# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2025**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

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

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

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
CHADBOURNE & PARKE LLP PENSION PLAN AND TRUST AGREEMENT

**1b** Three-digit plan number (PN) ▶ 009

**1c** Effective date of plan 12/16/1966

**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)
NORTON ROSE FULBRIGHT US LLP

1301 AVENUE OF THE AMERICAS
NEW YORK, NY 10019

**2b** Employer Identification Number (EIN) 74-1201087

**2c** Plan Sponsor's telephone number 212-408-5100

**2d** Business code (see instructions) 541110

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/08/2026 | MARJORIE GLOVER |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 495 |
| **6** | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** | Total number of active participants at the beginning of the plan year | **6a(1)** | 11 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 10 |
| **b** | Retired or separated participants receiving benefits | **6b** | 273 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 179 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 462 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 20 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 482 |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | 0 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

1l

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

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

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

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

**A** Name of plan
CHADBOURNE & PARKE LLP PENSION PLAN AND TRUST AGREEMENT

**B** Three-digit plan number (PN) ▶ 009

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
NORTON ROSE FULBRIGHT US LLP

**D** Employer Identification Number (EIN)
74-1201087

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

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

## Part I Basic Information

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

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 18055790 |
| **b** Actuarial value | **2b** | 16838411 |

**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 | 290 | 15422952 | 15422952 |
| **b** For terminated vested participants | 194 | 5092949 | 5092949 |
| **c** For active participants | 11 | 623200 | 626982 |
| **d** Total | 495 | 21139101 | 21142883 |

**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** | 5.34 % |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 0 |
| **b** Expected plan-related expenses | **6b** | 398000 |
| **c** Target normal cost | **6c** | 398000 |

**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

08/04/2026
Date

CARLY NICHOLS
Type or print name of actuary

26-07008
Most recent enrollment number

ERNST & YOUNG LLP
Firm name

713-750-4913
Telephone number (including area code)

1401 MCKINNEY STREET
SUITE 2400
HOUSTON, TX 77010

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 | Interest on line 9 using prior year's actual return of 11.02 % | 0 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| a | Present value of excess contributions (line 38a from prior year) | | 86 |
| b(1) | Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.08 % | | 4 |
| 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 | | 90 |
| 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 | 0 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 79.64 % |
| 15 | Adjusted funding target attainment percentage | 15 | 79.64 % |
| 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 | 81.69 % |
| 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 |
|---|---|---|---|---|---|
| 04/04/2025 | 210113 | 0 | | | |
| 07/08/2025 | 210113 | 0 | | | |
| 10/10/2025 | 210113 | 0 | | | |
| 12/31/2025 | 3800000 | 0 | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 4430339 | 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 | 4221620 |

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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 |
|---|---|---|---|
| 0 | 0 | 0 | 0 |

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

**21** Discount rate:

| | | | | |
|---|---|---|---|---|
| **a** Segment rates: | 1st segment: 5.07 % | 2nd segment: 5.31 % | 3rd segment: 5.50 % | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 4 |
| **22** Weighted average retirement age | **22** | 65 |

**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** | 398000 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

| **32** Amortization installments: | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 4304472 | 535826 |
| **b** Waiver amortization installment | | |

| | | |
|---|---|---|
| **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** | 933826 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | | | 0 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 933826 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 4221620 |
| **38** Present value of excess contributions for current year (see instructions) | | |
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 3287794 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | **38b** | 0 |
| **39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | **39** | 0 |
| **40** Unpaid minimum required contributions for all years | **40** | 0 |

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

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

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

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

**A** Name of plan
CHADBOURNE & PARKE LLP PENSION PLAN AND TRUST AGREEMENT

**B** Three-digit plan number (PN) ▶ 009

**C** Plan sponsor's name as shown on line 2a of Form 5500
NORTON ROSE FULBRIGHT US LLP

**D** Employer Identification Number (EIN)
74-1201087

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

**(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)

ERNST & YOUNG LLP

34-6565596

| (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 | 183568 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

US BANK

31-0841368

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 18 50 | CUSTODIAN | 117233 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

ALLIANCE BERNSTEIN, L.P.

13-4132953

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 21 50 | INVESTMENT ADVISOR | 51844 | Yes [ ] No [X] | 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)

CITRIN COOPERMAN AND COMPANY

22-2428965

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 10 50 | NONE | 25440 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

MPC CAPITAL ADVISORS

27-2136582

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 10 50 | NONE | 15000 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

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

**A** Name of plan
CHADBOURNE & PARKE LLP PENSION PLAN AND TRUST AGREEMENT

**B** Three-digit plan number (PN) ▶ 009

**C** Plan sponsor's name as shown on line 2a of Form 5500
NORTON ROSE FULBRIGHT US LLP

**D** Employer Identification Number (EIN)
74-1201087

## 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) | 14588 | 34954 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 1092169 | 0 |
| **(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) | 3415397 | 0 |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 13093684 | 18018725 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **1e** Buildings and other property used in plan operation | 1e | | |
| **1f** Total assets (add all amounts in lines 1a through 1e) | 1f | 17615838 | 18053679 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | | |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | | |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 17615838 | 18053679 |

## 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) | 1091069 | |
| **(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) | | 1091069 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 48 | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 48 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | 87806 | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 339589 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 427395 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 4857931 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 2940960 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 1916971 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | -1510933 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | -1510933 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 976567 |
| c Other income | 2c | | 1664 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 2902781 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1857954 | |
| (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) | | 1857954 |
| 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) | 25440 | |
| (5) Investment advisory and investment management fees | 2i(5) | 184100 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | 183568 | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | 213878 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 606986 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 2464940 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 437841 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

**(1)** [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] 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: CITRIN COOPERMAN & COMPANY, LLP **(2)** EIN: 22-2428965

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

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

## Part IV Compliance Questions

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

During the plan year:

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

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 581399.

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
CHADBOURNE & PARKE LLP PENSION PLAN AND TRUST AGREEMENT

**B** Three-digit plan number (PN) ▶ 009

**C** Plan sponsor's name as shown on line 2a of Form 5500
NORTON ROSE FULBRIGHT US LLP

**D** Employer Identification Number (EIN)
74-1201087

## 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): 41-6271370

**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** 11

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

## Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

# Chadbourne & Parke LLP Pension Plan And Trust Agreement

Financial Statements and
Supplemental Schedules
(Modified Cash Basis)

December 31, 2025 and 2024

**Chadbourne & Parke LLP Pension Plan And Trust Agreement**

December 31, 2025 and 2024

Table of Contents


Independent Auditor's Report . . . . . 1

Statements of Net Assets Available for Benefits - Modified Cash Basis . . . . . 4

Statements of Changes in Net Assets Available for Benefits - Modified Cash Basis . . . . . 5

Notes to the Financial Statements . . . . . 6

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) . . . . . 14

Schedule H, Line 4j - Schedule of Reportable Transactions . . . . . 15

**Citrin Cooperman & Company, LLP**
Certified Public Accountants

100 Jericho Quadrangle, Suite 342
Jericho, NY 11753
**T** 516.931.3100 **F** 516.931.0034
citrincooperman.com

## Independent Auditor's Report

To the Plan Administrator
Chadbourne & Parke LLP Pension Plan And Trust Agreement

### *Opinion*

We have audited the financial statements of Chadbourne & Parke LLP Pension Plan And Trust Agreement, 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 - modified cash basis as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits - modified cash basis for the years then ended, 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 Chadbourne & Parke LLP Pension Plan And Trust Agreement as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with the modified cash basis of accounting described in Note 2.

### *Basis for Opinion*

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Chadbourne & Parke LLP Pension Plan And Trust Agreement 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.

### *Basis of Accounting*

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America and, as a result, the financial statements may not be suitable for another purpose. Our opinion is not modified with respect to this matter.



"Citrin Cooperman" is the brand under which Citrin Cooperman & Company, LLP, a licensed independent CPA firm, and Citrin Cooperman Advisors LLC serve clients' business needs. The two firms operate as separate legal entities in an alternative practice structure. The entities of Citrin Cooperman & Company, LLP and Citrin Cooperman Advisors LLC are independent member firms of the Moore North America, Inc. (MNA) Association, which is itself a regional member of Moore Global Network Limited (MGNL). All the firms associated with MNA are independently owned and managed entities. Their membership in, or association with, MNA should not be construed as constituting or implying any partnership between them.

***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2, this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

***Auditor's Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Chadbourne & Parke LLP Pension Plan And Trust Agreement's internal control. Accordingly, no such opinion is expressed.



"Citrin Cooperman" is the brand under which Citrin Cooperman & Company, LLP, a licensed independent CPA firm, and Citrin Cooperman Advisors LLC serve clients' business needs. The two firms operate as separate legal entities in an alternative practice structure. The entities of Citrin Cooperman & Company, LLP and Citrin Cooperman Advisors LLC are independent member firms of the Moore North America, Inc. (MNA) Association, which is itself a regional member of Moore Global Network Limited (MGNL). All the firms associated with MNA are independently owned and managed entities. Their membership in, or association with, MNA should not be construed as constituting or implying any partnership between them.

- 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 Chadbourne & Parke LLP Pension Plan And Trust Agreement's ability to continue as a going concern for a reasonable period of time.

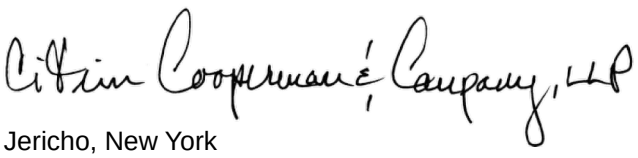
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audits, significant audit findings, and certain internal control-related matters that we identified during the audits.

***Other Matter - 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 schedule H, line 4i - schedule of assets (held at end of year), and schedule H, line 4j - schedule of reportable transactions, as of and for the year ended December 31, 2025, 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 supplemental 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.



Jericho, New York
October 1, 2026



"Citrin Cooperman" is the brand under which Citrin Cooperman & Company, LLP, a licensed independent CPA firm, and Citrin Cooperman Advisors LLC serve clients' business needs. The two firms operate as separate legal entities in an alternative practice structure. The entities of Citrin Cooperman & Company, LLP and Citrin Cooperman Advisors LLC are independent member firms of the Moore North America, Inc. (MNA) Association, which is itself a regional member of Moore Global Network Limited (MGNL). All the firms associated with MNA are independently owned and managed entities. Their membership in, or association with, MNA should not be construed as constituting or implying any partnership between them.

# Chadbourne & Parke LLP Pension Plan And Trust Agreement

Statements of Net Assets Available for Benefits
Modified Cash Basis

December 31, 2025 and 2024

| | 2025 | 2024 |
|---|---|---|
| **Assets** | | |
| **Investments** | | |
| **Investments at fair value** | | |
| Mutual funds | $ 18,018,725 | $ 13,093,684 |
| Common stocks | - | 3,415,397 |
| Interest-bearing cash | - | 1,092,169 |
| **Total investments at fair value** | 18,018,725 | 17,601,250 |
| **Total investments** | 18,018,725 | 17,601,250 |
| Accrued interest | 34,954 | 14,588 |
| **Total assets** | 18,053,679 | 17,615,838 |
| **Net assets available for benefits** | $ 18,053,679 | $ 17,615,838 |

See accompanying notes to the financial statements.

## Chadbourne & Parke LLP Pension Plan And Trust Agreement

Statements of Changes in Net Assets Available for Benefits
Modified Cash Basis

For the Years Ended December 31, 2025 and 2024

| | 2025 | 2024 |
|---|---|---|
| **Additions** | | |
| **Investment income** | | |
| Net appreciation in fair value of investments | $ 1,384,269 | $ 1,881,970 |
| Interest and dividends | 427,443 | 547,620 |
| Less: investment fees | 184,100 | 158,057 |
| **Total investment income** | 1,627,612 | 2,271,533 |
| **Contributions** | | |
| Employer contributions | 1,091,069 | 1,515,314 |
| **Total additions** | 2,718,681 | 3,786,847 |
| **Deductions** | | |
| Benefits paid to participants | 1,857,954 | 7,475,070 |
| PBGC fees | 213,878 | 497,329 |
| Administrative expenses | 209,008 | 390,558 |
| **Total deductions** | 2,280,840 | 8,362,957 |
| **Net increase (decrease)** | 437,841 | (4,576,110) |
| **Net assets available for benefits** | | |
| Beginning of year | 17,615,838 | 22,191,948 |
| **End of year** | $ 18,053,679 | $ 17,615,838 |

See accompanying notes to the financial statements.

## 1. DESCRIPTION OF PLAN

The following description of the Chadbourne & Parke LLP Pension Plan And Trust Agreement (the Plan) provides only general information. On June 30, 2017, Chadbourne & Parke LLP merged with Norton Rose Fulbright US LLP (NRF), and NRF became the Plan's sponsor. Participants should refer to the plan document or consult with NRF (the Firm or Plan Administrator) for more detailed information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

**General** - The Plan is a defined benefit retirement plan with disability benefits which was established effective December 15, 1966, as restated January 1, 2016. The Firm administers the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Retirement Committee is responsible for oversight of the Plan. The Plan's investment committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Retirement Committee.

On December 31, 1998, the Plan was frozen. Individuals who were not participants of the Plan as of December 31, 1998, are no longer eligible to participate in the Plan, and participants will not accrue any additional benefits on or after December 31, 1998.

The Plan was amended to implement certain changes permitted by the Setting Every Community Up for Retirement Enhancement Act of 2019 (SECURE Act) and the Setting Every Community Up for Retirement Enhancement Act (SECURE 2.0 Act). The amendments revised the Plan's required minimum distribution provisions, including changes to the age at which required minimum distributions must commence and related beneficiary distribution requirements.

As discussed in Note 10, on June 10, 2026, the trustees agreed to merge the Plan into the Norton Rose Fulbright US LLP Pension Plan, which was done effective June 15, 2026.

**Funding policy** - No employee contributions are required by the Plan. The Plan's funding policy is for the Firm to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The minimum funding requirements of ERISA were met or exceeded in 2025 and 2024.

The Firm has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Note 10 describes those plans and intentions.

**Pension benefits** - Participants are eligible to receive normal retirement benefits at age 65 and are eligible for early retirement benefits at age 62 with 15 years of credited service. A participant who retires at the normal retirement age of 65 is entitled to a normal retirement benefit of 50% of average monthly pay for the five highest consecutive calendar years of service, less 60% of the primary Social Security benefit, reduced by 1/30 for each year of service less than 30. The benefit formula may be adjusted, as may be necessary, in the event the Plan is deemed to be top-heavy under Section 416 of the Internal Revenue Code (the IRC). In the case of early retirement or termination with vested benefits, the normal retirement benefit is reduced.

Participants who retire because they are permanently and totally disabled are eligible to receive monthly disability payments commencing on their normal retirement date. The amount of their monthly disability payments shall be determined based on their service completed after age 35 and prior to the date on which they became permanently and totally disabled.

In the event a vested participant, whether or not still in the employ of the Firm, shall die prior to the commencement of payment of benefits under the Plan, they shall be paid to the surviving spouse, provided the participant shall have been married to such spouse for at least one year prior to the date of death, monthly, for the life of such spouse. The calculation of such benefit is determined by the participant's age at death.

Participants were vested in 20% of their accrued benefit after two years of credited service. An additional 20% was vested after each subsequent year of service, with full vesting occurring after six years of credited service.

In 2024, the Plan was amended to implement the 2024 Voluntary Limited-Time Lump Sum Window Program. Commencing on September 1, 2024 and ending on October 31, 2024, eligible participants may elect to have their entire accrued benefit be paid in a lump sum payment.

Effective January 1, 2025, the Plan was amended to reflect certain provisions of the SECURE 2.0 Act and other related updates. The amendments increased the mandatory cash-out threshold for certain terminated vested participants from $1,000 to $7,000 and revised the actuarial assumptions used to determine the present value of certain lump-sum distributions to conform to applicable statutory requirements.

## 2. SUMMARY OF ACCOUNTING POLICIES

**Basis of accounting** - The accompanying financial statements have been prepared using the modified cash basis of accounting which is a basis of accounting other than accounting principles generally accepted in the United States of America (U.S. GAAP). Accordingly, additions are included in the year in which they are collected and deductions are included in the year in which they are disbursed; however, earnings on investments include adjustments to fair value and accrued interest and dividend income.

**Use of estimates** - The preparation of financial statements in accordance with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits, if any, at the date of the financial statements and the reporting amounts of additions to and reductions from net assets available for benefits during the reporting periods. Actual results could differ from those estimates.

**Investment valuation and income recognition** - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investment committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians, as applicable. See Note 4 for discussion of fair value measurements.

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

**Payment of benefits** - Benefits payments to participants are recorded when paid.

**Administrative expenses** - Certain administrative expenses are deducted directly from the assets of the Plan and other expenses are paid by the Firm. Administrative expenses paid by the Plan for the PBGC insurance premium amounted to $213,878 and $497,329 for the years ended December 31, 2025 and 2024, respectively. Administrative expenses paid by the Plan for the accounting fees amounted to $25,440 and $47,000 for the years ended December 31, 2025 and 2024, respectively. Administrative expenses paid by the Plan for the actuary fees amounted to $183,568 and $343,558 for the years ended December 31, 2025 and 2024, respectively.

## 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions to the service employees have rendered to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their last five years of credited service. Benefits payable under all circumstances, such as retirement, death, disability, and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The 2025 actuarial valuation reflects changes in actuarial assumptions as a result of changes in the mortality table, as discussed below.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2026 and 2025. Had the valuation been performed as of December 31, there would be no material differences. The significant actuarial assumptions used in the valuation were:

| | |
|---|---|
| Actuarial cost method | Unit credit |
| Actuarial asset method | Two-year, three-point average value of assets, limited to 90%/110% of the market value of assets. |
| Assumed rate of return on investments | 6.11% |
| Retirement age | 65, or if the participant is currently over normal retirement age, then, as of the valuation date. |
| Mortality basis | PRI-2012 healthy employee, retiree, and contingent survivor mortality tables with MP-2021 generational mortality improvement. |

At January 1, 2026 and 2025, the actuarial present value of accumulated plan benefits is as follows:

| **Actuarial present value of accumulated plan benefits** | **2026** | **2025** |
|---|---|---|
| **Vested benefits** | | |
| Participants in pay status | $ 14,382,196 | $ 14,701,239 |
| Participants not in pay status | 5,330,986 | 5,313,793 |
| | 19,713,182 | 20,015,032 |
| Nonvested benefits | 17,639 | 19,920 |
| **Total actuarial present value of accumulated plan benefits** | $ 19,730,821 | $ 20,034,952 |

Changes in the actuarial present value of accumulated plan benefits for the period from January 1, 2025 through January 1, 2026, are as follows:

| | |
|---|---|
| Actuarial present value of accumulated plan benefits at January 1, 2025 (A) | $ 20,034,952 |
| Increase (decrease) during the year attributable to: | |
| Benefits paid | (1,723,014) |
| Increase for interest | 1,171,497 |
| Benefits accumulated | 247,386 |
| **Net decrease (B)** | (304,131) |
| **Actuarial present value of accumulated plan benefits at January 1, 2026 (A)+(B)** | $ 19,730,821 |

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

## 4. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification 820, *Fair Value Measurement*, are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation techniques used for assets measured at fair value. There have been no changes in the techniques used at December 31, 2025 and 2024.

*Interest-bearing cash:* These investments are stated at cost, which approximates fair value.

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Common stocks:* Valued at the closing price reported on the active market on which the individual securities are traded.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

| **Assets at Fair Value as of December 31, 2025** | **Level 1** | **Level 2** | **Level 3** | **Total** |
|---|---|---|---|---|
| Mutual funds | $ 18,018,725 | $ - | $ - | $ 18,018,725 |
| **Total investments at fair value** | $ 18,018,725 | $ - | $ - | $ 18,018,725 |

| **Assets at Fair Value as of December 31, 2024** | **Level 1** | **Level 2** | **Level 3** | **Total** |
|---|---|---|---|---|
| Interest-bearing cash | $ 1,092,169 | $ - | $ - | $ 1,092,169 |
| Mutual funds | 13,093,684 | - | - | 13,093,684 |
| Common stocks | 3,415,397 | - | - | 3,415,397 |
| **Total investments at fair value** | $ 17,601,250 | $ - | $ - | $ 17,601,250 |

The preceding methods may produce fair value calculations that may not be indicative of net realizable values 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 values of certain financial instruments could result in a different fair value measurement at the reporting date.

## 5. INVESTMENTS

Plan investments are held by a custodian. The following table presents the fair value of investments at December 31, 2025 and 2024:

| | **2025** | **2024** |
|---|---|---|
| **Investments at fair value as determined by quoted market prices:** | | |
| Mutual funds | $ 18,018,725 | $ 13,093,684 |
| Common stocks | - | 3,415,397 |
| **Investments at cost (approximates fair value):** | | |
| Interest-bearing cash | - | 1,092,169 |
| **Total investments** | $ 18,018,725 | $ 17,601,250 |

During the years ended December 31, 2025 and 2024, the Plan's investments (including investments bought and sold, as well as held, during the year) appreciated in fair value by $1,384,269 and $1,881,970, respectively.

## 6. RELATED-PARTY AND PARTY IN INTEREST TRANSACTIONS

Certain plan investments are shares of mutual funds held by the Plan's custodian. Alliance Bernstein L.P. (Bernstein) served as the Plan's investment manager through July 30, 2025, and MPC Capital Advisors, LLC (MPC) became the Plan's investment manager effective July 1, 2025. The Plan entered into an agreement with Fidelity Investments (Fidelity) to serve as the Plan's custodian effective December 1, 2025. However, the transfer of Plan assets from U.S. Bank to Fidelity was completed on December 15, 2025. Bernstein and MPC provide investment management services for the Plan, and U.S. Bank and Fidelity are the custodians for the Plan; therefore, these transactions are considered party in interest transactions.

Fees paid by the Plan for the investment management services amounted to $66,844 and $63,552 for the years ended December 31, 2025 and 2024, respectively. Investment management fees incurred during 2025 consisted of $51,844 paid to Bernstein and $15,000 paid to MPC.

Fees paid by the Plan for trust services amounted to $117,233 and $94,374 for the years ended December 31, 2025 and 2024, respectively. All trust service fees incurred during the year ended December 31, 2025 were paid to U.S. Bank.

## 7. TAX STATUS

The IRS has determined and informed the Plan by a letter dated September 14, 2017, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

Plan management is required 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 the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## 8. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

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

## 9. PLAN TERMINATION

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

Although the Firm anticipates that the Plan will continue indefinitely, it reserves the right to terminate the Plan at any time subject to the provisions of ERISA. In the event of the Plan's termination, all affected participants shall be fully vested in benefits earned. The assets of the Plan then available will be distributed as follows: first, to pay benefits to those receiving benefits or entitled to receive benefits (had they retired) at the beginning of the three-year period ending on the date of termination; second, to pay all other benefits guaranteed under Title IV of ERISA; and third, to pay all other benefits earned, with the excess, if any, returned to the Firm.

## 10. SUBSEQUENT EVENTS

Subsequent events were evaluated through October 1, 2026, the date the modified cash basis financial statements were available to be issued.

On June 4, 2026, the Plan purchased a group annuity contract from Principal Life Insurance Company, transferring the obligation for benefit payments related to deferred vested participants and participants in pay status. Pursuant to the terms of the annuity contract, Principal Life Insurance Company assumed responsibility for making benefit payments to these participants effective September 1, 2026.

On June 15, 2026, the Plan merged with the Norton Rose Fulbright US LLP Pension Plan. In connection with the merger, the assets, liabilities, and benefit obligations associated with the Plan's remaining participants were assumed by the Norton Rose Fulbright US LLP Pension Plan. Following the merger, the related assets continued to be maintained within the Norton Rose Fulbright US LLP Pension Plan structure.

# Supplemental Schedules

# Chadbourne & Parke LLP Pension Plan And Trust Agreement

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 74-1201087 Plan Number: 009

December 31, 2025

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | MUTUAL FUNDS | | | |
| * | Fidelity Investments | Fidelity Treasury Portfolio | $ 18,018,725 | $ 18,018,725 |
| | | | $ 18,018,725 | $ 18,018,725 |

*Denotes a party in interest.

See independent auditor's report.

# Chadbourne & Parke LLP Pension Plan And Trust Agreement

## Schedule H, Line 4j - Schedule of Reportable Transactions
## EIN: 74-1201087  Plan Number: 009

## For the Year Ended December 31, 2025

| (a) Identity of party involved* | (b) Description of asset | (c) Purchase price | (d) Selling price | (e) Lease rental | (f) Expenses | (g) Cost | (h) Current value | (i) Net gain/(loss) |
|---|---|---|---|---|---|---|---|---|
| Transactions exceeding 5% of plan assets - category (i) | | | | | | | | |
| * Fidelity Investments | Fidelity Treasury Portfolio | $ 18,153,593 | $ - | $ - | $ - | $ 18,153,593 | $ 18,153,593 | $ - |
| * Alliance Bernstein | AllianceBernstein GI Bd I | - | 2,472,486 | - | - | 2,830,949 | 2,472,486 | (358,463) |
| * Alliance Bernstein | AB International Strategic Equities Advisor | - | 1,761,429 | - | - | 1,272,572 | 1,761,429 | 488,857 |
| * Alliance Bernstein | Sanford C. Bernstein Overlay B 2 | - | 2,733,763 | - | - | 2,880,806 | 2,733,763 | (147,043) |
| * Alliance Bernstein | Sanford C. Bernstein Overlay A 2 | - | 2,658,152 | - | - | 2,794,071 | 2,658,152 | (135,919) |
| * Alliance Bernstein | Bernstein Intermediate Duration Institutional Portfolio | - | 2,606,116 | - | - | 2,936,724 | 2,606,116 | (330,608) |
| * U.S. Bank, N.A. | First American Treasury Obligations Fund Class Z | 18,401,778 | - | - | - | 18,401,778 | 18,401,778 | - |
| * U.S. Bank, N.A. | First American Treasury Obligations Fund Class Z | - | 18,127,555 | - | - | 18,127,555 | 18,127,555 | - |
| * U.S. Bank, N.A. | U.S. Bank - Variable Rate Account | 4,515,111 | - | - | - | 4,515,111 | 4,515,111 | - |
| * U.S. Bank, N.A. | U.S. Bank - Variable Rate Account | 13,976,164 | - | - | - | 13,976,164 | 13,976,164 | - |
| * U.S. Bank, N.A. | U.S. Bank - Variable Rate Account | - | 18,401,778 | - | - | 18,401,778 | 18,401,778 | - |

*Denotes a party in interest.

There were no category (ii) or (iv) reportable transactions during the year.

See independent auditor's report.

# Chadbourne & Parke LLP Pension Plan And Trust Agreement

## Schedule H, Line 4j - Schedule of Reportable Transactions
## EIN: 74-1201087 Plan Number: 009

## For the Year Ended December 31, 2025

| (a) Identity of party involved* | (b) Description of asset | Number of purchases | (c) Purchase price | Number of sales | (d) Selling price | (e) Lease rental | (f) Expenses | (g) Cost | (h) Current value | (i) Net gain/(loss) |
|---|---|---|---|---|---|---|---|---|---|---|
| Transactions exceeding 5% of plan assets - category (iii) | | | | | | | | | | |
| * Fidelity Investments | Fidelity Treasury Portfolio | 1 | $18,153,593 | - | $ - | $ - | $ - | $ 18,153,593 | $ 18,153,593 | $ - |
| * Fidelity Investments | Fidelity Treasury Portfolio | - | - | 1 | 134,869 | - | - | 134,869 | 134,869 | - |
| * Alliance Bernstein | AllianceBernstein GI Bd I | 4 | 178,995 | - | - | - | - | 178,995 | 178,995 | - |
| * Alliance Bernstein | AllianceBernstein GI Bd I | - | - | 5 | 2,570,846 | - | - | 2,944,525 | 2,570,846 | (373,679) |
| * Alliance Bernstein | AB International Strategic Equities Advisor | 3 | 41,690 | - | - | - | - | 41,690 | 41,690 | - |
| * Alliance Bernstein | AB International Strategic Equities Advisor | - | - | 7 | 1,958,329 | - | - | 1,430,013 | 1,958,329 | 528,316 |
| * Alliance Bernstein | Sanford C. Bernstein Overlay B 2 | 3 | 232,480 | - | - | - | - | 232,480 | 232,480 | - |
| * Alliance Bernstein | Sanford C. Bernstein Overlay B 2 | - | - | 5 | 2,817,553 | - | - | 2,973,122 | 2,817,553 | (155,569) |
| * Alliance Bernstein | Sanford C. Bernstein Overlay A 2 | 3 | 159,240 | - | - | - | - | 159,240 | 159,240 | - |
| * Alliance Bernstein | Sanford C. Bernstein Overlay A 2 | - | - | 4 | 2,715,962 | - | - | 2,859,388 | 2,715,962 | (143,426) |
| * Alliance Bernstein | Bernstein Intermediate Duration Institutional Portfolio | 3 | 314,665 | - | - | - | - | 314,665 | 314,665 | - |
| * Alliance Bernstein | Bernstein Intermediate Duration Institutional Portfolio | - | - | 5 | 2,712,386 | - | - | 3,057,262 | 2,712,386 | (344,876) |
| * U.S. Bank, N.A. | First American Treasury Obligations Fund Class Z | 10 | 19,003,908 | - | - | - | - | 19,003,908 | 19,003,908 | - |
| * U.S. Bank, N.A. | First American Treasury Obligations Fund Class Z | - | - | 20 | 19,003,909 | - | - | 19,003,909 | 19,003,909 | - |
| * U.S. Bank, N.A. | U.S. Bank - Variable Rate Account | 123 | 20,404,089 | - | - | - | - | 20,404,089 | 20,404,089 | - |
| * U.S. Bank, N.A. | U.S. Bank - Variable Rate Account | - | - | 64 | 21,496,258 | - | - | 21,496,258 | 21,496,258 | - |

*Denotes a party in interest.

There were no category (ii) or (iv) reportable transactions during the year.

See independent auditor's report.

**Chadbourne & Parke LLP Pension Plan & Trust Agreement**
**[EIN# 74-1201087 / Plan# 009]**
**2025 Schedule SB**
**Schedule SB, Line 26a – Schedule of Active Participant Data**

**Age/service distribution for active participants**

| | Years of credited service | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Attained Age | 0 to 1 | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 to 39 | 40 & up | Total |
| Under 25 | | | | | | | | | | | |
| 25 to 29 | | | | | | | | | | | |
| 30 to 34 | | | | | | | | | | | |
| 35 to 39 | | | | | | | | | | | |
| 40 to 44 | | | | | | | | | | | |
| 45 to 49 | | 1 | | | | | | | | | 1 |
| 50 to 54 | | 1 | | | | | | | | | 1 |
| 55 to 59 | | 2 | 2 | | 1 | | | | | | 5 |
| 60 to 64 | | 1 | 1 | 1 | | | | | | | 3 |
| 65 to 69 | | | 1 | | | | | | | | 1 |
| 70 & up | | | | | | | | | | | |
| Total | | 5 | 4 | 1 | 1 | | | | | | 11 |

## Chadbourne & Parke LLP Pension Plan & Trust Agreement
## [EIN# 74-1201087 / Plan# 009]
## 2025 Schedule SB
## Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

**Prescribed funding assumptions**

| | |
|---|---|
| **Mortality** | IRS Generational Mortality Table, as noted in IRS Notice 2024-42 |

| **IRS mandated segment rates** | 24-month average segment rates specified in IRC §430(h)(2) absent §430(h)(2)(C)(iv) | Adjusted 24-month average segment rates, based on the BBA, ARPA, and IIJA applicable percentage of the 25-year average rates |
|---|---|---|
| **1st segment rate** | 5.07% per year | 5.07% per year |
| **2nd segment rate** | 5.33% per year | 5.31% per year |
| **3rd segment rate** | 5.36% per year | 5.50% per year |
| **Effective interest rate**[1] | 5.31% per year | 5.34% per year |

[1] The effective interest rate is the single equivalent rate based on the above September 2024 IRS mandated segment rates and expected future benefit payments.

**Chadbourne & Parke LLP Pension Plan & Trust Agreement**
**[EIN# 74-1201087 / Plan# 009]**
**2025 Schedule SB**
**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**

**Non-prescribed assumptions**

| | |
|---|---|
| Rate of return on assets used to determine expected earnings for Actuarial Value of Assets: | 6.11% for 2024 plan year<br>6.11% for 2023 plan year<br>Rationale: Based on weighted-average long-term historical return for each asset class within the trust. |
| Administrative expenses included in Funding Target Normal Cost: | An allowance equal to $398,000 has been included in Target Normal Cost for the 2025 plan year.<br>Rationale: The administrative expenses are based on actual expenses paid during the prior year but adjusted for current year expected PBGC premiums, rounded to the nearest $1,000. |
| Retirement: | The following table shows the rates at which active participants are assumed to retire: |

| Age | Rate |
|---|---|
| Under 65 | 0% |
| 65 | 80% |
| 66 | 80% |
| 67 | 80% |
| 68 | 80% |
| 69 | 80% |
| 70 | 100% |

All vested terminated participants are assumed to retire at the later of age 65 and Normal Retirement Date, or if the participant is currently over Normal Retirement Date, then as of the valuation date.

Rationale: Based on recent plan experience.

| | |
|---|---|
| Marital assumptions: | 80% of participants are assumed to be married. Males are assumed to be 3 years older than females.<br>Rationale: Based on publicly-available statistics and discussion with employer representatives. |
| Form of payment: | Life annuity.<br>Rationale: Based on discussion with employer representatives. |

**Chadbourne & Parke LLP Pension Plan & Trust Agreement**
**[EIN# 74-1201087 / Plan# 009]**
**2025 Schedule SB**
**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**

| | |
|---|---|
| Early retirement eligibility | All terminated vested participants are assumed to be eligible for an early retirement benefit for purposes of calculating the preretirement death benefits.<br>Rationale: Conservative assumption since employee records are not available. |

## Chadbourne & Parke LLP Pension Plan & Trust Agreement
## [EIN# 74-1201087 / Plan# 009]
## 2025 Schedule SB
## Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

**Actuarial methods**

| | |
|---|---|
| **Measurement date** | 1 January 2025 |
| **Census date** | 1 January 2025 |
| **Asset Method - Funding** | The Actuarial Value of Assets for the plan year is determined by averaging the current year's fair value with the fair values of assets from the previous two years adjusted for contributions, benefit payments and expected investment earnings based on the following:<br><br>1. All determination dates that are within 25 months of the valuation date are used;<br>2. The determination dates are at the ends of the plan years; and<br>3. Expected investment earnings are according to the assumptions listed in Section 6, but limited to the third segment rate used in the calculation of the Funding Target<br><br>The resulting averaged asset value cannot be less than 90% or greater than 110% of the fair value, including receivable contributions. |
| **Prescribed interest rates for Funding Target** | Segment rates representing the 24-month average of corporate bond yields, adjusted as necessary to fall within a specified range that is determined based on a percentage of the average of the corresponding segment rates for the 25-year period ending on September 30 preceding the calendar year that includes the first day of that plan year in accordance with §430(h)(2)(c)(iv). These rates reflect the IIJA. The applicable month for the determination of the segment rates is September. |
| **Events and trends not included** | We are not aware of any event or trend which has occurred that would have a material impact on this valuation. |
| **Actuarial Cost Method** | Unit Credit Cost Method – This is the prescribed method under PPA. Under this method a projected benefit is determined at every age at which a participant could receive a benefit. This benefit is based on accrued service and current pay. Different benefits will be calculated in accordance with the plan provisions for the different decrements. The accrued liability is determined by discounting the benefits to which the employee is expected to become eligible with interest from the valuation date to the payment date. The normal cost is the difference between the accrued liability determined as if the participant had an additional year of service and the otherwise calculated accrued liability. |

## Chadbourne & Parke LLP Pension Plan & Trust Agreement
## [EIN# 74-1201087 / Plan# 009]
## 2025 Schedule SB
## Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

| | |
|---|---|
| **Employees valued** | All active and inactive participants as of 1 January 2025 are included in this valuation. |
| **Benefits valued** | To the best of our knowledge, all benefits have been included in the liabilities, in accordance with the actuarial assumptions. |
| **Section 415 limits** | Benefits were limited in accordance with IRC Section 415(b). |
| **Models** | EY uses various models in the development of actuarial results. The signing actuaries have reviewed model results to ensure they reflect the applicable data, assumptions, methods and plan provisions. We are not aware of any material limitations that would prevent these models from being suitable for generating the liabilities and costs in this report. EY uses ProVal, a licensed actuarial liability modeling software developed by Winklevoss Technologies, to generate actuarial liabilities and normal costs using standard actuarial cost methods, the documented valuation assumptions, and the client's census data. |
| **Other considerations** | The financial data submitted by the plan sponsor is being used without further audit. The census data submitted appears to be consistent with the data used for the prior valuation. |

# See

# Audited Financial

# Statements

# For

# Schedule of Reportable Transactions

# (Schedule H 4j)

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

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

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

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

**A** Name of plan
CHADBOURNE & PARKE LLP PENSION PLAN AND TRUST AGREEMENT

**B** Three-digit plan number (PN) ▶ 009

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Norton Rose Fulbright US LLP

**D** Employer Identification Number (EIN)
74-1201087

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

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

## Part I Basic Information

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

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 18,055,790 |
| **b** Actuarial value | **2b** | 16,838,411 |

**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 | 290 | 15,422,952 | 15,422,952 |
| **b** For terminated vested participants | 194 | 5,092,949 | 5,092,949 |
| **c** For active participants | 11 | 623,200 | 626,982 |
| **d** Total | 495 | 21,139,101 | 21,142,883 |

**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** | 5.34% |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 0 |
| **b** Expected plan-related expenses | **6b** | 398,000 |
| **c** Target normal cost | **6c** | 398,000 |

**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**

Carly A. Nichols
Signature of actuary

08/04/2026
Date

Carly Nichols
Type or print name of actuary

2607008
Most recent enrollment number

Ernst & Young LLP
Firm name

713-750-4913
Telephone number (including area code)

1401 McKinney Street
Suite 2400
Houston TX 77010
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 | Interest on line 9 using prior year's actual return of 11.02% | 0 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | **a** Present value of excess contributions (line 38a from prior year) | | 86 |
| | **b(1)** Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.08% | | 4 |
| | **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 | | 90 |
| | **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 | 0 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 79.64 % |
| 15 | Adjusted funding target attainment percentage | 15 | 79.64 % |
| 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 | 81.69 % |
| 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 |
|---|---|---|---|---|---|
| 04/04/2025 | 210,113 | 0 | | | |
| 07/08/2025 | 210,113 | 0 | | | |
| 10/10/2025 | 210,113 | 0 | | | |
| 12/31/2025 | 3,800,000 | 0 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 4,430,339 | 18(c) 0 |

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

| | | |
|---|---|---|
| **a** Contributions allocated toward unpaid minimum required contributions from prior years. | 19a | 0 |
| **b** Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| **c** Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 4,221,620 |

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 |
|---|---|---|---|
| 0 | 0 | 0 | 0 |

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

**21** Discount rate:

| | 1st segment: | 2nd segment: | 3rd segment: | |
|---|---|---|---|---|
| **a** Segment rates: | 5.07 % | 5.31 % | 5.50% | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 4 |
| **22** Weighted average retirement age | **22** | 65 |

**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** | 398,000 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

**32** Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 4,304,472 | 535,826 |
| **b** Waiver amortization installment | | |

| | | |
|---|---|---|
| **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** | 933,826 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | | | 0 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 933,826 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 4,221,620 |

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

| | | |
|---|---|---|
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 3,287,794 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | **38b** | 0 |
| **39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | **39** | 0 |
| **40** Unpaid minimum required contributions for all years | **40** | 0 |

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

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

**Chadbourne & Parke LLP Pension Plan & Trust Agreement**
**[EIN# 74-1201087 / Plan# 009]**
**2025 Schedule SB**
**Schedule SB, line 22 – Description of Weighted Average Retirement Age**

| (1) Age | (2) Expected Active Headcount | (3) Retirement Rate | (4) Expected Retirements (2)*(3) | (5) Weighted Age (1)*(4) |
|---|---|---|---|---|
| 65 | 10 | 79.84% | 8 | 508.32 |
| 66 | 2 | 79.82% | 2 | 102.79 |
| 67 | 1 | 79.83% | 1 | 74.27 |
| 68 | 0 | 79.81% | 0 | 15.01 |
| 69 | 0 | 79.79% | 0 | 3.03 |
| 70 | 0 | 100.00% | 0 | 0.77 |
| Total | | | 10.76 | 704.19 |
| Average | | | | 65.43 |

## Chadbourne & Parke LLP Pension Plan & Trust Agreement
## [EIN# 74-1201087 / Plan# 009]
## 2025 Schedule SB
## Schedule SB, line 19 – Discounted Employer Contributions

**Line 19c. – Contributions allocated toward minimum required contribution for current year adjusted to valuation date**

| Date | Plan Year | Effective Interest Rate | Contribution amount | Discounted contributions at 1 January 2025 |
|---|---|---|---|---|
| 4 April 2025 | 2025 | 5.34% | $ 210,113 | $ 207,346 |
| 8 July 2025 | 2025 | 5.34% | 210,113 | 204,558 |
| 10 October 2025 | 2025 | 5.34% | 210,113 | 201,835 |
| 31 December 2025 | 2025 | 5.34% | 3,800,000 | 3,607,881 |
| **Total minimum payments** | | | **$ 4,430,339** | **$ 4,221,620** |

## Chadbourne & Parke LLP Pension Plan & Trust Agreement
## [EIN# 74-1201087 / Plan# 009]
## 2025 Schedule SB
## Schedule SB, Part V – Summary of Plan Provisions

| | |
|---|---|
| **Original effective date** | December 15, 1966. The Plan was last amended and restated as of August 31, 2024. |
| **Participation date** | The month coinciding with or following completion of one year of eligibility service. The Plan was frozen December 31, 1998 to provide that no individual shall become eligible to participate in the Plan or accrue any additional benefit under the Plan on or after December 31, 1998. |
| **Vesting Service** | The number of years and completed months of service from date of hire or 15 December 1966, if later, to date of termination. |
| **Normal Retirement date** | First of month coinciding with or next following the attainment of age 65. |
| **Accrued Benefit** | Monthly benefit equal to 50% of Average Monthly Earnings less 60% of Primary Social Security Benefit, reduced by 1/30$^{th}$ for each year of Service less than 30 completed as of Normal Retirement Date.<br><br>Minimum annual benefit equal to 2% of total annual average Compensation during five highest-paid consecutive years of Service multiplied by the number of years of Service (up to a maximum of 10 such years).<br><br>For Plan years commencing on or after 1 January 1994, the Minimum Accrual Formula determines the minimum benefit a Participant shall accrue in any Plan Year to be not less than the Participant's annual Compensation not in excess of the Section 414(q)(1)(c) amount, multiplied by the applicable percentage based on years of Plan Participation (1 – 9.25%; 2 – 6.00%; 3 or 4 – 2.00%; 5 or more – 0.00%).<br><br>Benefit accruals for all Participants ceased as of December 31, 1998. Accrued benefit amounts used in the valuation were provided by the prior actuary. |

**Chadbourne & Parke LLP Pension Plan & Trust Agreement**
**[EIN# 74-1201087 / Plan# 009]**
**2025 Schedule SB**
**Schedule SB, Part V – Summary of Plan Provisions**

| | |
|---|---|
| **Actuarial Equivalence** | Equality in value such that the present value of the amount under any form of payment is essentially the same as the present value of the amount under the normal form of annuity payment for single participants. In general, for purposes other than determining lump sum amounts, actuarially equivalent factors are based on the factors specified in the Plan Document. Sample factors are as follows:<br>Life Annuity with 10 Year Certain at age 65 – 96.7%<br>100% J&S at ages 65,65 – 87.5%<br>100% J&S at ages 65,55 – 82.4%<br>50% J&S at ages 65,65 – 93.3%<br>50% J&S at ages 65,55 – 90.4% |
| **Normal Retirement** | |
| **Eligibility** | The first day of the month coincident with or next following the Participant's attainment of age 65. |
| **Amount** | The Accrued Benefit commencing on the participant's Normal Retirement Date. |
| **Early Retirement** | |
| **Eligibility** | A participant may retire on the first day of any month following the attainment of age 62 and completion of 15 Years of Service |
| **Amount** | Monthly amount of Normal Retirement benefit determined as of the Early Retirement Date multiplied by an actuarial reduction percentage in accordance with Section 3.02(b) of the Plan Document (80.1% for 3 years early; 86.1% for 2 years early; 92.7% for 1 year early). |
| **Late Retirement** | |
| **Eligibility** | The first day of the month coincident with or next following the date of termination of service, if it occurs after the Normal Retirement Date. |
| **Amount** | Calculated in the same manner as described above in Normal Retirement. Normal Retirement benefits deferred beyond Normal Retirement Date are increased by late retirement percentages as specified in Section 3.01 of the Plan Document. |
| **Vested Termination** | |
| **Eligibility** | 20% vested after completion of 2 years of Service, increasing thereafter by 20% increments each year until reaching 100% vesting upon 6 years of Service. |
| **Amount** | Accrued benefit payable at Normal Retirement, or if had completed 15 years of Service, payable at earlier ages in accordance with Early Retirement. |

## Chadbourne & Parke LLP Pension Plan & Trust Agreement
## [EIN# 74-1201087 / Plan# 009]
## 2025 Schedule SB
## Schedule SB, Part V – Summary of Plan Provisions

**Preretirement death**

| | |
|---|---|
| **Eligibility** | Vested, not receiving a benefit and married at least one year. |
| **Amount** | The spouse will receive a life annuity equal to 50% of the benefit the deceased participant would have received as a Qualified Joint and Survivor Annuity had he/she terminated employment on the date before his/her death, survived to his/her Early Retirement Date or Normal Retirement Date, as applicable, and elected to retire immediately upon such Early or Normal Retirement Date. |

**Normal form of payment**

| | |
|---|---|
| **Married Participants** | Joint and 50% Survivor actuarially reduced benefit unless the spouse provides written consent to waive the Joint & 50% Survivor benefit. |
| **Non-married Participants** | Single Life annuity |

| | |
|---|---|
| **Optional forms** | Alternative forms available by reducing benefit payable:<br>Joint and 50% Survivor (automatic for married employees),<br>Joint & 66 2/3% Survivor, Joint and 75% Survivor,<br>Joint and 100% Survivor, or 10 Year Certain and Continuous.<br>Lump sums are payable (up to $1,000 as automatic cash-outs; unlimited if Disabled; up to $10,000 if attributable to the Minimum Accrual Formula). |
| **Pension Increases** | None |
| **Plan Participant contributions** | None |
| **Maximum on benefits and pay** | All benefits for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. |

**Changes since prior valuation**

A lump sum window was offered to certain active and terminated participants with vested benefits during calendar year 2024. The impact of elections made during this window is reflected in the January 1, 2025 valuation results. There have been no changes in the plan provisions that impact valuation results since the prior valuation.

# See

# Audited Financial

# Statements

# For

# Schedule of Assets Held

# (Schedule H 4i)

## Chadbourne & Parke LLP Pension Plan & Trust Agreement
## [EIN# 74-1201087 / Plan# 009]
## 2025 Schedule SB
## Schedule SB, line 32 – Schedule of Amortization Bases

**Outstanding shortfall amortization bases as of 1 January 2025**

| | Shortfall Amortization Base | Date Established | | Installment | Remaining Period (years) | | Present Value[2] |
|---|---|---|---|---|---|---|---|
| 1. | Shortfall amortization installments | | | | | | |
| | a. 2024 base | 1/1/2024 | $ | (36,580) | 14 | $ | (374,591) |
| | b. 2023 base | 1/1/2023 | $ | 313,631 | 13 | $ | 3,051,608 |
| | c. 2022 base | 1/1/2022 | $ | (71,419) | 12 | $ | (656,515) |
| | d. 2021 base | 1/1/2021 | $ | 32,313 | 11 | $ | 278,746 |
| | e. 2020 base | 1/1/2020 | $ | (28,417) | 10 | $ | (228,198) |
| | f. 2019 base | 1/1/2019 | $ | 381,089 | 9 | $ | 2,821,055 |
| | g. Total shortfall amortization installments for the preceding plan years | | $ | 590,617 | | $ | 4,892,105 |
| 2. | Current year base | 1/1/2025 | $ | (54,791) | 15 | $ | (587,633) |
| 3 | Total shortfall amortization installments, [(1)(f) + (2)] | | $ | 535,826 | | $ | 4,304,472 |

[2] The present values above are calculated based on the first segment rate of 5.07% and the second segment rate of 5.31%.