plan of liquidation effective July 31, 2025, and management determined liquidation was imminent as of that date. As a result, the Plan has changed its basis of accounting from the ongoing basis of accounting used in presenting the 2024 financial statements to the liquidation basis used of accounting in presenting the 2025 financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

"EisnerAmper" is the brand name under which EisnerAmper LLP and Eisner Advisory Group LLC and its subsidiary entities provide professional services.

EisnerAmper LLP and Eisner Advisory Group LLC are independently owned firms that practice in an alternative practice structure in accordance with the AICPA Code of Professional Conduct and applicable law, regulations and professional standards. EisnerAmper LLP is a licensed CPA firm that provides attest services, and Eisner Advisory Group LLC and its subsidiary entities provide tax and business consulting services. Eisner Advisory Group LLC and its subsidiary entities are not licensed CPA firms.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at the end of the year) as of October 31, 2025 (in liquidation), and of reportable transactions for the year ended October 31, 2025 (in liquidation) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

EisnerAmper LLP

EISNERAMPER LLP
New York, New York
August 10, 2026



EMPLOYEES' RETIREMENT PLAN OF PROSKAUER ROSE LLP

Statements of Net Assets Available for Benefits

	October 31,	
	2025 (in liquidation)	2024 (ongoing)
ASSETS		
Investments at fair value:		
Money market fund	\$ 2,134,393	\$ 759,946
Collective investment and common collective trusts	51,661,498	50,581,014
Alternative investments	-	4,423,005
	53,795,891	55,763,965
Accrued income receivable	7,400	1,962
Total assets	53,803,291	55,765,927
LIABILITIES		
Accrued expenses expected to be incurred in liquidation	953,000	-
Total liabilities	953,000	-
Net assets available for benefits (ongoing)		\$ 55,765,927
Net assets available for benefits (in liquidation)	\$ 52,850,291	

EMPLOYEES' RETIREMENT PLAN OF PROSKAUER ROSE LLP

Statements of Changes in Net Assets Available for Benefits

	Year Ended October 31,	
	2025 (in liquidation)	2024 (ongoing)
Additions:		
Investment income:		
Net realized/unrealized (depreciation)/appreciation in the fair value of investments	\$ (430,333)	\$ 2,605,557
Interest and dividend income	<u>2,593,434</u>	<u>3,034,191</u>
Total additions	<u>2,163,101</u>	<u>5,639,748</u>
Deductions:		
Benefit payments	3,473,416	3,168,041
Administrative expenses	<u>652,321</u>	<u>13,662</u>
Total deductions	<u>4,125,737</u>	<u>3,181,703</u>
Net (decrease) increase in net assets before adjustment to liquidation basis	(1,962,636)	2,458,045
Adjustment to liquidation basis – estimated liquidation costs	<u>(953,000)</u>	-
Net (decrease) in net assets available for benefits (in liquidation)	(2,915,636)	-
Net assets available for benefits (ongoing) at beginning of year	<u>55,765,927</u>	<u>53,307,882</u>
Net assets available for benefits (ongoing) at end of year		<u>\$ 55,765,927</u>
Net assets available for benefits (in liquidation) at end of year	<u>\$ 52,850,291</u>	

EMPLOYEES' RETIREMENT PLAN OF PROSKAUER ROSE LLP

Notes to Financial Statements

October 31, 2025 (liquidation basis) and 2024 (ongoing)

NOTE A - DESCRIPTION OF PLAN AND PLAN TERMINATION

The Employees' Retirement Plan of Proskauer Rose LLP (the "Plan") is a defined benefit plan under Section 401(a) of the Internal Revenue Code (the "Code") established in order to provide a systematic method by which employees of Proskauer Rose LLP (the "Partnership") may receive retirement benefits. The Plan was amended and restated effective November 1, 2013, to include all amendments made since its last restatement, as well as to comply with the relevant provisions of the Pension Protection Act of 2006 (the "Act"), and other applicable legislation. Pursuant to an amendment, effective as of June 1, 2011, the Plan has been frozen. As a result, participants under the Plan shall not accrue a benefit under the Plan for fiscal years beginning after October 31, 2010. Accrued benefits, which have accrued prior to June 1, 2011, shall be preserved and all optional forms of payment with respect to such benefits shall remain unchanged. The years of service of participants for purposes of determining accrued benefits will be as of June 1, 2011. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan is administered by the Partnership's Retirement Plan Committee as designated by the Partnership's Executive Committee.

Per a Plan amendment, effective November 1, 2024, the accrued vested benefit of retired or terminated participants with an accrued vested benefit of under \$7,000 were to be distributed, as soon as administratively feasible, to the participants. Distributions were made during the year ended October 31, 2025. Additionally, per a Plan amendment, in March 2026, the Plan Sponsor offered Plan participants a post-termination in service distribution special election window, which enabled active participants the option to receive a lump sum amount or an annuity, or to defer payment to a later date under the original terms of the Plan (to be administered by an insurance company). This special election window closed in June 2026. Lump sum payments to participants who elected that option were paid in July 2026 for approximately \$13,372,000.

On July 24, 2025, an amendment was executed to the Plan document terminating the Plan effective July 31, 2025. As a result, the accompanying 2025 financial statements were prepared under the liquidation basis of accounting as further discussed in Note B. Following completion of the wind-down process, each participant's accrued benefit shall be paid under a non-participating terminal group annuity contract purchased by the Plan from an insurance company and no individual shall have a claim under the Plan. If, after satisfaction of all benefit liabilities, purchase of any terminal annuity contracts, payment of Plan expenses, and completion of the termination process, residual assets remain, the Plan Sponsor may elect to transfer such residual assets to a qualified replacement plan in accordance with IRC §4980, subject to the Plan document, ERISA, the Code, and applicable regulatory requirements. No residual asset receivable or payable has been recognized because the amount, if any, is not presently determinable or estimable.

In January 2026, the Standard Termination Notice for the Plan termination was filed with the Pension Benefit Guaranty Corporation ("PBGC") and the Plan has filed an application for determination for a terminating plan with Internal Revenue Service ("IRS"). The Plan has been granted an extension by the Pension Benefit Guaranty Corporation ("PBGC") to distribute all benefits by the later of March 2027 or 120 days after the receipt of the approval by the IRS.

EMPLOYEES' RETIREMENT PLAN OF PROSKAUER ROSE LLP

Notes to Financial Statements

October 31, 2025 (liquidation basis) and 2024 (ongoing)

NOTE A - DESCRIPTION OF PLAN AND PLAN TERMINATION (CONTINUED)

The following description of the Plan provides only general information. Participants should refer to the Plan document, which is available from the Plan administrator, for a more complete description of the Plan's provisions.

[1] Funding policy:

On an ongoing basis, it was the Partnership's policy to fund the Plan as required to meet the minimum funding requirements of the Code and ERISA, as determined by the Plan's independent actuary, using the "unit credit" actuarial cost method. As the Plan's assets exceeded its projected benefit obligation for the years commencing November 1, 2024 and 2023, no contributions were required to meet the minimum funding requirements of ERISA. The Partnership terminated the Plan effective July 31, 2025 and will fund the Plan to satisfy Plan benefits through lump-sum distributions, where elected or required, and/or purchase of group annuity contracts. Management does not anticipate any future contributions will be required during liquidation.

The Act included many provisions and numerous revisions to rules surrounding defined benefit plans, including rules that govern Plan funding. The Act established minimum funding standards for defined benefit plans and limited benefit increases and accruals for underfunded plans. Pursuant to the Act, each year, the independent actuaries are required to certify to the Plan's funded percentage. The Plan received such certification for the 2024 Plan year for the Adjusted Funding Target Attainment Percentage ("AFTAP"), which is one way of measuring the funded status of a plan using actuarial assumptions mandated by the Internal Revenue Service ("IRS"), and the actuary determined that the AFTAP for the Plan is 116.96% for the Plan year commencing November 1, 2024. ERISA rules require an annual funding notice for each participant and beneficiary, within 120 days after the Plan year ends.

[2] Benefits:

Benefit payments are determined by the use of certain formulas as set forth in the Plan, which are based upon a participant's compensation for specific periods limited to \$245,000 for the Plan year beginning November 1, 2010, years of service and age at time of benefit commencement. Participants will receive benefits in the form of a life annuity payable monthly if they are not married, or in the form of a joint and 50% survivor annuity if they are married. Alternative forms of benefits are also available, including a lump-sum payment, which will be determined utilizing mortality and interest tables specified by the Code. The Plan provides for death and disability benefits as defined in the Plan. Compensation earned after June 1, 2011 shall not be recognized for purposes of determining a participant's accrued benefits. The amended Plan provides for certain benefit restrictions under Code Section 436 based upon the Plan's AFTAP.

[3] Participation and vesting:

All staff employees who attained the age of 21 and completed 1,000 hours of service in a 12-month period, as defined, were eligible to participate in the Plan. Income Partners and Senior Counsel who attained age 21 and completed one year of service were eligible to participate in the Plan. Effective June 1, 2011, the Plan was frozen and no individual was eligible to become a participant on or after June 1, 2011.

Vesting by participants is 20% after three years of service plus 20% for each of the next four years, and with 100% vesting attained at the end of seven years of service.

EMPLOYEES' RETIREMENT PLAN OF PROSKAUER ROSE LLP

Notes to Financial Statements

October 31, 2025 (liquidation basis) and 2024 (ongoing)

NOTE A - DESCRIPTION OF PLAN AND PLAN TERMINATION (CONTINUED)

[4] Termination of the plan:

The Partnership terminated the Plan effective July 31, 2025. Upon termination, affected participants' accrued benefits became nonforfeitable to the extent required under ERISA and the Code. Plan assets will be used to satisfy Plan benefits and allowable expenses in accordance with the Plan document, ERISA, PBGC rules, and the Code. Following completion of the termination process, remaining benefit obligations are expected to be settled through lump-sum distributions, where elected or required, and/or purchase of group annuity contracts.

[5] Administrative expenses:

The Plan's expenses are paid either by the Plan or the Partnership, as provided by the Plan document. Expenses that are paid directly by the Partnership are excluded from the Plan's financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment-related expenses are included in net (depreciation)appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

[1] Basis of accounting:

As a result of the Plan termination, and management's determination that liquidation was imminent, for the year ended October 31, 2025, the financial statements were prepared under the liquidation basis of accounting. Under the liquidation basis of accounting, assets are measured to reflect the estimated amount of cash expected to be collected in settling or disposing of the assets during the liquidation process, where they can be reasonably estimated. Liabilities are measured using the accrual basis of accounting and would include any expected costs of the disposal of assets and other costs expected to be incurred during the liquidation process, where they can be reasonably estimated. Accordingly, administrative expenses of \$953,000 estimated to be incurred in liquidation were accrued as of October 31, 2025 and are reflected in the statement of net assets available for benefits (liquidation basis). Management has determined that other additions and deductions to net assets cannot be reasonably estimated at this time and are therefore not accrued in the financial statements.

The financial statements as of and for the year ended October 31, 2024 are prepared on accrual method of accounting on an ongoing basis.

[2] Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, including those relating to the adjustment for the liquidation basis of accounting in 2025, the disclosure of contingent assets and liabilities, the actuarial present value of accumulated Plan benefits as of the beginning of the Plan year and the accompanying notes. Actual results could differ from those estimates.

EMPLOYEES' RETIREMENT PLAN OF PROSKAUER ROSE LLP

Notes to Financial Statements

October 31, 2025 (liquidation basis) and 2024 (ongoing)

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

[3] Investment valuation and income recognition:

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Midwest Trust Company ("MTC") is the custodian of the Plan pursuant to the custodial agreement and Graystone Consulting is the investment advisor. In January 2024, the Plan entered into an agreement with Wellington Management Company LLP ("Wellington") to be the Plan's investment manager as part of a liability driven investment program which seeks to align investment objectives and asset allocations with anticipated plan liabilities and benefit payments.

The following is a description of the valuation methodologies used for investments measured at fair value:

The Plan is invested in a money market fund at October 31, 2025 and 2024. The fund is valued at the daily closing price as reported by the fund. The money market fund is a mutual fund that is invested in highly liquid, near-term instruments and is registered with the Securities and Exchange Commission. The money market fund is required to publish its daily net asset value ("NAV") and to transact at that price. The money market fund held by the Plan is deemed to be actively traded.

The Plan is invested in various collective investment and collective trust funds. Units of collective trust funds are valued at the NAV on the last business day of the plan year, which is based on the fair market value of their underlying investments. The NAV, as provided by the trustee, is used as the practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily with written notice. Were the Plan to initiate a full redemption of the collective investment and collective trust funds, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The Plan was also invested in alternative investments ("AIs"). AIs are valued at the NAV, as a practical expedient, based on the market value of the underlying investments. The NAV is not a publicly-quoted price in an active market. This practical expedient is not used when it is determined to be probable that the AIs will sell the investment for an amount different than the reported NAV.

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

[4] Payment of benefits:

Benefit payments to participants are recorded upon distribution.

EMPLOYEES' RETIREMENT PLAN OF PROSKAUER ROSE LLP

Notes to Financial Statements

October 31, 2025 (liquidation basis) and 2024 (ongoing)

NOTE C - INVESTMENTS AND FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the 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 are described below:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The valuation techniques used to measure fair value of the investments are included in Note B[3]. There have been no changes in methodologies used at October 31, 2025 and 2024.

The methods described in Note B[3] may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting dates.

EMPLOYEES' RETIREMENT PLAN OF PROSKAUER ROSE LLP

Notes to Financial Statements

October 31, 2025 (liquidation basis) and 2024 (ongoing)

NOTE C - INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables summarize by Level, within the fair value hierarchy, the Plan's investment assets measured at fair value on a recurring basis:

	October 31, 2025 (in liquidation)			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 2,134,393			\$ 2,134,393
Total investment assets in the fair value hierarchy	\$ 2,134,393			
Investments measured at net asset value (A):				
Collective investment and common collective trusts				51,661,498
Investment assets at fair value				\$ 53,795,891

	October 31, 2024 (ongoing)			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 759,946			\$ 759,946
Total investment assets in the fair value hierarchy	\$ 759,946			759,946
Investments measured at net asset value (A):				
Collective investment and common collective trusts				50,581,014
Alternative investments				4,423,005
Investment assets at fair value				\$ 55,763,965

(A) Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

EMPLOYEES' RETIREMENT PLAN OF PROSKAUER ROSE LLP

Notes to Financial Statements

October 31, 2025 (liquidation basis) and 2024 (ongoing)

NOTE C - INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

Changes in fair value levels:

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

The Plan invests in Wellington Trust Company, NA ("WTC's") collective investment and collective trust funds. Wellington an affiliate of WTC serves as an investment advisor to the funds. Participant transactions (purchases and sales) may occur daily with written notice. Were the Plan to initiate a full redemption of the collective funds, the investment advisor reserves the right to temporarily delay withdrawal from the trust if market disruption events or other circumstances warrant such actions. There are no unfunded commitments at October 31, 2025. The following table summarizes the WTC collective investment and collective trust funds measured at fair value based on NAV as a practical expedient as of October 31, 2025 and 2024:

Investments	Fair Value (in liquidation) October 31, 2025	Fair Value (ongoing) October 31, 2024	Strategy of the Investment
Wellington CTF Ultra Short Duration	\$ 7,721,601	\$ 4,161,949	To meet or exceed the US 3 Month Treasury Bill Index
Wellington CIF II US Investment Grade Intermediate Corporate Portfolio	21,677,346	6,936,350	To meet or exceed the Bloomberg Intermediate US Corporate Index
Wellington CIF II US INV Grade Corp. Long Bond	9,264,465	29,300,699	To meet or exceed the Bloomberg Long US Corporate Index
Wellington CIF II US Long Strips Portfolio	-	6,147,923	To meet or exceed the Bloomberg US STRIPS 20 plus Year Index
Wellington CIF II US Long Treasury Portfolio	12,998,086	4,034,093	To meet or exceed the Blomberg US Long Treasury Index
Total	\$ 51,661,498	\$ 50,581,014	

During the year ended October 31, 2025, the Plan sold its holding in the AI investments. On June 30, 2025, the Plan sold its investment in Blackstone Tactical Opportunities Fund L.P., Pointer Offshore III, Ltd, Oaktree Strategic Income (Cayman), Ltd., and Carlyle Strategic Partners IV L.P. to an unrelated third party. The Plan also sold its investment in Elliott International Limited to the Proskauer Rose LLP Partners' Cash Balance Retirement Plan, an affiliate plan, at the net asset value of the investment as of June 30, 2025, which was determined to be an arm's length transaction.

EMPLOYEES' RETIREMENT PLAN OF PROSKAUER ROSE LLP

Notes to Financial Statements

October 31, 2025 (liquidation basis) and 2024 (ongoing)

NOTE C - INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

Als consist of Blackstone Tactical Opportunities Fund L.P., Pointer Offshore III, Ltd., Oaktree Strategic Income (Cayman), Ltd., Carlyle Strategic Partners IV L.P., Elliott International Limited as of October 31, 2024. The following table summarizes Als measured at fair value based on NAV as of October 31, 2024.

October 31, 2024				
Investments	Fair Value	Unfunded Commitments	Redemption Frequency	Strategy of the Investment
Blackstone Tactical Opportunities Fund L.P.	\$ 119,609	\$ 216,728	The Plan does not have redemption rights. Distributions are to be received upon the disposition of investments. The investment period expired August 2024. The fund terminates nine years after the close of the investment period.	Multi-strategy illiquid fund that invests in a broad range of equity, debt and real estate opportunities.
Pointer Offshore III, Ltd.	647,689	-	Semiannually on 6/30 and 12/31 with notice by 3/15 and 9/15, respectively. All new capital is subject to a 24-month lock-up period. Redemptions received during the year.	Through a master feeder structure focused in global long and short equity.
Oaktree Strategic Income LTD	105,372	-	The Plan does not have redemption rights. The investment period, which commenced in 2015, will expire upon a liquidity event or the fifth anniversary of the investment period. After the close of the investment period, distributions will be made upon the run off, as defined, of investments.	Through a master feeder focused on current income and long-term capital appreciation by investing in stressed credit opportunities.
Carlyle Strategic Partners IV L.P.	1,664,470	638,232	The Plan does not have redemption rights. The investment period is three years from the closing date subject to a one-year extension. The fund is scheduled to terminate December 2027 and may be extended or dissolved sooner, per fund terms.	Invests in equity, debt or other instruments of operationally sound, financially distressed companies.
Elliott International Limited	<u>1,885,865</u>	<u>323,331</u>	Quarterly redemptions with 60 days' notice subject to an investor level gate of 12.5%. Shares pursuant to a capital commitment are subject to the commitment period.	Through a master feeder focused on current income and long-term capital appreciation by investing in stressed credit opportunities.
Total	<u>\$ 4,423,005</u>	<u>\$ 1,178,291</u>		

EMPLOYEES' RETIREMENT PLAN OF PROSKAUER ROSE LLP

Notes to Financial Statements

October 31, 2025 (liquidation basis) and 2024 (ongoing)

NOTE D - 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 services rendered by the employees to the valuation date. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries.

Benefits under the Plan accumulated based on employees' compensation during each year of credited service through June 1, 2011 (the date the Plan was frozen). The accumulated Plan benefits for active employees will equal the accumulation, with interest, of annual benefit accruals (up until June 1, 2011).

Independent actuaries estimate the actuarial present value of accumulated Plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits earned by the participants to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits information as of the beginning of the Plan year (ongoing basis) is as follows:

	<u>November 1, 2024</u>
Actuarial present value of accumulated Plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 20,704,204
Participants entitled to deferred benefits	13,146,735
Other participants	<u>13,595,885</u>
Total vested benefits	47,446,824
Nonvested benefits	<u>25,445</u>
Total actuarial present value of accumulated Plan benefits (ongoing basis)	<u><u>\$ 47,472,269</u></u>
Changes in accumulated Plan benefits:	
Actuarial present value of accumulated Plan benefits (ongoing basis) as of November 1, 2023	\$ 38,396,750
Increase (decrease) during the year attributable to:	
Other (including benefits accumulated and actuarial experience gains and losses)	74,497
Increase for interest due to decrease in discount period	2,670,932
Benefits paid	(3,168,041)
Change in assumptions	<u>9,498,131</u>
Net increase	<u>9,075,519</u>
Actuarial present value of accumulated Plan benefits (ongoing basis) as of November 1, 2024	<u><u>\$ 47,472,269</u></u>

EMPLOYEES' RETIREMENT PLAN OF PROSKAUER ROSE LLP

Notes to Financial Statements

October 31, 2025 (liquidation basis) and 2024 (ongoing)

NOTE D - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The significant assumptions underlying the actuarial computations as of November 1, 2024 were as follows:

Actuarial cost method	Unit credit cost.
Assumed rate of return on investments	5%
Mortality table	The Pri-2012 Mortality Table with white collar adjustment and MP-2021 generational improvement scale.
Employer turnover	Based upon a formula related to attained age of participants. Withdrawal was assumed to be 20% in the first three years of service and 15% in the next two years of service.
Expected retirement age	Based upon age-based assumptions for ages 55 to 69, with 100% retirement at age 70; age 65 for vested terminated participants.
Lump-sum assumption	Based upon the underlying annuity and the annuity is valued based on the valuation interest rate and Section 417(e) unisex table.
Asset valuation	Two-year smoothing method.

The computations of the actuarial present value of accumulated plan benefits were made as of November 1, 2024. Had the valuations been performed as of October 31, 2024, there would be no material differences.

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to liquidate upon termination, The effects of the amendment to terminate the Plan have not been reflected in the valuations as of November 1, 2024.

As further discussed in Note A, the Plan Sponsor passed a resolution to terminate the Plan, and accordingly the 2025 financial statements are prepared on the liquidation basis, and different actuarial assumptions and other factors are applicable in determining the actuarial present value of accumulated Plan benefits in liquidation. The actuarial present value of accumulated Plan benefits as of November 1, 2025, has been calculated on a liquidation basis and reflects an actuarial present value of accumulated Plan benefits of \$47,375,087, all of which are vested. Had the valuations been performed as of October 31, 2025, there would be no material differences.

The significant assumptions underlying the actuarial computations as of November 1, 2025 were consistent with November 1, 2024 except for (1) an assumed rate of return on investment of 4.39% reflecting the cost of terminating the plan assuming 80% of the active participants and 35% of the terminated vested participants elect a lump sum distribution as of July 1, 2026 and a group annuity is purchased for the remaining participant (2) the lump sum amount was valued utilizing the applicable mortality table and applicable interest rates under IRC section 417(e) for distributions occurring during the Plan year ending October 31, 2026 and (3) The estimated annuity purchase price is based upon the FTSE pension discount curve as of October 31, 2025 reduced by 30 basis points for participants currently receiving payment and 125 basis points for all other participants.

EMPLOYEES' RETIREMENT PLAN OF PROSKAUER ROSE LLP

Notes to Financial Statements

October 31, 2025 (liquidation basis) and 2024 (ongoing)

NOTE E - TAX STATUS

The Plan, as amended and restated November 1, 2013, received a favorable determination letter dated June 22, 2015 from the IRS that the Plan is qualified under Section 401(a) of the Code and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by a government authority.

The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of October 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine examinations by taxing jurisdictions; however, there are currently no examinations for any tax periods in progress.

NOTE F - RISKS AND UNCERTAINTIES

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

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

Volatility in the financial markets may significantly impact the subsequent valuation of the Plan's investments. Accordingly, the valuation of investments at October 31, 2025 and 2024 may not necessarily be indicative of amounts that could be realized in a current market exchange.

EMPLOYEES' RETIREMENT PLAN OF PROSKAUER ROSE LLP

Notes to Financial Statements
October 31, 2025 (liquidation basis) and 2024 (ongoing)

NOTE G - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

As disclosed in Note C, the Plan sold its investment in Elliott International Limited to the Proskauer Rose LLP Partners' Cash Balance Retirement Plan, an affiliate plan. The terms of the transaction were determined to be an arm's length transaction. In connection with the transaction, the Plan Sponsor engaged an independent fiduciary to oversee and evaluate the sale process. The independent fiduciary determined that the transaction was conducted on arm's length terms based on its independent review of the transaction, including the terms and conditions of the sale, the valuation of the investment, the sale process, and other relevant market and transaction considerations.

Commencing in 2024, certain investments were units of collective investments and collective trusts managed by Wellington, the Plan's investment manager, therefore, these transactions qualify as party-in-interest transactions. The Plan also pays actuarial, custodial, accounting, investment advisory fees and fees related to the sale of AIs. As service providers to the Plan, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to these service providers, excluding accruals, were \$587,880 and \$355,148 for the years ended October 31, 2025 and 2024, respectively. Expenses as reflected on the statements of changes in net assets available for benefits for the year ended October 31, 2024 are net of a refund of Pension Benefit Guaranty Corporation Premiums of \$404,846.

NOTE H - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits (in liquidation) per the financial statements to Form 5500:

	<u>October 31, 2025</u>
Net assets available for benefits per the financial statements (in liquidation)	\$ 52,850,291
Add: accrued expenses expected to be incurred in liquidation	<u>953,000</u>
Net assets available for benefits per Form 5500	<u><u>\$ 53,803,291</u></u>

The following is a reconciliation of net (decrease) in net assets (in liquidation) per the financial statements and Form 5500:

	<u>Year Ended October 31, 2025</u>
Net (decrease) in net assets per the financial statements – in liquidation	\$ (2,915,636)
Add: adjustment to liquidation basis – estimated liquidation costs not reported on Form 5500	<u>953,000</u>
Net (decrease) in net assets available for benefits per Form 5500	<u><u>\$ (1,962,636)</u></u>

NOTE I - SUBSEQUENT EVENTS

The Plan's management evaluated subsequent events through August 10, 2026, the date on which the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

EMPLOYEES' RETIREMENT PLAN OF PROSKAUER ROSE LLP

Schedule H of Form 5500

Line 4(i) - Schedule of Assets (Held at End of Year)(In Liquidation)

October 31, 2025

Employer Identification #13-1840454 Plan No. 001

Issuer	Description of Investment	Cost	Market Value
Money Market Fund:			
Goldman Sachs	GS Financial Square Government Fund	\$ 2,134,393	\$ 2,134,393
Common/Collective Trusts:			
* Wellington	Wellington CIF II US Inv Grade Corp Long Bond	9,478,304	9,264,465
* Wellington	Wellington CTF Ultra Short Duration	7,718,776	7,721,601
* Wellington	Wellington CIF II US Investment Grade Intermediate Corporate Portfolio	21,604,161	21,677,346
* Wellington	Wellington CIF II US Long Treasury Portfolio	13,034,292	12,998,086
		<u>\$ 53,969,926</u>	<u>\$ 53,795,891</u>

* Indicates party-in-interest to the Plan

EMPLOYEES' RETIREMENT PLAN OF PROSKAUER ROSE LLP

Schedule H, Line 4(j) - Schedule of Reportable Transactions (In Liquidation)
Year Ended October 31, 2025
Employer Identification #13-1840454 Plan No. 001

Identity of Party	Description of Investment	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset at Transaction Date	Net Gain (Loss)
Category (i) - A transaction in excess of 5% of net assets:						
*Wellington	Wellington CIF II US Inv Grade Corp Long Bond		\$ 9.31	\$ 4,190,733	\$ 3,960,000	\$ 230,733
*Wellington	Wellington CIF II US Inv Grade Corp Long Bond		9.77	12,114,601	12,035,100	(79,501)
*Wellington	Wellington CIF II US Inv Grade Corp Long Bond		9.77	4,648,002	4,617,500	(30,502)
*Wellington	Wellington CTF Ultra Short Duration	\$10.12		3,035,743	3,035,743	-
*Wellington	Wellington CIF II US Investment Grade Intermediate Corporate Portfolio	9.28		12,035,000	12,035,000	-
*Wellington	Wellington CIF II US Long Strips Portfolio		6.22	4,645,018	4,077,559	(567,459)
*Wellington	Wellington CIF II US Long Treasury Portfolio	7.80		4,617,500	4,617,500	-
*Wellington	Wellington CIF II US Long Treasury Portfolio	7.50		3,960,000	3,960,000	-

EMPLOYEES' RETIREMENT PLAN OF PROSKAUER ROSE LLP

Schedule H, Line 4(j) - Schedule of Reportable Transactions (In Liquidation) (continued)

Year Ended October 31, 2025

Employer Identification #13-1840454 Plan No. 001

Identity of Party	Description of Investment	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset at Transaction Date	Net Gain (Loss)
Category (iii) - A series of transactions in excess of 5% of net assets:						
*Wellington	Wellington CIF II US Inv Grade Corp Long Bond	\$ 9.62		\$ 31,000	\$ 31,000	\$ -
*Wellington	Wellington CIF II US Inv Grade Corp Long Bond		9.67	21,898,017	21,512,000	(386,017)
*Wellington	Wellington CTF Ultra Short Duration	10.12		3,438,343	3,438,343	-
*Wellington	Wellington CTF Ultra Short Duration		10.14	89,757	90,000	243
*Wellington	Wellington CIF II US Investment Grade Intermediate Corporate Portfolio	9.26		14,501,316	14,501,316	-
*Wellington	Wellington CIF II US Investment Grade Intermediate Corporate Portfolio		9.04	308,783	310,000	1,217
*Wellington	Wellington CIF II US Long Strips Portfolio		6.21	6,697,349	5,860,759	(836,590)
*Wellington	Wellington CIF II US Long Treasury	7.64		9,762,500	9,762,500	-
*Wellington	Wellington CIF II US Long Treasury		7.67	1,307,275	1,285,500	(21,775)

EMPLOYEES' RETIREMENT PLAN OF PROSKAUER ROSE LLP

Schedule H, Line 4(j) - Schedule of Reportable Transactions (In Liquidation) (continued)

Year Ended October 31, 2025

Employer Identification #13-1840454 Plan No. 001

<u>Identity of Party</u>	<u>Description of Investment</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value of Asset at Transaction Date</u>	<u>Net Gain (Loss)</u>
Goldman Sachs	GS Financial Square Government Fund	1.00		6,790,411	6,790,411	-
Goldman Sachs	GS Financial Square Government Fund		1.00	5,415,961	5,415,961	-

There were no category (ii) or (iv) reportable transactions during the year ended October 31, 2025.

* Indicates party-in-interest to the Plan

Employees' Retirement Plan of Proskauer Rose LLP
(EIN/PN: 13-1840454/001)

Attachment to 2024 Form 5500 Schedule SB
Line 26 - Schedule of Active Participant Data

Attained Age	Years of Credited Service										Total
	Under 1 year	1 to 4 years	5 to 9 years	10 to 14 years	15 to 19 years	20 to 24 years	25 to 29 years	30 to 34 years	35 to 39 years	Over 40 years	
	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
<25											
25-29											
30-34											
35-39											
40-44	1	6									7
45-49	2	13	4	3							22
50-54	1	15	10	1							27
55-59	1	14	10	4	2	3					34
60-64	2	11	4	10	4	6	3				40
65-69		4	3	3	1	3	1	1			16
70&Up	1	2			2	2					7
Total	8	65	31	21	9	14	4	1			153

Attachment to 2024 Form 5500 Schedule SB
Part V - Statement of Actuarial Assumptions and Methods

<u>Years of Service</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
1	20.00%	20	13.85%
2	20.00%	25	11.70%
3	20.00%	30	9.50%
4	15.00%	35	7.66%
5	15.00%	40	6.14%
		45	4.75%
		50	3.35%
		55	2.00%
		60	2.00%

Employees' Retirement Plan of Proskauer Rose LLP
(EIN/PN: 13-1840454/001)

Attachment to 2024 Form 5500 Schedule SB
Part V - Statement of Actuarial Assumptions and Methods

Disability Incidence	<u>Age</u>	<u>Rate</u>
	20	0.00%
	35	0.01%
	45	0.02%
	50	0.04%
	55	0.08%
	60	0.11%

Retirement Assumption Retirements are assumed to occur according to the following age-based tables:

<u>Age</u>	<u>Rate</u>
55-57	3%
58-59	5%
60-61	15%
62	25%
63-64	15%
65-69	50%
70	100%

Current and future vested terminated participants are assumed to retire at age 65.

Loading for Expenses Assumed to equal actual expenses paid in prior year but reflecting the current year's PBGC premium.

Salary Scale Not Applicable

Form of Payment 80% of participants are assumed to elect payment in the form of a lump sum,
20% of participants are assumed to elect payment in the form of a life annuity.

Expected Investment Return 5.00%

Spouse Assumptions	<u>Male participants</u>	<u>Female</u>
Percentage Married	80%	80%
Spouse Age Difference	3 years younger	3 years older

Employees' Retirement Plan of Proskauer Rose LLP
(EIN/PN: 13-1840454/001)

Attachment to 2024 Form 5500 Schedule SB
Part V - Statement of Actuarial Assumptions and Methods

B. Actuarial Assumptions Rationale

Valuation Interest Rates	The interest rate assumption used is prescribed by IRC section 430(h) subject to specified elections by the plan sponsor.
Mortality	The mortality assumption used is prescribed by IRC section 430(h) subject to specified elections by the plan sponsor.
Retirement/Turnover/Disability	Retirement, turnover, and disability rates are based on the client's industry and on historical plan experience.

C. Actuarial Methods for Funding Purposes

1. Actuarial Cost Method

The actuarial cost method is the Unit Credit Actuarial Cost Method.

Under this cost method, the target liability is defined as the present value of the accrued benefits on the valuation date. The funding shortfall is the excess, if any, of the amount by which the target liability exceeds the actuarial value of plan assets.

The target normal cost, determined on the valuation date, is the amount required to fund the benefit expected to be earned in the current year plus the administrative expenses that are expected to be paid from the plan in the current year as required by PPA.

2. Asset Valuation Method

Two year smoothing method per IRC 430(g)(3)(b) as amended by WRERA as described in IRS Notice 2009-22.

EMPLOYEES' RETIREMENT PLAN OF PROSKAUER ROSE LLP

Schedule H, Line 4(j) - Schedule of Reportable Transactions (In Liquidation)
Year Ended October 31, 2025
Employer Identification #13-1840454 Plan No. 001

Identity of Party	Description of Investment	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset at Transaction Date	Net Gain (Loss)
Category (i) - A transaction in excess of 5% of net assets:						
*Wellington	Wellington CIF II US Inv Grade Corp Long Bond		\$ 9.31	\$ 4,190,733	\$ 3,960,000	\$ 230,733
*Wellington	Wellington CIF II US Inv Grade Corp Long Bond		9.77	12,114,601	12,035,100	(79,501)
*Wellington	Wellington CIF II US Inv Grade Corp Long Bond		9.77	4,648,002	4,617,500	(30,502)
*Wellington	Wellington CTF Ultra Short Duration	\$10.12		3,035,743	3,035,743	-
*Wellington	Wellington CIF II US Investment Grade Intermediate Corporate Portfolio	9.28		12,035,000	12,035,000	-
*Wellington	Wellington CIF II US Long Strips Portfolio		6.22	4,645,018	4,077,559	(567,459)
*Wellington	Wellington CIF II US Long Treasury Portfolio	7.80		4,617,500	4,617,500	-
*Wellington	Wellington CIF II US Long Treasury Portfolio	7.50		3,960,000	3,960,000	-

EMPLOYEES' RETIREMENT PLAN OF PROSKAUER ROSE LLP

Schedule H, Line 4(j) - Schedule of Reportable Transactions (In Liquidation) (continued)
Year Ended October 31, 2025
Employer Identification #13-1840454 Plan No. 001

Identity of Party	Description of Investment	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset at Transaction Date	Net Gain (Loss)
Category (iii) - A series of transactions in excess of 5% of net assets:						
*Wellington	Wellington CIF II US Inv Grade Corp Long Bond	\$ 9.62		\$ 31,000	\$ 31,000	\$ -
*Wellington	Wellington CIF II US Inv Grade Corp Long Bond		9.67	21,898,017	21,512,000	(386,017)
*Wellington	Wellington CTF Ultra Short Duration	10.12		3,438,343	3,438,343	-
*Wellington	Wellington CTF Ultra Short Duration		10.14	89,757	90,000	243
*Wellington	Wellington CIF II US Investment Grade Intermediate Corporate Portfolio	9.26		14,501,316	14,501,316	-
*Wellington	Wellington CIF II US Investment Grade Intermediate Corporate Portfolio		9.04	308,783	310,000	1,217
*Wellington	Wellington CIF II US Long Strips Portfolio		6.21	6,697,349	5,860,759	(836,590)
*Wellington	Wellington CIF II US Long Treasury	7.64		9,762,500	9,762,500	-
*Wellington	Wellington CIF II US Long Treasury		7.67	1,307,275	1,285,500	(21,775)

EMPLOYEES' RETIREMENT PLAN OF PROSKAUER ROSE LLP**Schedule H, Line 4(j) - Schedule of Reportable Transactions (In Liquidation) (continued)****Year Ended October 31, 2025****Employer Identification #13-1840454 Plan No. 001**

Identity of Party	Description of Investment	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset at Transaction Date	Net Gain (Loss)
Goldman Sachs	GS Financial Square Government Fund	1.00		6,790,411	6,790,411	-
Goldman Sachs	GS Financial Square Government Fund		1.00	5,415,961	5,415,961	-

There were no category (ii) or (iv) reportable transactions during the year ended October 31, 2025.

* Indicates party-in-interest to the Plan

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025	
► Round off amounts to nearest dollar.	
► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan EMPLOYEES' RETIREMENT PLAN OF PROSKAUER ROSE LLP	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PROSKAUER ROSE LLP	D Employer Identification Number (EIN) 13-1840454
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 11 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	55,765,927	
b	Actuarial value	2b	53,538,112	
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	181	20,041,674	20,041,674
b	For terminated vested participants	304	12,541,283	12,541,283
c	For active participants	153	13,159,227	13,190,581
d	Total	638	45,742,184	45,773,538
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.14%	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	419,788	
c	Target normal cost	6c	419,788	

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	Tobiah Mintz Signature of actuary	07/29/2026 Date
Tobiah Mintz Type or print name of actuary		2607720 Most recent enrollment number
PwC US Consulting LLP Firm name		646-471-3000 Telephone number (including area code)
300 MADISON AVENUE NEW YORK NY 10017 Address of the firm		

Part II	Beginning of Year Carryover and Prefunding Balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	6,754,047
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	6,754,047
10 Interest on line 9 using prior year's actual return of <u>10.91</u> %	0	736,867
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
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>6.15</u> %		0
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		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	7,490,914

Part III	Funding Percentages	
14 Funding target attainment percentage	14	100.59 %
15 Adjusted funding target attainment percentage	15	116.96 %
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	117.46 %
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
Totals ►			18(b)	0	18(c)
					0

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: % 2nd segment: % 3rd segment: % ☒ N/A, full yield curve used	
b	Applicable month (enter code).....		21b 62
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 419,788
b	Excess assets, if applicable, but not greater than line 31a		31b 273,660
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)....		34 146,128
35	Balances elected for use to offset funding requirement	0	146,128
36	Additional cash requirement (line 34 minus line 35).....		36 0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37 0
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)		38a 0
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39 0
40	Unpaid minimum required contributions for all years		40 0
Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)		
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021		

Employees' Retirement Plan of Proskauer Rose LLP
(EIN/PN: 13-1840454/001)

Attachment to 2024 Form 5500 Schedule SB
Line 22 – Description Of Weighted Average Retirement Age

(1)	(2)	(3)	(4) = (2) x (3)	(5) = (4) x (1)
Retirement Age	Retirement Decrement	Probability of Remaining as of Beginning of Year	Probability of Decrementing at Current Age	Weighted Age
55	0.030000	1.000000	0.030000	1.650000
56	0.030000	0.970000	0.029100	1.629600
57	0.030000	0.940900	0.028227	1.608939
58	0.050000	0.912673	0.045634	2.646752
59	0.050000	0.867039	0.043352	2.557766
60	0.150000	0.823687	0.123553	7.413186
61	0.150000	0.700134	0.105020	6.406229
62	0.250000	0.595114	0.148779	9.224269
63	0.150000	0.446336	0.066950	4.217871
64	0.150000	0.379385	0.056908	3.642098
65	0.500000	0.322477	0.161239	10.480518
66	0.500000	0.161239	0.080619	5.320878
67	0.500000	0.080619	0.040310	2.700749
68	0.500000	0.040310	0.020155	1.370529
69	0.500000	0.020155	0.010077	0.695342
70	1.000000	0.010077	0.010077	0.705419
Sum:				62.270147

Employees' Retirement Plan of Proskauer Rose LLP
(EIN/PN: 13-1840454/001)

Attachment to 2024 Form 5500 Schedule SB
Part V - Summary of Plan Provisions

A. Summary of Plan Provisions

Plan Sponsor	Proskauer Rose LLP																		
Effective Date	Original plan: January 1, 1965 Restated plan: November 1, 2013 The plan was frozen effective June 1, 2011																		
Eligibility Requirement	All employees of the Firm other than partners and attorneys who have attained age 21 and completed 1,000 hours of service in one year. Entry dates are November 1st and May 1st of each plan year.																		
Year of Service	A year of service is a calendar year in which the employee works 1,000 hours.																		
Vesting	Vesting service is calculated using years of employment after age 18. The vesting schedule is as follows: <table><tr><td></td><td>Percentage</td></tr><tr><td><u>Years</u></td><td><u>Vested</u></td></tr><tr><td>1</td><td>0%</td></tr><tr><td>2</td><td>0%</td></tr><tr><td>3</td><td>20%</td></tr><tr><td>4</td><td>40%</td></tr><tr><td>5</td><td>60%</td></tr><tr><td>6</td><td>80%</td></tr><tr><td>7</td><td>100%</td></tr></table>		Percentage	<u>Years</u>	<u>Vested</u>	1	0%	2	0%	3	20%	4	40%	5	60%	6	80%	7	100%
	Percentage																		
<u>Years</u>	<u>Vested</u>																		
1	0%																		
2	0%																		
3	20%																		
4	40%																		
5	60%																		
6	80%																		
7	100%																		
Compensation	Compensation is defined as total compensation earned during the calendar year beginning in the plan year.																		
Retirement																			
Normal	First day of the month coincident with or next following attainment of age 65 and completion of 5 years of participation.																		
Early	First day of the month coincident with or next following attainment of age 55 and completion of 20 years of service.																		
Late	First day of any month following the Normal Retirement Date.																		
Normal Retirement Benefits	A career average benefit, with annual accruals of 1.4% of compensation up to the Social Security maximum taxable wage base, plus 1.75% of the excess per year of benefit service.																		

Employees' Retirement Plan of Proskauer Rose LLP
(EIN/PN: 13-1840454/001)

Attachment to 2024 Form 5500 Schedule SB
Part V - Summary of Plan Provisions

Early Retirement Benefit	Accrued normal retirement benefit actuarially reduced, but not reduced if termination occurs after age 62 with 20 years of service.
Disability Benefit	Normal retirement benefit based on service accrued and final compensation at disability actuarially reduced payable immediately.
Death Benefit	If married, 50% of benefit employee would have received had he retired the day before he died and elected the joint and survivor option. Benefits commence immediately, or at the participant's early retirement age, if later.
Optional Forms of Retirement Benefits	Normal form for unmarried participants is a life annuity commencing at age 65 payable for the life of the participant. If married, a member can elect a 50% Joint & Survivor (normal form), 66.67% Joint & Survivor, 75% Joint & Survivor, or 100% Joint & Survivor annuity. A participant may elect payment in the form of a lump sum converted using the applicable mortality and interest rates in accordance with IRC Section 417(e). The value of annuity optional forms of payment is determined using the treasury rate in effect for the second month preceding the beginning of the plan year in which commencement begins and 50/50 M/F blend of unloaded 1994 GAR, projected with Scale AA to 2003.
Maximum Compensation	Compensation may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins.
Maximum Benefits	Annual benefits may not exceed the limits in IRC Section 415(b).

EMPLOYEES' RETIREMENT PLAN OF PROSKAUER ROSE LLP

Schedule H of Form 5500

Line 4(i) - Schedule of Assets (Held at End of Year)(In Liquidation)

October 31, 2025

Employer Identification #13-1840454 Plan No. 001

Issuer	Description of Investment	Cost	Market Value
Money Market Fund:			
Goldman Sachs	GS Financial Square Government Fund	\$ 2,134,393	\$ 2,134,393
Common/Collective Trusts:			
* Wellington	Wellington CIF II US Inv Grade Corp Long Bond	9,478,304	9,264,465
* Wellington	Wellington CTF Ultra Short Duration	7,718,776	7,721,601
* Wellington	Wellington CIF II US Investment Grade Intermediate Corporate Portfolio	21,604,161	21,677,346
* Wellington	Wellington CIF II US Long Treasury Portfolio	13,034,292	12,998,086
		<u>\$ 53,969,926</u>	<u>\$ 53,795,891</u>

* Indicates party-in-interest to the Plan