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
O'MELVENY & MYERS LLP CASH BALANCE PLAN

1b Three-digit plan number (PN) ▶ 020

1c Effective date of plan 09/01/2013

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)
O'MELVENY & MYERS LLP

400 SOUTH HOPE STREET, SUITE 1900
LOS ANGELES, CA 90071-2899

2b Employer Identification Number (EIN)
95-1066597

2c Plan Sponsor's telephone number
213-430-6000

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.	10/13/2026	KRUTI SHAH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

O'MELVENY & MYERS LLP RETIREMENT & EMPLOYEE BENEFITS COMMITTEE

400 SOUTH HOPE STREET, SUITE 1900
LOS ANGELES, CA 90071

3b Administrator's EIN: 46-3559468

3c Administrator's telephone number: 213-430-6000

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	287
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)**	235
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	224
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	39
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	263
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	263
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:

1C 3B

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

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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
O'MELVENY & MYERS LLP CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 020

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
O'MELVENY & MYERS LLP

D Employer Identification Number (EIN)
95-1066597

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**	220947876
b Actuarial value	**2b**	220947876

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	52	21167364	21167364
c For active participants	235	119433300	119433300
d Total	287	140600664	140600664

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.31 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	23078767
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	23078767

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

08/28/2025
Date

JOHNNY HONG
Type or print name of actuary

23-07821
Most recent enrollment number

HORIZON ACTUARIAL SERVICES, LLC
Firm name

818-691-2016
Telephone number (including area code)

5200 LANKERSHIM BLVD
SUITE 740
NORTH HOLLYWOOD, CA 91601
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 _____%	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)		12680282
	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 4.94 %		626406
	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		13306688
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	157.14 %
15	Adjusted funding target attainment percentage	15	157.14 %
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	158.02 %
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
06/11/2025	97858	0			
08/19/2025	349563	0			
09/11/2025	2928289	0			
12/10/2025	1582133	0			
01/13/2026	6196220	0			
			Totals ► 18(b)	11154063	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	10640319

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	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**	62

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	23078767
b Excess assets, if applicable, but not greater than line 31a	**31b**	23078767

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	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**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	10640319
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	10640319
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 Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
O'MELVENY & MYERS LLP CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 020

C Plan sponsor's name as shown on line 2a of Form 5500
O'MELVENY & MYERS LLP

D Employer Identification Number (EIN)
95-1066597

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

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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)

CANTERBURY CONSULTING

33-0307982

(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?
27 71 17	INVESTMENT ADVISOR	209201	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ARISTOTLE MANAGEMENT CO

95-4833644

(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?
27 33 71	INVESTMENT MANAGER	57285	Yes [ ] No [X]	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

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(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
O'MELVENY & MYERS LLP CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 020

C Plan sponsor's name as shown on line 2a of Form 5500
O'MELVENY & MYERS LLP

D Employer Identification Number (EIN)
95-1066597

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	100	100
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5120858	6196220
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	-45725	-55189
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4530308	3706076
(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)	13095284	16291029
(5) Partnership/joint venture interests	1c(5)	36200540	43968578
(6) Real estate (other than employer real property)	1c(6)	219114	199407
(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)	161789777	181960777
(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	220910256	252266998
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	220910256	252266998

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)	11154063	
(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)		11154063
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	611	
(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)	1761350	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1761961
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	6926119	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		6926119
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	314586	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		314586
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		24400176
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		44556905
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12924212	
(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)		12924212
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	275951	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		275951
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		13200163
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		31356742
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: CROWE LLP **(2)** EIN: 30-1506626

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		15000000
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 617097.

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
O'MELVENY & MYERS LLP CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 020

C Plan sponsor's name as shown on line 2a of Form 5500
O'MELVENY & MYERS LLP

D Employer Identification Number (EIN)
95-1066597

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** |

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): 46-3559468

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** | 20

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_____.

Crowe LLP
Independent Member Crowe Global

INDEPENDENT AUDITOR'S REPORT

To the Administrator of
O'Melveny & Myers LLP Cash Balance Retirement Plan
Los Angeles, California

Opinion

We have audited the financial statements of O'Melveny & Myers LLP Cash Balance Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statements of changes in net assets available for benefits 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 the Plan 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 accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

(Continued)

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 the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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 schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025 is presented for purposes of additional analysis and is 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 schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

(Continued)

In our opinion, the information in the accompanying schedule 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.

Crowe LLP

Crowe LLP

Los Angeles, California
October 12, 2026

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 12/30/2025

▶ **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
O'Melveny & Myers LLP Cash Balance Retirement Plan

B Three-digit plan number (PN) ▶ 020

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
O'Melveny & Myers LLP

D Employer Identification Number (EIN)
95-1066597

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**	220,947,876
b Actuarial value	**2b**	220,947,876

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	52	21,167,364	21,167,364
c For active participants	235	119,433,300	119,433,300
d Total	287	140,600,664	140,600,664

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.31%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	23,078,767
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	23,078,767

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.

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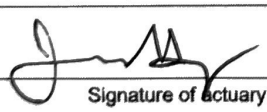

Signature of actuary

08/28/2026
Date

Johnny Hong
Type or print name of actuary

2607821
Most recent enrollment number

Horizon Actuarial Services, LLC
Firm name

818-691-2016
Telephone number (including area code)

5200 Lankershim Blvd, Suite 740
North Hollywood CA 91601
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	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		12,680,282
	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 4.94%		626,406
	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		13,306,688
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	157.14%
15	Adjusted funding target attainment percentage	15	157.14%
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	158.02%
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
06/11/2025	97,858	0			
08/19/2025	349,563	0			
09/11/2025	2,928,289	0			
12/10/2025	1,582,133	0			
01/13/2026	6,196,220	0			
			Totals ▶ 18(b)	11,154,063	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	10,640,319

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.07 %	5.31 %	5.50%	

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	23,078,767
b Excess assets, if applicable, but not greater than line 31a	**31b**	23,078,767

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	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**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	10,640,319
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	10,640,319
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

2025 Schedule SB, Part V
Summary of Plan Provisions

Schedule SB, Part V – Summary of Plan Provisions

Plan Name	**O'Melveny & Myers LLP Cash Balance Retirement Plan**
Plan Sponsor	O'Melveny & Myers LLP
EIN / PN	95-1066597 / 020
Effective Date	September 1, 2013
Plan Year	The twelve-month period beginning January 1 and ending December 31
Type of Plan	Self-administered cash balance plan
Participation	Each Partner shall be eligible to become a Participant on the last day of the calendar year in the year he or she becomes a Partner if entered partnership after August 31; otherwise, Participation begins on the partnership entry date. Participant is any Partner who does not own more than 10% interest in either the capital or profits of the Partnership. The Executive Director is also eligible to participate in the Plan.
Partnership Earnings	The profit or loss of the Partnership as determined for federal income tax purposes
Compensation	Compensation shall mean a Partner's share of the Partnership Earnings, excluding the entire portion that does not constitute "earned income" as defined in Section 401(c)(2) of the IRS Code and taking into account as a deduction from such Compensation any deductions allocated to the Partner. Such Compensation shall not exceed the Section 401(a)(17) limit of the IRS Code.
Normal Retirement Age	The Participant's 62nd birthday.
Normal Retirement Date	The first of the month coinciding with or following attainment of Normal Retirement Age

2025 Schedule SB, Part V
Summary of Plan Provisions

Participant Contributions	No Participant may make voluntary contributions under the Plan. No Participant contributions are required.

Normal Retirement Benefit

A Participant shall be eligible for a Normal Retirement Benefit on his or her Normal Retirement Date. The benefit is the Cash Balance Account, which can be an amount payable for the Participant's lifetime.

The amount of the Normal Retirement Benefit shall be equal to the Cash Balance Account as of the Participant's Normal Retirement Age. The Cash Balance Account is the sum of the Plan Year Allocations, as increased or decreased in accordance with Investment Experience. The Plan Year Allocations are defined in Article 5 of the plan document, Amendment 2014-1, Amendment 2020-1, and Amendment 2021-1. Effective January 1, 2020, Plan Year Allocations were generally reduced to 66.67% of the Plan Year Allocations that would otherwise have been credited, as set forth in Exhibit C, per Amendment 2014-1. Effective January 1, 2021, Plan Year Allocations were restored to the full Plan Year Allocation levels. The Investment Experience is the Plan's actual rate of return on the Plan's aggregate assets held in the Trust, but capped at 6.0% per annum (compounded quarterly through each computation date).

For Participants listed in Exhibit A of the plan document, who have entered the Plan on September 13, 2013, the amount of the Normal Retirement Benefit shall be equal to the sum of the benefits accrued for the Participant in each of his or her Years of Service. The benefit accrued in each year shall be 1/12th of the applicable percentage of compensation received for each Year of Service. The applicable percentages are as follows:

For Years of Service	Percentage
Before January 1, 1999	1%
January 1, 1999 to December 31, 1999	2%
January 1, 2000 to December 31, 2003	2% to 10%*
January 1, 2004 to December 31, 2007	3.5% to 10%*
January 1, 2008 to December 31, 2008	0% to 10%*
January 1, 2009 to December 31, 2009	0%
January 1, 2010 to April 13, 2013	0% to 4%*
Beginning April 14, 2013	0%

**Varies by participant, as specified in the plan document.*

2025 Schedule SB, Part V
Summary of Plan Provisions

Early Retirement Benefit	A Participant shall be eligible for an early retirement benefit on the first day of any calendar month coincident with or next following the date on which he ceases to be a Partner. His or her benefit is the Cash Balance Account determined as of the last Computation Date, which occurs quarterly. For Participants listed in Exhibit A of the plan document, his or her Normal Retirement Benefit is reduced by an actuarial equivalent factor for early commencement.
Late Retirement Benefit	A Participant may retire after his or her Normal Retirement Date. Except as noted below, the Late Retirement Benefit shall be the Cash Balance Account as of the Participant's Late Retirement Date. For Participants listed in Exhibit A of the plan document, the Late Retirement Benefit shall equal the Participant's Normal Retirement Benefit plus, for each Plan Year ending on or after the Participant's Normal Retirement Date: 1. The additional benefit accrued for each such Plan Year, and 2. Effective January 1, 2000, the applicable actuarial increase for each such Plan Year.
Qualified Joint and Survivor Annuity	An annuity for the life of the Participant with a survivor annuity for the life of the Spouse of the Participant to whom he or she is legally married at the time his or her annuity payments commence which is 50% of the amount of the annuity payable during the life of the Participant. The amount of the Qualified Joint and Survivor Annuity shall be actuarial equivalent to the benefit otherwise payable to an unmarried Participant.
Benefit Form	For Single Participants, the normal form of benefit is the Life Only benefit. For Married Participants, the normal form of benefit is the Qualified Joint and Survivor Annuity.
Vesting	A Participant shall be 100% vested in his accrued benefit at all times.

2025 Schedule SB, Part V
Summary of Plan Provisions

Pre-Retirement Death Benefits	For Participants NOT listed in Exhibit A of the plan document: a. If an unmarried Participant dies while active, his or her beneficiary shall receive a cash lump sum death benefit equal to the Cash Balance Account, or a life annuity that is actuarial equivalent to the Participant's accrued Normal Retirement Benefit. b. If a married Participant dies while active, the spouse shall be eligible to receive a monthly benefit equal to the actuarial equivalent of the benefit the Participant would have received if he survived and elected a Single Life Annuity payable over the spouse's lifetime. However, in lieu of the above described annuity the spouse may elect to receive a cash lump sum death benefit equal to the Cash Balance Account. For Participants listed in Exhibit A of the plan document: a. If an unmarried Participant dies while active, his or her beneficiary shall receive a cash lump sum death benefit equal to the actuarial equivalent of the Participant's accrued Normal Retirement Benefit. b. If a married Participant dies while active, the spouse shall be eligible to receive a monthly benefit equal to the actuarial equivalent of the benefit the Participant would have received if he survived and elected a Single Life Annuity payable over the spouse's lifetime. However, in lieu of the above described annuity the spouse may elect to receive a cash lump sum death benefit actuarially equivalent to the Participant's accrued Normal Retirement Benefit.
Optional Retirement Benefit	A Participant who retires may elect, in lieu of the retirement benefits otherwise payable to him, a cash lump sum equal to the Cash Balance Account. For Participants listed in Exhibit A of the plan document, a Participant who retires may elect, in lieu of the retirement benefits otherwise payable to him, a cash lump sum which is the actuarial equivalent to his retirement benefit based on the actuarial factors defined in the Plan. A Participant may also elect a Joint and 75% Survivor Annuity. If the Participant is married, his or her spouse must consent to the election.
Changes since Last Actuarial Valuation	There have been no changes in plan provisions since the prior valuation.

2025 Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

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

Plan Name	**O'Melveny & Myers LLP Cash Balance Retirement Plan**
Plan Sponsor	O'Melveny & Myers LLP
EIN / PN	95-1066597 / 020

Economic Assumptions

Interest Rate Basis	Applicable month	**September, 2024**
	Yield curve basis	**3-Segment Rates**
	MAP-21 applied for funding	**Yes**
	MAP-21 applied for benefit restrictions	**Yes**

Interest Rates		**Reflecting Corridors[1]**	**Not Reflecting Corridors**
	First segment rate	**5.07%**	**5.07%**
	Second segment rate	**5.31%**	**5.33%**
	Third segment rate	**5.50%**	**5.36%**
	Effective interest rate	**5.31%**	**5.31%**
	Future Investment Experience (Cash Balance Interest Crediting Rate)		**6.00%**

Future Increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under the IRC Section 415. Plan compensation is limited to the maximum presently allowed under IRC Section 401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

[1] As amended by the American Rescue Plan Act of 2021

2025 Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Demographic Assumptions	
Inclusion date	The valuation date coincident with or next following the date on which the partner becomes a partner
Participant data	Employee data was supplied by O'Melveny & Myers as of the valuation or census date.
Pay Allocation	Age-based allocations as described in the plan document
New or rehired employees	It was assumed there will be no new or rehired employees.
Mortality	Pre-62: The 417(e) "applicable mortality table", which is the 2025 PPA Optional Combined, Unisex mortality for the current valuation, and 2024 PPA Optional Combined, Unisex mortality for the prior valuation Post-62: See Form of Payment
Termination rates	None
Retirement age	All participants will retire at age 62, or immediately, if over age 62.
Form of payment	For participants NOT listed in Exhibit A of the plan document, 100% of participants are assumed to elect a lump sum payment based on the value of the Cash Balance account. For participants listed in Exhibit A of the plan document, 100% of participants are assumed to elect a lump sum payment based on the plan's post-NRA assumptions of 5% interest and 1983 Individual Annuity Mortality (unisex basis – 50% Male/50% Female).
Covered pay	Assumed that all partners will earn more than the Section 401(a)(17) compensation limit
Administrative expenses	$0; the plan sponsor pays administrative expenses outside of Plan assets

2025 Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

At-risk assumptions	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the ***lump sum*** form of payment.
Timing of benefit payments	Lump sum payments are assumed payable on date of decrement.

2025 Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Methods	
Valuation date	First day of plan year
Funding target	Present value of accrued benefits
Target normal cost	Present value of benefits expected to accrue during plan year
Actuarial value of assets	The actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the 2024 plan year, discounted using the effective interest rate for the 2024 plan year.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. Horizon has reviewed the plan provisions with O'Melveny & Myers LLP and, based on that review, are not aware of any significant benefits required to be valued that were not.
Change in assumptions since prior valuation	There have been no changes in non-prescribed assumptions since the prior valuation.
Change in methods since prior valuation	There have been no other changes in methods since the prior valuation.

2025 Schedule SB, Line 26a
Schedule of Active Participant Data

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

Attained Age	Attained Years of Credited Service and Number and Average Compensation/Salary (limited)[1]													
	0	1	2	3	4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35-39	2	5	2	2	1	0	0	0	0	0	0	0	0	12
40-44	6	3	9	11	5	9	1	0	0	0	0	0	0	44
45-49	1	2	4	8	2	15	11	0	0	0	0	0	0	43
50-54	1	2	1	2	3	12	29	0	0	0	0	0	0	50
55-59	0	1	3	3	5	4	25	0	0	0	0	0	0	41
60-64	0	0	2	3	0	2	23	0	0	0	0	0	0	30
65-69	0	1	0	1	1	0	7	0	0	0	0	0	0	10
70 & over	0	0	0	0	0	0	5	0	0	0	0	0	0	5
Total	10	14	21	30	17	42	101	0	0	0	0	0	0	235

Census data as of January 1, 2025

[1] Age and service totals for purposes of determining category are based on rounded values. It is assumed all Participants have compensation that is limited by the 401(a)(17) limit.

2025 Schedule SB
Statement by Enrolled Actuary

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor:	O'Melveny & Myers LLP
EIN / PN:	95-1066597 / 020
Valuation Date:	January 1, 2025
Plan Name:	O'Melveny & Myers LLP Cash Balance Retirement Plan
Enrolled Actuary:	Johnny Hong
Enrollment Number:	26-07821

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by O'Melveny & Myers. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by O'Melveny & Myers.

2025 Schedule SB, Line 22
Description of Weighted Average Retirement Age

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

The assumed average retirement age is 62.

Participants are assumed to retire at the plan's Normal Retirement Age, or immediately if over age 62.

Name of Plan Sponsor: O'Melveny & Mers LLP
Employer Identification Number: 95-1066597
Three-digit Plan Number: 020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party *	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Date	(d) Cost	(e) Current Value
		Mutual Funds		
	American Europacific	Mutual Fund Shares	$ 15,278,137	$ 16,649,971
	Brown Advisory Small Cap	Mutual Fund Shares	5,367,473	5,625,112
	DFA US Core Eqty 1 Port	Mutual Fund Shares	7,845,274	13,709,770
	Dodge & Cox Int'l Stock	Mutual Fund Shares	11,925,118	17,289,749
	Doubleline Total Return	Mutual Fund Shares	18,964,821	17,300,067
	Metropolitan West Total	Mutual Fund Shares	3,431,333	3,042,140
	PIMCO Total Return	Mutual Fund Shares	22,141,437	20,408,916
	Schwab S&P 500 Index Fd	Mutual Fund Shares	49,312,034	87,935,052
	Schwab Money Market	Mutual Fund Shares	3,706,075	3,706,076
		Total Mutual Fund	137,971,702	185,666,853
		Real Estate Investment Trusts		
	Equity Lifestyle PPT	Real Estate Investment Trusts	196,855	199,407
		Total Real Estate Investment Trusts	196,855	199,407
		Limited Partnerships		
	CCI Core Bond Fund, L.P.	Limited Partnerships	41,005,000	43,968,578
		Total Limited Partnerships	41,005,000	43,968,578
		Common Stock		
	Adobe Inc.	Common Stock	258,827	302,391
	Air Prods & Chems Inc	Common Stock	364,123	281,356
	Alcon Inc	Common Stock	258,623	314,531
	Alphabet Inc	Common Stock	318,541	598,103
	American Int'l Group	Common Stock	332,207	381,553
	American Water Works	Common Stock	345,476	352,089
	Ameriprise Finl	Common Stock	222,241	471,707
	Amgen Inc.	Common Stock	276,135	427,140
	Atmos Energy Corp	Common Stock	226,338	334,254
	Blackstone Inc	Common Stock	291,979	382,575
	Capital One	Common Stock	264,115	653,160
	Corteva Inc	Common Stock	277,352	515,729

(Continued)

O'MELVENY & MYERS LLP CASH BALANCE RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

Name of Plan Sponsor: O'Melveny & Mers LLP
Employer Identification Number: 95-1066597
Three-digit Plan Number: 020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party *	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Date	(d) Cost	(e) Current Value
	Coterra Energy Inc	Common Stock	225,134	289,520
	Cullen Frost Bankers	Common Stock	209,645	254,400
	Danaher Corp	Common Stock	173,316	338,573
	Ecolab Inc	Common Stock	356,023	431,583
	General Dynamics Co	Common Stock	205,401	368,643
	Lennar Corp	Common Stock	213,231	340,268
	Lowe's	Common Stock	315,766	341,000
	Martin Marietta Material	Common Stock	211,302	476,335
	McCormick & Co Inc	Common Stock	356,171	351,788
	Medtronic Plc	Common Stock	242,176	265,510
	Merck & Co, Inc.	Common Stock	251,696	283,676
	Microchip Technology	Common Stock	309,883	361,038
	Microsoft Corp	Common Stock	229,899	659,174
	Mitsubishi U F J Finan F	Common Stock	131,793	360,419
	OshKosh Truck Corp	Common Stock	250,884	284,552
	Parker-Hannifin Corp	Common Stock	247,628	866,655
	PNC Financial Services	Common Stock	217,287	353,589
	Procter & Gamble	Common Stock	285,516	289,343
	Qualcomm, Inc.	Common Stock	229,950	379,047
	RPM International	Common Stock	217,312	336,232
	Sony Corp	Common Stock	218,191	408,474
	Synopsys Inc	Common Stock	454,554	430,733
	Teledyne Technologies Inc	Common Stock	296,204	369,769
	The Coca-Cola Co	Common Stock	250,035	360,666
	Totalenergies	Common Stock	279,290	287,194
	Uber Technologies Inc	Common Stock	289,862	348,983
	US Bancorp	Common Stock	264,440	403,401
	Verizon Communications	Common Stock	326,775	311,584
	Wells Fargo & Co	Common Stock	323,935	403,741
	XCEL Energy Inc	Common Stock	287,982	320,551
		Total Common Stock	11,307,238	16,291,029
	Total Investments		$ 190,480,795	$ 246,125,867

* Represents party-in-interest to the Plan

See independent auditor's report.

O’MELVENY & MYERS LLP CASH BALANCE RETIREMENT PLAN

FINANCIAL STATEMENTS

December 31, 2025 and 2024

O'MELVENY & MYERS LLP CASH BALANCE RETIREMENT PLAN

FINANCIAL STATEMENTS
December 31, 2025 and 2024

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Crowe LLP
Independent Member Crowe Global

INDEPENDENT AUDITOR'S REPORT

To the Administrator of
O'Melveny & Myers LLP Cash Balance Retirement Plan
Los Angeles, California

Opinion

We have audited the financial statements of O'Melveny & Myers LLP Cash Balance Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statements of changes in net assets available for benefits 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 the Plan 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 accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

(Continued)

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 the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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 schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025 is presented for purposes of additional analysis and is 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 schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

(Continued)

In our opinion, the information in the accompanying schedule 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.

Crowe LLP

Crowe LLP

Los Angeles, California
October 12, 2026

O'MELVENY & MYERS LLP CASH BALANCE RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	2025	2024
Net assets available for benefits		
Investments, at fair value	$ 246,125,867	$ 215,835,024
Receivables		
Contributions receivable	6,196,220	5,120,858
Cash	100	100
Total assets	252,322,187	220,955,982
Accrued expenses	55,189	45,726
Net assets available for benefits	$ 252,266,998	$ 220,910,256

See accompanying notes to financial statements.

O'MELVENY & MYERS LLP CASH BALANCE RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31, 2025 and 2024

	2025	2024
Investment income		
Interest and dividends	$ 8,688,080	$ 6,463,657
Net appreciation in fair value of investments	24,714,763	16,413,135
	33,402,843	22,876,792
Employer contributions	11,154,063	13,243,412
Benefits paid to participants	(12,924,213)	(7,044,853)
Administrative expenses	(275,951)	(245,259)
Net increase in net assets	31,356,742	28,830,092
Net assets available for benefits		
Beginning of year	220,910,256	192,080,164
End of year	$ 252,266,998	$ 220,910,256

See accompanying notes to financial statements.

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of the O'Melveny & Myers LLP Cash Balance Retirement Plan (the "Plan") is intended to give a general summary of its principal provisions. Participants should refer to the Plan Document or Summary Plan Description effective September 1, 2013 for a more complete description of the Plan's provisions.

General: The Plan is a cash balance defined benefit pension plan covering all equity partners of O'Melveny & Myers LLP (the "Firm") and was adopted effective September 1, 2013 as a replacement for the O'Melveny & Myers LLP Defined Benefit Plan (the "OMM Defined Benefit Plan"). The O'Melveny & Myers LLP Retirement and Employee Benefits Committee (the "Committee" and the "Trustee") act as the trustee and administrator of the Plan. The Plan is a mandatory defined benefit plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan year is defined as the twelve consecutive month period beginning January 1 and ending immediately following December 31.

Eligibility and Enrollment: All equity partners (except 10% owners) including senior partners of Firm, excluding Partners who are nonresident aliens, effective as of the date such individual becomes a Partner; provided, however, that any individual who becomes a Partner on or after September 1 in any Plan year shall commence participation on the following January 1, if such individual remains a Partner on such January 1.

The accrued benefits of certain individuals who participated in the OMM Defined Benefit Plan have been transferred to this Plan. Such individuals include certain senior staff employees and former Partners who participated in the OMM Defined Benefit Plan. These individuals and their transferred benefits ("Transferred Benefits") are participants in this Plan for purpose of receiving payment of their benefits transferred from the OMM Defined Benefit Plan.

Participant Accounts: Separate hypothetical accounts are maintained for each participant. Each participant's hypothetical account is credited with an allocation of the Firm's contribution credit and plan earnings and charged with any investment losses. The benefit to which a participant is entitled is generally the participant's vested account balance, as adjusted for investment gains and losses. However, as required by the Internal Revenue Code ("IRC") and related regulations, the cumulative investment return with respect to a participant's account cannot be less than zero.

Compensation for benefit accrual purposes shall not exceed the maximum permitted by IRC Section 401(a)(17), as adjusted annually.

The Cash Balance Plan account balances are determined at the end of each calendar quarter within a Plan year for each participant as follows:

1) An initial cash balance plan account in the amount of $0 (zero) is established for each participant.

2) One-third of a participant's Plan year contribution is credited to the participant's pash balance account as of September 30, and two-thirds of a participant's plan year contribution is credited to the participant's cash balance account as of December 31.

3) The amount of a participant's cash balance account shall equal the amount on the last business day of the preceding quarter-end.

(Continued)

NOTE 1 - DESCRIPTION OF PLAN (Continued)

4) The participant's cash balance account shall be increased or decreased to reflect investment earnings for the period, provided, however, that (i) any portion of a participant's contributions shall be credited after the adjustment for investment earnings, and (ii) the adjustment for investment earnings on a payment from a cash balance account shall include the period from the immediately preceding quarter-end to the annuity starting date and exclude the period from the annuity starting date to the immediately following quarter-end

5) As of a participant's annuity starting date, the amount of a participant's cash balance account shall not be less than the sum of his Plan year earnings to such annuity starting date; provided, however, that upon payment the amount of his cash balance account shall be reduced to $0 (zero), including if payment is made in the form of an annuity.

Funding Policy: The Firm's funding policy is to make contributions three times per year on the distribution dates following August 31, November 30, and December 31, or as otherwise determined by the Firm, but in all events in accordance with minimum funding requirements of ERISA. For the years ended December 31, 2025 and 2024, the Plan met or exceeded its minimum funding requirements of ERISA. Each participant's cash distribution from the Firm is reduced in an amount equal to the participant's allocable share of the Firm's funding obligation for the Plan year. Participants may not make voluntary contributions under this Plan.

Pension Benefits: Benefits are determined based on the participant's hypothetical account balance. The amount of a participant's cash balance account is determined under his Plan year allocations, as increased or decreased in accordance with investment experience, subject to the requirement that the cumulative investment gains and losses in a participant's account cannot be less than zero. A participant's normal retirement benefit is the participant's cash balance account as of his normal retirement date, and a participant's late retirement benefit is the participant's cash balance account as of his late retirement date. Benefits under this Plan are fully vested and non-forfeitable at all times.

The participant shall be eligible for benefits under the Plan on the first day of any calendar month coincident with or next following the date they cease to be a Partner or certain senior staff. A participant may retire after his or her normal retirement at age 62, but not later than the April 1 following the year he or she attains the age 73.

Benefits under the Plan are payable as one of the following, as elected by the participant (with spousal consent for married participants):

1) A 50% Qualified Joint and Survivor Annuity (normal form of benefit for married participants),

2) A 75% Qualified Joint and Survivor Annuity,

3) A Single Life Annuity (normal form for unmarried participants, though single participants may also choose a Qualified Joint & Survivor Annuity), or

4) A lump sum distribution of the participant Cash Balance Retirement Plan's account balance.

At no time shall a participant's benefit payable in the form of a single life annuity commencing on his benefit commencement date exceed the lesser of the participant's dollar limit or compensation limit as permitted by IRC section 415. In the event that a participant's benefit would exceed the lesser of the participant's dollar limit or compensation limit, such benefit shall automatically be reduced by the amount required in order to eliminate such excess.

(Continued)

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Plan Expenses: All expenses incurred in the administration of the Plan by the Trustee are paid by the Plan, except to the extent the Firm elects to pay such expenses. Investment management fees are charged to the Plan as a reduction of investment return and included in the investment income (loss) reported by the Plan. All other expenses are paid by the Firm.

Vesting: Benefits under the Plan are fully vested at all times.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting: The Plan's financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

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. Purchases and sales of securities are recorded on a trade- date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. The Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and hedge funds. See Note 6 for discussion of fair value measurements.

Recording of Contributions: Contributions are recorded by the Plan for the year they are attributed.

Benefits: Benefit claims are recorded by the Plan when processed and paid by the administrator.

Payment of Benefits: A participant's plan benefits become distributable at retirement, death, disability, termination of employment or termination of service as a partner. Such benefits will be paid in a form as described above under Pension Benefits.

Use of Estimates: The presentation of the Plan's financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements and the reported amounts of changes during the reporting period. Actual results could differ from these estimates.

NOTE 3 - RISKS AND UNCERTAINTIES

Investment securities are exposed to various risks such as interest rate, market, liquidity and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of 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' notional allocations and the amounts reported in the Statements of Net Assets Available for Benefits. Market values of investments may decline for a number of reasons, including changes in prevailing market and interest rates, increases in defaults and credit rating downgrades.

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 would be material to the financial statements.

(Continued)

NOTE 4 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to service rendered by partners as of the valuation date. Accumulated plan benefits include benefits to be paid to (1) retired or terminated partners or their beneficiaries, (2) beneficiaries of partners who have died, and (3) present partners or their beneficiaries. Benefits under the Plan are accumulated based on partner distributions during each year of credited service. The accumulated plan benefits for equity partners will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to equity partners' service rendered to the valuation date. The actuarial present value of accumulated plan benefits is determined by an 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 or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of December 31, 2024 are as follows:

- Pre-retirement mortality: PRI-2012 Employee mortality table with MP-2021 scale projected 2024
- Retirement age: 62 years
- Form of payment: Lump sum
- Cash balance interest crediting rate: 6.0%
- Interest rate: 6.0%

The Transferred Benefits are valued assuming a lump sum payment based on post- normal retirement age assumptions of 5% interest and 1983 Individual Annuity Mortality (unisex basis - 50% male/50% female).

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. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025.

The following is the total actuarial present value of accumulated plan benefits at December 31, 2024 and the changes therein for the year then ended, as determined by the Plan's actuary:

Actuarial present value of accumulated plan benefits	
Vested accumulated benefits	$ 135,075,313
Total actuarial present value of accumulated plan benefits at December 31, 2024	$ 135,075,313

(Continued)

NOTE 4 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

Period from January 1, 2024 to December 31, 2024:

Actuarial present value of accumulated plan benefits at January 1, 2024	$ 113,852,091
Increase during the year attributable to:	
Benefits accumulated	22,074,225
Decrease in discount period	7,944,233
Benefits paid	(7,044,853)
Actuarial (gains)/losses	(1,819,625)
Change in actuarial assumptions	69,242
Net increase	21,223,222
Actuarial present value of accumulated plan benefits at December 31, 2024	$ 135,075,313

Subsequently the actuarial valuation as of January 1, 2026 was issued on September 18, 2026. The balance of the actuarial present value of accumulated benefits as of December 31, 2025 was increased to $151,246,726 (unaudited). No significant amendments or assumption changes are noted. The primary reason for the increase is due to increase in benefits accumulated while the actual benefits paid decreased over years. This information has not been audited.

NOTE 5 - PLAN TERMINATION

Although it has not expressed any intention to do so, the Firm has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, each participant will receive a distribution in the amount of assets allocated to his or her account, in accordance with ERISA, applicable regulations there under and the Plan document.

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 types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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 Firm and the level of benefits guaranteed by the PBGC.

NOTE 6 - FAIR VALUE MEASUREMENTS

The Plan accounts for assets and liabilities at fair value. Fair value is the price that would be received from selling an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. When determining fair value, the Plan uses prices and other relevant information generated by market transactions involving identical or comparable assets ("market approach").

(Continued)

NOTE 6 - FAIR VALUE MEASUREMENTS (Continued)

The Plan uses a three-level hierarchy for fair value measurements that prioritizes the inputs to valuation techniques used to measure fair value, distinguishing between market participant assumptions developed based on market data obtained from sources independent of the reporting entity ("observable inputs"), and the reporting entity's own assumptions about market participant assumptions developed based on the best information available in the circumstances ("unobservable inputs"). The hierarchy level assigned to each investment is based on an assessment of the transparency and reliability of the inputs used in the valuation of each instrument at the measurement date. The highest priority is given to unadjusted quoted prices in active markets for identical assets (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). Valuation techniques need to recognize the use of observable inputs and minimize the use of unobservable inputs.

Investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The three hierarchy levels are defined as follows:

Level 1 - Valuations are based on unadjusted quoted market prices in active markets for identical securities that the Plan has the ability to access.

Level 2 - Valuations based on observable inputs, such as quoted prices for similar assets in active markets at the measurement date; quoted prices in markets that are not active; or other inputs that are observable, either directly or indirectly.

Level 3 - Valuations based on inputs that are unobservable and significant to the overall fair value measurement and involve management judgment.

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

Mutual Funds, Common Stock, and Real Estate Investment Trusts (REITs): The fair values of these investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

Limited Partnership: The fair value of the limited partnership is estimated utilizing the partner's capital, which is equivalent to net asset valuations, provided by the funds and their administrators. The Plan holds interests in a partnership which invests in multi-asset class, diversified portfolio of primarily below investment grade debt securities. The partner's capital is initially valued at the cost required to acquire the asset and adjusted for current year financial data. There are no unfunded commitments.

(Continued)

NOTE 6 - FAIR VALUE MEASUREMENTS (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2025 and 2024:

	Investments at Fair Value at			
	Level 1	Level 2	Level 3	Total
December 31, 2025				
Mutual funds	$ 185,666,853	$ -	$ -	$ 185,666,853
Common stock	16,291,029	-	-	16,291,029
REITs	199,407	-	-	199,407
Limited partnerships*	-	-	-	43,968,578
Total	$202,157,289	$ -	$ -	$ 246,125,867
December 31, 2024				
Mutual funds	$ 166,320,085	$ -	$ -	$ 166,320,085
Common stock	13,095,284	-	-	13,095,284
REITs	219,114	-	-	219,114
Limited partnerships*	-	-	-	36,200,541
Total	$ 179,634,484	$ -	$ -	$ 215,835,024

*Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the hierarchy tables for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in the statement of net assets available for benefits.

(Continued)

NOTE 6 - FAIR VALUE MEASUREMENTS (Continued)

Fair Value of Investments that Calculate Net Asset Value: The following table represents the Plan's investments measured at fair value based on NAV (as a practical expedient) as of December 31, 2025 and 2024:

Category of Investment	Investment Strategy	Fair Value Determined Using NAV	Unfunded Commitment (Dollar)	Remaining Life	Redemption Terms	Redemption Restrictions and Terms	Redemption Restrictions and Year End
Year Ended December 31, 2025							
Limited Partnership CCI Core Bond Fund LP.	(Metwest Total Return) Commingled Fund	$ 43,968,578	$ -	Continuous	10-day notice prior to dealing day	Partial Withdrawals settled within 3 business days	-
Year Ended December 31, 2024							
Limited Partnership CCI Core Bond Fund LP.	(Metwest Total Return) Commingled Fund	$ 36,200,541	$ -	Continuous	10-day notice prior to dealing day	Partial Withdrawals settled within 3 business days	-

(Continued)

NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under DOL regulations as any fiduciary of the plan, any party rendering service to the plan, the employer, and certain others. Amounts paid by the Plan to parties in interest included fees paid for investment management and actuarial services. Certain professional fees for the administration and audit of the Plan were paid by the Company. Various administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Certain plan investments are managed by Charles Schwab, the Plan's custodians, which qualify as party-in-interest transactions for which a statutory exemption exists.

NOTE 8 - INCOME TAX STATUS

They received a determination letter dated July 2, 2019 stating that the Plan qualifies under Section 401(a) of the IRC and is therefore exempt from Federal income tax under Section 501(a) of the IRC. The Plan is also exempt from California tax under California Revenue and Taxation Code Section 17501. As a result, no provision for federal or state taxes is required. Although the Plan has been amended since receiving the determination letter, Plan management believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or assets) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions by the plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examination for 2022.

NOTE 9 - SUBSEQUENT EVENTS

The Plan management has evaluated subsequent events through October 12, 2026, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

Name of Plan Sponsor: O'Melveny & Mers LLP
Employer Identification Number: 95-1066597
Three-digit Plan Number: 020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party *	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Date	(d) Cost	(e) Current Value
		Mutual Funds		
	American Europacific	Mutual Fund Shares	$ 15,278,137	$ 16,649,971
	Brown Advisory Small Cap	Mutual Fund Shares	5,367,473	5,625,112
	DFA US Core Eqty 1 Port	Mutual Fund Shares	7,845,274	13,709,770
	Dodge & Cox Int'l Stock	Mutual Fund Shares	11,925,118	17,289,749
	Doubleline Total Return	Mutual Fund Shares	18,964,821	17,300,067
	Metropolitan West Total	Mutual Fund Shares	3,431,333	3,042,140
	PIMCO Total Return	Mutual Fund Shares	22,141,437	20,408,916
	Schwab S&P 500 Index Fd	Mutual Fund Shares	49,312,034	87,935,052
	Schwab Money Market	Mutual Fund Shares	3,706,075	3,706,076
		Total Mutual Fund	137,971,702	185,666,853
		Real Estate Investment Trusts		
	Equity Lifestyle PPT	Real Estate Investment Trusts	196,855	199,407
		Total Real Estate Investment Trusts	196,855	199,407
		Limited Partnerships		
	CCI Core Bond Fund, L.P.	Limited Partnerships	41,005,000	43,968,578
		Total Limited Partnerships	41,005,000	43,968,578
		Common Stock		
	Adobe Inc.	Common Stock	258,827	302,391
	Air Prods & Chems Inc	Common Stock	364,123	281,356
	Alcon Inc	Common Stock	258,623	314,531
	Alphabet Inc	Common Stock	318,541	598,103
	American Int'l Group	Common Stock	332,207	381,553
	American Water Works	Common Stock	345,476	352,089
	Ameriprise Finl	Common Stock	222,241	471,707
	Amgen Inc.	Common Stock	276,135	427,140
	Atmos Energy Corp	Common Stock	226,338	334,254
	Blackstone Inc	Common Stock	291,979	382,575
	Capital One	Common Stock	264,115	653,160
	Corteva Inc	Common Stock	277,352	515,729

(Continued)

O'MELVENY & MYERS LLP CASH BALANCE RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

Name of Plan Sponsor: O'Melveny & Mers LLP
Employer Identification Number: 95-1066597
Three-digit Plan Number: 020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party *	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Date	(d) Cost	(e) Current Value
	Coterra Energy Inc	Common Stock	225,134	289,520
	Cullen Frost Bankers	Common Stock	209,645	254,400
	Danaher Corp	Common Stock	173,316	338,573
	Ecolab Inc	Common Stock	356,023	431,583
	General Dynamics Co	Common Stock	205,401	368,643
	Lennar Corp	Common Stock	213,231	340,268
	Lowe's	Common Stock	315,766	341,000
	Martin Marietta Material	Common Stock	211,302	476,335
	McCormick & Co Inc	Common Stock	356,171	351,788
	Medtronic Plc	Common Stock	242,176	265,510
	Merck & Co, Inc.	Common Stock	251,696	283,676
	Microchip Technology	Common Stock	309,883	361,038
	Microsoft Corp	Common Stock	229,899	659,174
	Mitsubishi U F J Finan F	Common Stock	131,793	360,419
	OshKosh Truck Corp	Common Stock	250,884	284,552
	Parker-Hannifin Corp	Common Stock	247,628	866,655
	PNC Financial Services	Common Stock	217,287	353,589
	Procter & Gamble	Common Stock	285,516	289,343
	Qualcomm, Inc.	Common Stock	229,950	379,047
	RPM International	Common Stock	217,312	336,232
	Sony Corp	Common Stock	218,191	408,474
	Synopsys Inc	Common Stock	454,554	430,733
	Teledyne Technologies Inc	Common Stock	296,204	369,769
	The Coca-Cola Co	Common Stock	250,035	360,666
	Totalenergies	Common Stock	279,290	287,194
	Uber Technologies Inc	Common Stock	289,862	348,983
	US Bancorp	Common Stock	264,440	403,401
	Verizon Communications	Common Stock	326,775	311,584
	Wells Fargo & Co	Common Stock	323,935	403,741
	XCEL Energy Inc	Common Stock	287,982	320,551
		Total Common Stock	11,307,238	16,291,029
	Total Investments		$ 190,480,795	$ 246,125,867

* Represents party-in-interest to the Plan

See independent auditor's report.