# 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
SEYFARTH SHAW LLP MARKET-BASED PENSION PLAN

**1b** Three-digit plan number (PN) ▶ 008

**1c** Effective date of plan 01/01/2020

**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)
SEYFARTH SHAW LLP

233 S. WACKER DR., SUITE 8000
CHICAGO, IL 60606

**2b** Employer Identification Number (EIN)
36-2152202

**2c** Plan Sponsor's telephone number
312-460-6456

**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. | 10/14/2026 | ROBERT FLANAGAN |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 233 |
| **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)** | 216 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 207 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 25 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 232 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 1 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 233 |
| **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

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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

Receipt Confirmation Code_____

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

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

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

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

**A** Name of plan
SEYFARTH SHAW LLP MARKET-BASED PENSION PLAN

**B** Three-digit plan number (PN) ▶ 008

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SEYFARTH SHAW LLP

**D** Employer Identification Number (EIN)
36-2152202

**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** | 76579163 |
| **b** Actuarial value | **2b** | 76579163 |

**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 | 17 | 4455073 | 4455073 |
| **c** For active participants | 216 | 58832922 | 58832922 |
| **d** Total | 233 | 63287995 | 63287995 |

**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** | 5.27 % |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 14129771 |
| **b** Expected plan-related expenses | **6b** | 155000 |
| **c** Target normal cost | **6c** | 14284771 |

**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

09/16/2026
Date

DAVID R. KOTICK
Type or print name of actuary

26-06323
Most recent enrollment number

SCHWAB RETIREMENT PLAN SERVICES
Firm name

234-255-8675
Telephone number (including area code)

4150 KINROSS LAKES PARKWAY
RICHFIELD, OH 44286
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 7.13 % | 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) | | 12553472 |
| | b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.04 % | | 632695 |
| | 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 | | 13186167 |
| | 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 | 121.00 % |
| 15 | Adjusted funding target attainment percentage | 15 | 121.00 % |
| 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 | 119.74 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 04/09/2026 | 17967248 | 0 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 17967248 | 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 | 16834038 |

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: 5.00 % | 2nd segment: 5.27 % | 3rd segment: 5.50 % | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 0 |
| **22** Weighted average retirement age | **22** | 65 |

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

## Part VI Miscellaneous Items

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

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

**26** Demographic and benefit information

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

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

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

## Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

## Part VIII Minimum Required Contribution For Current Year

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

| | | |
|---|---|---|
| **a** Target normal cost (line 6c) | **31a** | 14284771 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 13291168 |

| **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** | 993603 |

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

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 993603 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 16834038 |
| **38** Present value of excess contributions for current year (see instructions) | | |
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 15840435 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | **38b** | 0 |
| **39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | **39** | 0 |
| **40** Unpaid minimum required contributions for all years | **40** | 0 |

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

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

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

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

**A** Name of plan
SEYFARTH SHAW LLP MARKET-BASED PENSION PLAN

**B** Three-digit plan number (PN) ▶ 008

**C** Plan sponsor's name as shown on line 2a of Form 5500
SEYFARTH SHAW LLP

**D** Employer Identification Number (EIN)
36-2152202

## 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).. . . . . [X] 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

CHARLES SCHWAB & CO. AND AFFIL

94-1737782

**(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)

SCHWAB RETIREMENT PLAN SERVICES INC

34-1479833

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 50 64 | NONE | 73624 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

FIDUCIENT ADVISORS LLC

36-4001764

| (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 50 | NONE | 120848 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

CHARLES SCHWAB & CO., INC.

94-1737782

| (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? |
|---|---|---|---|---|---|---|
| 59 | NONE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

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

CROWE LLP

35-0921680

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 10 50 | NONE | 15960 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

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

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| CHARLES SCHWAB & CO INC AND AFFILIA | 59 | |

| **(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. |
|---|---|
| SEE ATTACHMENT<br><br>39-6037917 | SEE ATTACHMENT |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

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

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

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

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

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

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

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

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

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

(complete as many entries as needed)

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

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

**A** Name of plan
SEYFARTH SHAW LLP MARKET-BASED PENSION PLAN

**B** Three-digit plan number (PN) ▶ 008

**C** Plan sponsor's name as shown on line 2a of Form 5500
SEYFARTH SHAW LLP

**D** Employer Identification Number (EIN)
36-2152202

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 17957098 | 17967248 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 9393 | 1416874 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 58847546 | 76154954 |
| **(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 | 76814037 | 95539076 |
| **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 | | |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 76814037 | 95539076 |

## 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) | 17967248 | |
| **(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) | | 17967248 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 75983 | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 75983 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 2789392 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 2789392 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | |
| **(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) | | |

| | | (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) | | 4935281 |
| c Other income | 2c | | 0 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 25767904 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 6808795 | |
| (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) | | 6808795 |
| 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) | 73624 | |
| (4) IQPA audit fees | 2i(4) | 15960 | |
| (5) Investment advisory and investment management fees | 2i(5) | 120848 | |
| (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) | 23638 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 234070 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 7042865 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 18725039 |
| 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)** [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

**(1)** Name: CROWE LLP **(2)** EIN: 32-0921680

**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 591084.

# 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
SEYFARTH SHAW LLP MARKET-BASED PENSION PLAN

**B** Three-digit plan number (PN) ▶ 008

**C** Plan sponsor's name as shown on line 2a of Form 5500
SEYFARTH SHAW LLP

**D** Employer Identification Number (EIN)
36-2152202

## Part I Distributions

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 0

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 82-3967259

**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** 6

## 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_____.

# SEYFARTH SHAW LLP
# MARKET-BASED PENSION PLAN

Chicago, Illinois

## FINANCIAL STATEMENTS

December 31, 2025 and 2024

SEYFARTH SHAW LLP
MARKET-BASED PENSION PLAN

FINANCIAL STATEMENTS
December 31, 2025 and 2024

CONTENTS


INDEPENDENT AUDITOR'S REPORT ..... 1

FINANCIAL STATEMENTS

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS ..... 4

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS ..... 5

NOTES TO FINANCIAL STATEMENTS ..... 6

SUPPLEMENTAL SCHEDULES

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) ..... 12

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS ..... 13

# INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the
Seyfarth Shaw LLP Market-Based Pension Plan
Chicago, Illinois

## *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit*

We have performed audits of the financial statements of Seyfarth Shaw LLP Market-Based Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

## *Opinion*

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by institution that management determined meet the requirements of ERISA Section 103(a)(3)(C).

(Continued)

***Basis for Opinion***

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

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

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- 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.

(Continued)

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

***Other Matter – Supplemental Schedules Required by ERISA***

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year then ended, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agree to, or is derived from, in all material respects, the information prepared and certified by institution that management determined meet the requirements of ERISA Section 103(a)(3)(C).

Crowe LLP.

Crowe LLP

Oakbrook Terrace, Illinois
October 2, 2026

SEYFARTH SHAW LLP MARKET-BASED PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

| | 2025 | 2024 |
|---|---|---|
| **ASSETS** | | |
| Investments, at fair value | $ 77,571,828 | $ 58,856,939 |
| Receivables: | | |
| Employer contributions | 17,967,248 | 17,957,098 |
| Total receivables | 17,967,248 | 17,957,098 |
| **TOTAL ASSETS AND NET ASSETS AVAILABLE FOR BENEFITS** | $ 95,539,076 | $ 76,814,037 |

See accompanying notes to financial statements.

SEYFARTH SHAW LLP MARKET-BASED PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31, 2025 and 2024

| | 2025 | 2024 |
|---|---|---|
| **Additions to net assets attributed to** | | |
| Net appreciation in fair value of investments | $ 5,464,042 | $ 1,726,852 |
| Interest and dividends | 2,865,375 | 2,191,442 |
| Employer contributions | 17,967,248 | 17,957,098 |
| Total additions | 26,296,665 | 21,875,392 |
| **Deductions from net assets attributed to:** | | |
| Benefits paid directly to participants | 7,337,556 | 4,717,772 |
| Administrative expenses | 234,070 | 153,102 |
| Total deductions | 7,571,626 | 4,870,874 |
| **Net increase** | 18,725,039 | 17,004,518 |
| **Net assets available for benefits** | | |
| Beginning of year | 76,814,037 | 59,809,519 |
| End of year | $ 95,539,076 | $ 76,814,037 |

See accompanying notes to financial statements.

## NOTE 1 - DESCRIPTION OF PLAN

The following brief description of the Seyfarth Shaw LLP Market-Based Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan Document for more complete information.

General: Seyfarth Shaw LLP (the Firm) established the Seyfarth Shaw LLP Market-Based Pension Plan (the Plan) effective January 1, 2020. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended.

An eligible individual on January 1, 2020, who remains employed by the Firm on December 31, 2020, will become a participant in the Plan effective on the later of January 1, 2020, and the first entry date coincident with or next following the date he or she completes a year of service. Any other eligible individual (who was not previously a participant) shall become a participant on the first entry date coincident with or next following the later of the date he or she becomes an eligible individual or completes a year of service (provided he or she is still an eligible individual).

Pension Benefits: Under the provisions of the Plan, each participant has a hypothetical cash balance account that reflects his or her benefit credits and interest credits. Benefit credits are credited to a participant's cash balance account based on the participant's age and partnership points provided the participant has a year of credited service for the plan year. Interest credits are credited to each participant's account at an interest rate based on the on the net return of the Plan's invested assets.

Participants who have attained age 59½ are entitled to request in-service distributions. If the lump sum actuarial equivalent of the participant's accrued benefit under the Plan exceeds $1,000, payment may not commence without the participant's consent. If a participant dies, the participant's beneficiary shall receive a death benefit based on the participant's accrued benefit.

Vesting: Participants in the Plan are fully vested in and have a nonforfeitable right to their accrued benefit.

Administration of the Plan and Trust: The plan administrator is the Seyfarth Shaw LLP Pension Committee consisting of three or more members appointed by the Firm's Executive Committee. In exercising its authority to control and manage the operation and administration of the Plan, the plan administrator shall have the power to employ agents, accountants, actuaries, investment managers, advisors, and counsel (who may also be employed by or represent the Firm), and to delegate to them such powers as the plan administrator deems desirable. The trust created by the Plan is administered by the trustee, Charles Schwab Trust Bank (Charles Schwab). The trustee holds all of the assets and distributes benefit payments.

Administrative Fees and Investment Management Expenses: The Plan's fees are paid by the Plan, unless paid by the Firm, and are reflected in the financial statements as administrative expenses of the Plan.

## NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan:

Basis of Accounting: The Plan's financial statements are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value. Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability.

(Continued)

**NOTE 2 - SUMMARY OF ACCOUNTING POLICIES** (Continued)

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 (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year.

Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

*Level 1:* Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

*Level 2:* Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

*Level 3:* Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following presents the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan.

*Mutual Funds:* The fair values of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

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

Investments measured at fair value on a recurring basis are summarized below:

| | | Fair Value Measurements at December 31, 2025, Using | | |
|---|---|---|---|---|
| | Total | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| Mutual funds | $ 77,571,828 | $ 77,571,828 | $ | $ |
| Total | $ 77,571,828 | $ 77,571,828 | $ | $ |

(Continued)

**NOTE 2 - SUMMARY OF ACCOUNTING POLICIES** (Continued)

| | | Fair Value Measurements at December 31, 2024, Using | | |
|---|---|---|---|---|
| | Total | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| Mutual funds | $ 58,856,939 | $ 58,856,939 | $ - | $ - |
| Total | $ 58,856,939 | $ 58,856,939 | $ - | $ - |

Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results may differ from those estimates. It is reasonably possible that a significant change may occur in the near term for the estimates of investment valuation and actuarial present value of accumulated plan benefits.

Risks and Uncertainties: The Plan holds various investments. Investments are exposed to various risks such as interest rate, market, liquidity, credit and risks pertaining to a pandemic as well as international conflicts. Due to the level of risk associated with certain investments and the sensitivity of certain fair value estimates to changes in valuation assumptions, it is at least reasonably possible that changes in the fair values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

Benefit Payments: Benefits are recorded when paid.

**NOTE 3 - CERTIFIED INVESTMENTS**

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held at December 31, 2025 and 2024, and net appreciation in fair value of investments and interest and dividends for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by Charles Schwab Trust Bank (the trustee of the Plan).

**NOTE 4 - FUNDING POLICY**

Contributions to provide benefits under the Plan are made by the Firm. The Firm's funding policy is to make cash contributions to the Plan as benefits are earned (but in no event less than the legally required amounts as determined by the Plan's independent actuary). The Firm contributions satisfied the minimum funding requirements of ERISA for the years ended December 31, 2025 and 2024, respectively.

(Continued)

## NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

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

The actuarial present value of accumulated plan benefits is determined by an actuary from Charles Schwab Retirement Plan Services, Inc. and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability withdrawal, or retirement) between the valuation date and the expected date of payment.

The following table presents the accumulated plan benefits as of December 31, 2024:

| | |
|---|---|
| Retirees and beneficiaries currently receiving benefits | $ - |
| Terminated vested participants | 4,455,073 |
| Active participants – vested | 72,130,163 |
| Total vested benefits | 76,585,236 |
| Non vested benefits | - |
| Total actuarial present value of accumulated plan benefits | $ 76,585,236 |

The related changes in the accumulated plan benefits for the year ended December 31, 2024 is summarized below:

| | |
|---|---|
| Actuarial present value of accumulated plan benefits, beginning of year | $ 59,614,152 |
| Benefits paid | (4,717,772) |
| Increase for interest due to decrease in discount period | 1,431,382 |
| Benefits accumulated and (gains) losses | 20,257,474 |
| Change in actuarial assumptions | - |
| Net increase (decrease) | 16,971,084 |
| Actuarial present value of accumulated plan benefits, end of year | $ 76,585,236 |

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.

(Continued)

**NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS** (Continued)

Significant assumptions used in determining the actuarial present value of accumulated plan benefits as of December 31, 2024 are as follows:

| | |
|---|---|
| Assumed rate of return | 2.50% |
| Retirement rates | Varying rates beginning at age 60 with 100% retirement by age 70 |
| Mortality assumptions | Pri-2012 mortality tables with MP-2021 Improvement Scale |
| Cash balance interest crediting rate | 2.50% |

An actuarial valuation of the Plan's accumulated benefit obligation as of December 31, 2025 has not yet been completed.

**NOTE 6 - RIGHTS UPON PLAN TERMINATION**

The Firm has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA and its related regulations. In the event the Plan terminates, the net assets of the Plan will be allocated among the participants and beneficiaries of the Plan in the order provided by ERISA.

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.

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 those benefits and may also depend on the level of benefits guaranteed by the PBGC.

**NOTE 7 - TAX STATUS**

The Internal Revenue Service has determined and informed the Firm by a letter dated March 11, 2022 that the Plan and related trust, as then designed, were in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there is no uncertain position 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 authorities; however, there are currently no audits for any tax periods in progress. The Plan is not subject to income tax examinations for years prior to 2022.

(Continued)

## NOTE 8 - PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under ERISA as any fiduciary of the Plan, any party rendering service to the Plan, the Firm, and certain others. Certain administrative functions are performed by officers or employees of the Firm. No such officer or employee receives compensation from the Plan. Certain of the Plan's investments are managed by Charles Schwab Trust Bank. Charles Schwab Trust Bank is the trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. The Plan incurred and paid expenses related to administrative and other services to service providers.

## NOTE 9 - SUBSEQUENT EVENTS

Plan management has evaluated subsequent events for recognition and disclosure through October 2, 2026, which is the date the financial statements were available to be issued.

# SUPPLEMENTAL SCHEDULES

SEYFARTH SHAW LLP MARKET-BASED PENSION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

Name of plan sponsor: Seyfarth Shaw LLP
Employer identification number: 36-2152202
Three-digit plan number: 008

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | | **Mutual Funds** | | |
| | Vanguard | Federal Money Market Fund | $ 1,416,874 | $ 1,416,874 |
| | Artisan | High Income Fund | 2,300,900 | 2,339,317 |
| | Baird | Aggregate Bond Institutional Fund | 11,625,020 | 11,617,955 |
| | Baird | Short-Term Bond Institutional Fund | 12,187,813 | 12,417,790 |
| | Blackrock | Strategic Income Opportunity Fund | 8,345,713 | 8,556,993 |
| | Cohen & Steers | Realty Institutional Fund | 1,458,574 | 1,533,858 |
| | Dodge & Cox | International Stock Fund | 2,382,348 | 3,191,888 |
| | DWS | RREEF Real Assets Fund | 2,937,595 | 3,121,613 |
| | GQG | Partners Emerging Market Equity Fund | 1,353,554 | 1,555,989 |
| | Harbor Capital | Core Bond Fund | 11,366,374 | 11,603,38 |
| | PIMCO | RAE Emerging Markets Inst. Fund | 664,508 | 781,251 |
| * | Charles Schwab Trust | Treasury Inflation Protected Fund | 2,319,039 | 2,314,493 |
| | Vanguard | Mid Cap Index Fund Admiral | 2,486,129 | 3,108,091 |
| | Vanguard | Small Cap I Fund | 1,226,888 | 1,561,951 |
| | Vanguard | 500 Index Fund | 6,400,960 | 9,310,725 |
| | WCM | Focused International Growth Fund | 2,897,274 | 3,139,659 |
| | | Total investments | | $ 77,571,828 |

* Denotes party-in-interest

See independent auditor's report.

SEYFARTH SHAW LLP MARKET-BASED PENSION PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2025

Name of plan sponsor: Seyfarth Shaw LLP
Employer identification number: 36-2152202
Three-digit plan number: 008

| (a) Identity of Party Involved | (b) Description of Asset (Include Interest Rate) and Maturity in Case of a Loan) | (c) Purchase Price | (d) Selling Price | (e) Lease Rental | (f) Expense Incurred With Transaction | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain or (Loss) |
|---|---|---|---|---|---|---|---|---|
| **Category (i) – Single Transactions in Excess of 5% of the Plan Assets** | | | | | | | | |
| VANGUARD | FED MONEY MKT | $ 4,947,098 | $ - | $ - | $ - | $ 4,947,098 | $ 4,947,098 | $ - |

(Continued)

SEYFARTH SHAW LLP MARKET-BASED PENSION PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2025

Name of plan sponsor: Seyfarth Shaw LLP
Employer identification number: 36-2152202
Three-digit plan number: 008

| (a) Identity of Party Involved | (b) Description of Asset (Include Interest Rate) and Maturity in Case of a Loan) | (c) Purchase Price | (d) Selling Price | (e) Lease Rental | (f) Expense Incurred With Transaction | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain or (Loss) |
|---|---|---|---|---|---|---|---|---|
| **Category (iii) – Series of Transactions in Excess of 5% of the Plan Assets** | | | | | | | | |
| Baird | Aggregate Bond Inst | $ 3,742,515 | $ - | $ - | $ - | $ 3,742,515 | $ 3,742,515 | $ - |
| Baird | Aggregate Bond Inst | - | 165,284 | - | - | 170,086 | 165,284 | (4,802) |
| Harbor Capital | Core Bond | 4,364,069 | - | - | - | 4,364,069 | 4,364,069 | - |
| Harbor Capital | Core Bond | - | 156,004 | - | - | 154,673 | 156,004 | 1,331 |
| Vanguard | Fed Money Mkt Fd Inv | 7,737,592 | - | - | - | 7,737,592 | 7,737,592 | - |
| Vanguard | Fed Money Mkt Fd Inv | - | 6,330,111 | - | - | 6,330,111 | 6,330,111 | - |
| Vanguard | 500 Index Fund | 2,552,054 | - | - | - | 2,552,054 | 2,552,054 | - |
| Vanguard | 500 Index Fund | - | 2,221,566 | - | - | 1,531,632 | 2,221,566 | 689,934 |

See independent auditor's report.

## Schedule SB, line 26a – Schedule of Active Participant Data

**Age Versus Service Distribution for Active Plan Participants:**

| | under 1 | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 to 39 | over 40 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| under 25 | - | - | - | - | - | - | - | - | - | - | - |
| 25 to 29 | - | - | - | - | - | - | - | - | - | - | - |
| 30 to 34 | - | - | - | - | - | - | - | - | - | - | - |
| 35 to 39 | 2 | 1 | - | - | - | - | - | - | - | - | 3 |
| 40 to 44 | 1 | 16 | 5 | - | - | - | - | - | - | - | 22 |
| 45 to 49 | 3 | 18 | 20 | - | - | - | - | - | - | - | 41 |
| 50 to 54 | 6 | 12 | 26 | - | - | - | - | - | - | - | 44 |
| 55 to 59 | - | 10 | 29 | - | - | - | - | - | - | - | 39 |
| 60 to 64 | - | 9 | 23 | - | - | - | - | - | - | - | 32 |
| 65 to 69 | 1 | 4 | 15 | - | - | - | - | - | - | - | 20 |
| over 70 | - | 5 | 10 | - | - | - | - | - | - | - | 15 |
| Total | 13 | 75 | 128 | - | - | - | - | - | - | - | 216 |

Service for the active age versus service chart above is based on credited service

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

**A summary of the actuarial methods and assumptions used in the valuation is presented below:**

**Valuation Data**

Census Data as of January 1, 2025.

**Funding Methods**

Cost Method – The actuarial cost method used in this report for determining ERISA contributions is the unit credit method as defined by the Pension Protection Act of 2006.

Asset Method – Valuation assets are based on the fair value of market assets, including discounted contributions received after the end of the prior plan year but for the prior year, as defined by the Pension Protection Act of 2006, and as amended by the Worker, Retiree, and Employer Recovery Act (WRERA) of 2008.

**Actuarial Assumptions**

Discount Rates for Funding – The assumed discount rates on benefits paid in the future are based on the January 2025 PPA Segment rates, reflecting the interest rate corridor and minimum rate modifications contained in the American Rescue Plan Act:

| Segment | Rate | Applicable to benefit payments made: |
|---|---|---|
| 1 | 5.00% | During first 5 years from the valuation date |
| 2 | 5.27% | During years 6-20 from the valuation date |
| 3 | 5.50% | During year 21 and beyond from the valuation date |

Mortality – 2025 IRS Generational Mortality under section 430(h).

Withdrawal Rates – None assumed.

Assumed Interest Crediting Rate – The interest crediting rate is assumed to be 2.5% for all future years.

Percent Married and Age of Spouse – Not applicable. Participants are assumed to elect the lump sum form of payment and benefits payable on behalf of deceased participants do not depend on marital status.

Rationale for Demographic assumptions –Demographic assumptions used in this report (except for mortality) are based on general rates assumed to be appropriate for the covered population. The plan does not have enough participants for a credible experience study.

## Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Disability – None assumed.

Retirement Rates – Participants are assumed to remain through the valuation year, and then retire based on the following rates:

| Age | Rate |
|---|---|
| <60 | 0% |
| 60-61 | 10% |
| 62 | 20% |
| 63-64 | 10% |
| 65-66 | 20% |
| 67-68 | 30% |
| 69 | 50% |
| >=70 | 100% |

Assumed Form of Payment – Participants are assumed to elect a lump sum upon retirement, termination, or death.

Benefit Credits – Participants are assumed to earn benefit credits based on the amount listed in Appendix A of the plan document, limited to the Maximum Permissible Benefit.

Administrative Expenses – We assumed $155,000 of administrative expenses will be paid from plan assets and included this amount in the Target Normal Cost.

SEYFARTH SHAW LLP MARKET-BASED PENSION PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2025

Name of plan sponsor: Seyfarth Shaw LLP
Employer identification number: 36-2152202
Three-digit plan number: 008

| (a) Identity of Party Involved | (b) Description of Asset (Include Interest Rate) and Maturity in Case of a Loan) | (c) Purchase Price | (d) Selling Price | (e) Lease Rental | (f) Expense Incurred With Transaction | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain or (Loss) |
|---|---|---|---|---|---|---|---|---|
| **Category (i) – Single Transactions in Excess of 5% of the Plan Assets** | | | | | | | | |
| VANGUARD | FED MONEY MKT | $ 4,947,098 | $ - | $ - | $ - | $ 4,947,098 | $ 4,947,098 | $ - |

(Continued)

SEYFARTH SHAW LLP MARKET-BASED PENSION PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2025

Name of plan sponsor: Seyfarth Shaw LLP
Employer identification number: 36-2152202
Three-digit plan number: 008

| (a) Identity of Party Involved | (b) Description of Asset (Include Interest Rate) and Maturity in Case of a Loan) | (c) Purchase Price | (d) Selling Price | (e) Lease Rental | (f) Expense Incurred With Transaction | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain or (Loss) |
|---|---|---|---|---|---|---|---|---|
| **Category (iii) – Series of Transactions in Excess of 5% of the Plan Assets** | | | | | | | | |
| Baird | Aggregate Bond Inst | $ 3,742,515 | $ - | $ - | $ - | $ 3,742,515 | $ 3,742,515 | $ - |
| Baird | Aggregate Bond Inst | - | 165,284 | - | - | 170,086 | 165,284 | (4,802) |
| Harbor Capital | Core Bond | 4,364,069 | - | - | - | 4,364,069 | 4,364,069 | - |
| Harbor Capital | Core Bond | - | 156,004 | - | - | 154,673 | 156,004 | 1,331 |
| Vanguard | Fed Money Mkt Fd Inv | 7,737,592 | - | - | - | 7,737,592 | 7,737,592 | - |
| Vanguard | Fed Money Mkt Fd Inv | - | 6,330,111 | - | - | 6,330,111 | 6,330,111 | - |
| Vanguard | 500 Index Fund | 2,552,054 | - | - | - | 2,552,054 | 2,552,054 | - |
| Vanguard | 500 Index Fund | - | 2,221,566 | - | - | 1,531,632 | 2,221,566 | 689,934 |

See independent auditor's report.

# 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
SEYFARTH SHAW LLP MARKET-BASED PENSION PLAN

**B** Three-digit plan number (PN) ▶ 008

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SEYFARTH SHAW LLP

**D** Employer Identification Number (EIN)
36-2152202

**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** | 76579163 |
| **b** Actuarial value | **2b** | 76579163 |

**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 | 17 | 4455073 | 4455073 |
| **c** For active participants | 216 | 58832922 | 58832922 |
| **d** Total | 233 | 63287995 | 63287995 |

**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** | 5.27 % |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 14129771 |
| **b** Expected plan-related expenses | **6b** | 155000 |
| **c** Target normal cost | **6c** | 14284771 |

**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

9/16/2026
Date

DAVID R. KOTICK
Type or print name of actuary

26-06323
Most recent enrollment number

SCHWAB RETIREMENT PLAN SERVICES
Firm name

(234) 255-8675
Telephone number (including area code)

4150 KINROSS LAKES PARKWAY

RICHFIELD, OH 44286
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 7.13 % | 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) | | 12553472 |
| | **b(1)** Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.04 % | | 632695 |
| | **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 | | 13186167 |
| | **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 | 121.00 % |
| 15 | Adjusted funding target attainment percentage | 15 | 121.00 % |
| 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 | 119.74 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 04-09-2026 | 17967248 | 0 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ▶ 18(b) | 17967248 | 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 | 16834038 |

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: 5.00 % | 2nd segment: 5.27 % | 3rd segment: 5.50 % | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 0 |
| **22** Weighted average retirement age | **22** | 65 |

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

## Part VI Miscellaneous Items

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

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

**26** Demographic and benefit information

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

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

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

## Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

## Part VIII Minimum Required Contribution For Current Year

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

| | | |
|---|---|---|
| **a** Target normal cost (line 6c) | **31a** | 14284771 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 13291168 |

| **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** | 993603 |

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

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 993603 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 16834038 |

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

| | | |
|---|---|---|
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 15840435 |
| **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

**Seyfarth Shaw LLP Market-Based Pension Plan**
EIN/ PN 36 - 2152202/ 008

## Schedule SB, line 19 – Discounted Employer Contributions

| | |
|---|---|
| Valuation Date | 1/1/2025 |
| Effective Interest Rate | 5.27% |

| Actual Contribution Date | Actual Contribution Amount | Discounted Contribution Amount | Plan Year to Which the Contribution is Applied |
|---|---|---|---|
| 4/9/2026 | $17,967,248 | $16,834,038 | 2025 |
| Total | $17,967,248 | $16,834,038 | |

## Schedule SB, line 22 – Description of Weighted Average Retirement Age

| (A) Age | (B) Retirement Decrement | (C) Lx | (D) Number Retiring | (E) Weighting (A) times (D) |
|---|---|---|---|---|
| 60 | 10.0% | 10,000 | 1,000 | 60,000 |
| 61 | 10.0% | 9,000 | 900 | 54,900 |
| 62 | 20.0% | 8,100 | 1,620 | 100,440 |
| 63 | 10.0% | 6,480 | 648 | 40,824 |
| 64 | 10.0% | 5,832 | 583 | 37,312 |
| 65 | 20.0% | 5,249 | 1,050 | 68,250 |
| 66 | 20.0% | 4,199 | 840 | 55,440 |
| 67 | 30.0% | 3,359 | 1,008 | 67,536 |
| 68 | 30.0% | 2,351 | 705 | 47,940 |
| 69 | 50.0% | 1,646 | 823 | 56,787 |
| 70 | 100.0% | 823 | 823 | 57,610 |
| | | | 10,000 | 647,039 |

| Weighted Average Retirement Age = | **65** |
|---|---|

## Seyfarth Shaw LLP Market-Based Pension Plan

EIN/ PN 36 - 2152202/ 008

charles SCHWAB

# Schedule SB, line 26a – Schedule of Active Participant Data

**Age Versus Service Distribution for Active Plan Participants:**

| | under 1 | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 to 39 | over 40 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| under 25 | - | - | - | - | - | - | - | - | - | - | - |
| 25 to 29 | - | - | - | - | - | - | - | - | - | - | - |
| 30 to 34 | - | - | - | - | - | - | - | - | - | - | - |
| 35 to 39 | 2 | 1 | - | - | - | - | - | - | - | - | 3 |
| 40 to 44 | 1 | 16 | 5 | - | - | - | - | - | - | - | 22 |
| 45 to 49 | 3 | 18 | 20 | - | - | - | - | - | - | - | 41 |
| 50 to 54 | 6 | 12 | 26 | - | - | - | - | - | - | - | 44 |
| 55 to 59 | - | 10 | 29 | - | - | - | - | - | - | - | 39 |
| 60 to 64 | - | 9 | 23 | - | - | - | - | - | - | - | 32 |
| 65 to 69 | 1 | 4 | 15 | - | - | - | - | - | - | - | 20 |
| over 70 | - | 5 | 10 | - | - | - | - | - | - | - | 15 |
| Total | 13 | 75 | 128 | - | - | - | - | - | - | - | 216 |

Service for the active age versus service chart above is based on credited service

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

**A summary of the actuarial methods and assumptions used in the valuation is presented below:**

**Valuation Data**

Census Data as of January 1, 2025.

**Funding Methods**

Cost Method – The actuarial cost method used in this report for determining ERISA contributions is the unit credit method as defined by the Pension Protection Act of 2006.

Asset Method – Valuation assets are based on the fair value of market assets, including discounted contributions received after the end of the prior plan year but for the prior year, as defined by the Pension Protection Act of 2006, and as amended by the Worker, Retiree, and Employer Recovery Act (WRERA) of 2008.

**Actuarial Assumptions**

Discount Rates for Funding – The assumed discount rates on benefits paid in the future are based on the January 2025 PPA Segment rates, reflecting the interest rate corridor and minimum rate modifications contained in the American Rescue Plan Act:

| Segment | Rate | Applicable to benefit payments made: |
|---|---|---|
| 1 | 5.00% | During first 5 years from the valuation date |
| 2 | 5.27% | During years 6-20 from the valuation date |
| 3 | 5.50% | During year 21 and beyond from the valuation date |

Mortality – 2025 IRS Generational Mortality under section 430(h).

Withdrawal Rates – None assumed.

Assumed Interest Crediting Rate – The interest crediting rate is assumed to be 2.5% for all future years.

Percent Married and Age of Spouse – Not applicable. Participants are assumed to elect the lump sum form of payment and benefits payable on behalf of deceased participants do not depend on marital status.

Rationale for Demographic assumptions –Demographic assumptions used in this report (except for mortality) are based on general rates assumed to be appropriate for the covered population. The plan does not have enough participants for a credible experience study.

## Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Disability – None assumed.

Retirement Rates – Participants are assumed to remain through the valuation year, and then retire based on the following rates:

| Age | Rate |
|---|---|
| <60 | 0% |
| 60-61 | 10% |
| 62 | 20% |
| 63-64 | 10% |
| 65-66 | 20% |
| 67-68 | 30% |
| 69 | 50% |
| >=70 | 100% |

Assumed Form of Payment – Participants are assumed to elect a lump sum upon retirement, termination, or death.

Benefit Credits – Participants are assumed to earn benefit credits based on the amount listed in Appendix A of the plan document, limited to the Maximum Permissible Benefit.

Administrative Expenses – We assumed $155,000 of administrative expenses will be paid from plan assets and included this amount in the Target Normal Cost.

## Schedule SB, Part V – Summary of Plan Provisions

**A summary of the major plan provisions used in the valuation is presented below:**

**Definitions:**

Original Plan effective date – January 1, 2020.

Required Service – The service requirement for initial eligibility to participate in the Plan shall be One Year of Service.

Year of Service – Any Plan Year for which the Participant earns at least 1,000 Hours of Service while both a Participant and an Eligible Individual.

Eligibility Computation Period – The initial Eligibility Computation Period shall be the twelve-month period beginning on the Employee's Employment Commencement Date. Subsequent Eligibility Computation Periods shall be the Plan Year commencing with the Plan Year in which the initial Eligibility Computation Period ends.

Entry Dates – The first day of the Plan Year (January 1) and the date six months later (July 1).

Vesting – A Participant shall be fully vested in and have a nonforfeitable right to his or her Accrued Benefit.

Normal Retirement Age – The date on which the Participant attains the age of 62.

Actuarial Equivalence – In determining Actuarial Equivalence: the "applicable interest rate" and the PRI-2012 Private Retirement Plans white collar annuitant mortality table, weighted 50% male/50% female with mortality improvements projected to 2020 using scale MP-2020

**Cash Balance Account:**

Cash Balance Account – Each participant has a Cash Balance Account, the value of which equals the sum of Benefit Credits and Interest Credits.

Interest Credits – Equal to the actual rate of investment return on the assets of the Trust Fund during the Interest Crediting Period. Benefit credits for the immediately preceding plan year only earn Interest Credits beginning May 1.

Benefit Credits – The Benefit Credit for a Plan Year shall be the annual amount to be credited to each Participant as set forth in the benefit schedule in Appendix A of the Plan Document.

## Schedule SB, Part V – Summary of Plan Provisions (continued)

**Eligibility for Benefits:**

Time of Distribution – Distribution will be permitted to commence at the election of a Participant or Beneficiary as soon as administratively feasible following the earliest date of the following dates or events:

- Termination of employment
- Attainment of in-service distribution age

Retirement Benefit on Termination of Employment – The retirement benefit for a Participant upon termination of employment shall be the current value of Participant's Cash Balance Account.

Death Benefit – The death benefit for a Participant prior to termination of employment shall be determined as the current value of Participant's Cash Balance Account.

**Payment of Benefits:**

Normal Form of Distribution – The normal form of distribution shall be a Single Life Annuity for a participant who is not married and a 50% joint and survivor annuity for a participant who is married.

Optional Forms of Distribution – In addition to the normal form, distributions shall be permitted as a Lump Sum for all participants and as a 75% joint and survivor annuity for married participants only.

**Seyfarth Shaw LLP Market-Based Pension Plan**
**Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information**
**December 31, 2025**

**EIN: 36-2152202**
**Plan Number: 008**

**Received By Charles Schwab & Co., Inc. (EIN: 94-1737782)**

| Fund Family/Provider | EIN | Formula |
|---|---|---|
| Allianz Global Investors | Not Available | Rate of 0.02% of average daily balance of asset(s) |
| Baird | 39-6037917 | Rate of 0.05% of average daily balance of asset(s) |
| Cohen & Steers | 14-1904657 | Rate of 0.10% of average daily balance of asset(s) |
| DWS | 13-3241232 | Rate of 0.10% of average daily balance of asset(s) |
| GQG Partners Inc | Not Available | Rate of 0.10% of average daily balance of asset(s) |
| WCM Investment Management | Not Available | Rate of 0.10% of average daily balance of asset(s) |

## Schedule SB, line 19 – Discounted Employer Contributions

| | |
|---|---|
| Valuation Date | 1/1/2025 |
| Effective Interest Rate | 5.27% |

| Actual Contribution Date | Actual Contribution Amount | Discounted Contribution Amount | Plan Year to Which the Contribution is Applied |
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## Schedule SB, line 22 – Description of Weighted Average Retirement Age

| (A) Age | (B) Retirement Decrement | (C) Lx | (D) Number Retiring | (E) Weighting (A) times (D) |
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| 61 | 10.0% | 9,000 | 900 | 54,900 |
| 62 | 20.0% | 8,100 | 1,620 | 100,440 |
| 63 | 10.0% | 6,480 | 648 | 40,824 |
| 64 | 10.0% | 5,832 | 583 | 37,312 |
| 65 | 20.0% | 5,249 | 1,050 | 68,250 |
| 66 | 20.0% | 4,199 | 840 | 55,440 |
| 67 | 30.0% | 3,359 | 1,008 | 67,536 |
| 68 | 30.0% | 2,351 | 705 | 47,940 |
| 69 | 50.0% | 1,646 | 823 | 56,787 |
| 70 | 100.0% | 823 | 823 | 57,610 |
| | | | 10,000 | 647,039 |

| Weighted Average Retirement Age = | **65** |
|---|---|

## Schedule SB, Part V – Summary of Plan Provisions

**A summary of the major plan provisions used in the valuation is presented below:**

**Definitions:**

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Year of Service – Any Plan Year for which the Participant earns at least 1,000 Hours of Service while both a Participant and an Eligible Individual.

Eligibility Computation Period – The initial Eligibility Computation Period shall be the twelve-month period beginning on the Employee's Employment Commencement Date. Subsequent Eligibility Computation Periods shall be the Plan Year commencing with the Plan Year in which the initial Eligibility Computation Period ends.

Entry Dates – The first day of the Plan Year (January 1) and the date six months later (July 1).

Vesting – A Participant shall be fully vested in and have a nonforfeitable right to his or her Accrued Benefit.

Normal Retirement Age – The date on which the Participant attains the age of 62.

Actuarial Equivalence – In determining Actuarial Equivalence: the "applicable interest rate" and the PRI-2012 Private Retirement Plans white collar annuitant mortality table, weighted 50% male/50% female with mortality improvements projected to 2020 using scale MP-2020

**Cash Balance Account:**

Cash Balance Account – Each participant has a Cash Balance Account, the value of which equals the sum of Benefit Credits and Interest Credits.

Interest Credits – Equal to the actual rate of investment return on the assets of the Trust Fund during the Interest Crediting Period. Benefit credits for the immediately preceding plan year only earn Interest Credits beginning May 1.

Benefit Credits – The Benefit Credit for a Plan Year shall be the annual amount to be credited to each Participant as set forth in the benefit schedule in Appendix A of the Plan Document.

## Schedule SB, Part V – Summary of Plan Provisions (continued)

**Eligibility for Benefits:**

Time of Distribution – Distribution will be permitted to commence at the election of a Participant or Beneficiary as soon as administratively feasible following the earliest date of the following dates or events:

- Termination of employment
- Attainment of in-service distribution age

Retirement Benefit on Termination of Employment – The retirement benefit for a Participant upon termination of employment shall be the current value of Participant's Cash Balance Account.

Death Benefit – The death benefit for a Participant prior to termination of employment shall be determined as the current value of Participant's Cash Balance Account.

**Payment of Benefits:**

Normal Form of Distribution – The normal form of distribution shall be a Single Life Annuity for a participant who is not married and a 50% joint and survivor annuity for a participant who is married.

Optional Forms of Distribution – In addition to the normal form, distributions shall be permitted as a Lump Sum for all participants and as a 75% joint and survivor annuity for married participants only.

SEYFARTH SHAW LLP MARKET-BASED PENSION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

Name of plan sponsor: Seyfarth Shaw LLP
Employer identification number: 36-2152202
Three-digit plan number: 008

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | | **Mutual Funds** | | |
| | Vanguard | Federal Money Market Fund | $ 1,416,874 | $ 1,416,874 |
| | Artisan | High Income Fund | 2,300,900 | 2,339,317 |
| | Baird | Aggregate Bond Institutional Fund | 11,625,020 | 11,617,955 |
| | Baird | Short-Term Bond Institutional Fund | 12,187,813 | 12,417,790 |
| | Blackrock | Strategic Income Opportunity Fund | 8,345,713 | 8,556,993 |
| | Cohen & Steers | Realty Institutional Fund | 1,458,574 | 1,533,858 |
| | Dodge & Cox | International Stock Fund | 2,382,348 | 3,191,888 |
| | DWS | RREEF Real Assets Fund | 2,937,595 | 3,121,613 |
| | GQG | Partners Emerging Market Equity Fund | 1,353,554 | 1,555,989 |
| | Harbor Capital | Core Bond Fund | 11,366,374 | 11,603,38 |
| | PIMCO | RAE Emerging Markets Inst. Fund | 664,508 | 781,251 |
| * | Charles Schwab Trust | Treasury Inflation Protected Fund | 2,319,039 | 2,314,493 |
| | Vanguard | Mid Cap Index Fund Admiral | 2,486,129 | 3,108,091 |
| | Vanguard | Small Cap I Fund | 1,226,888 | 1,561,951 |
| | Vanguard | 500 Index Fund | 6,400,960 | 9,310,725 |
| | WCM | Focused International Growth Fund | 2,897,274 | 3,139,659 |
| | | Total investments | | $ 77,571,828 |

* Denotes party-in-interest

See independent auditor's report.