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
MCGUIREWOODS LLP CASH BALANCE PENSION PLAN FOR EQUITY PARTNERS

1b Three-digit plan number (PN) ▶ 006

1c Effective date of plan 01/01/2018

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)
MCGUIREWOODS LLP

GATEWAY PLAZA, 800 EAST CANAL ST.
RICHMOND, VA 23219

2b Employer Identification Number (EIN) 54-0505857

2c Plan Sponsor's telephone number 804-775-1000

2d Business code (see instructions) 541110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	DENISE M. ZAPF
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	DENISE M. ZAPF
	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**	237
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)**	230
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	215
b	Retired or separated participants receiving benefits	**6b**	9
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	224
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	224
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1C 3B 3H

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)** [ ] **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
MCGUIREWOODS LLP CASH BALANCE PENSION PLAN FOR EQUITY PARTNERS

B Three-digit plan number (PN) ▶ 006

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

D Employer Identification Number (EIN)
54-0505857

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**	86362462
b Actuarial value	**2b**	86362462

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	7	2495924	2495924
b For terminated vested participants	0	0	0
c For active participants	230	82382608	82382608
d Total	237	84878532	84878532

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**	5.28 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	17482524
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	17482524

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

10/09/2026
Date

KARL SEIDEL
Type or print name of actuary

26-08381
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

312-288-7700
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
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 6.86 %	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)		2031930
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 4.87 %		98955
	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		2130885
	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	101.74 %
15	Adjusted funding target attainment percentage	15	101.74 %
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	103.27 %
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
05/29/2025	17500	0			
12/15/2025	58333	0			
01/13/2026	18504042	0			
			Totals ► 18(b)	18579875	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	17618577

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	60

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**	17482524
b Excess assets, if applicable, but not greater than line 31a	**31b**	1483930

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**	15998594

	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**	15998594
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	17618577
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	1619983
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 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
MCGUIREWOODS LLP CASH BALANCE PENSION PLAN FOR EQUITY PARTNERS

B Three-digit plan number (PN) ▶ 006

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

D Employer Identification Number (EIN)
54-0505857

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)	17518113	18504042
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1603	5780
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	426699	1874211
(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)	68443792	80856342
(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	86390207	101240375
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	86390207	101240375

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)	18579875	
(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)		18579875
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	82466	
(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)		82466
(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)	2750015	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2750015
(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)		5162535
c Other income	2c		26344
d Total income. Add all **income** amounts in column (b) and enter total	2d		26601235
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11748596	
(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)		11748596
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2471	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		2471
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		11751067
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		14850168
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: FORVIS MAZARS LLP **(2)** EIN: 44-0160260

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		25000000
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**		X	

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 582181.

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
MCGUIREWOODS LLP CASH BALANCE PENSION PLAN FOR EQUITY PARTNERS

B Three-digit plan number (PN) ▶ 006

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

D Employer Identification Number (EIN)
54-0505857

Part I Distributions

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

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

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

EIN(s): 41-6257133

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** | 44

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_____.

McGuireWoods LLP Cash Balance Pension Plan for Equity Partners

EIN 54-0505857 PN 006

Independent Auditor's Report, Financial Statements, and Supplemental Schedules

December 31, 2025 and 2024

McGuireWoods LLP Cash Balance Pension Plan for Equity Partners
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December 31, 2025 and 2024

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Schedule H, Line 4j - Schedule of Reportable Transactions for the Year Ended December 31, 2025 13

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Richmond, VA 23219
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Independent Auditor's Report

Pension Committee
McGuireWoods LLP Cash Balance Pension Plan for Equity Partners
Richmond, Virginia

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

We have performed audits of the financial statements of McGuireWoods LLP Cash Balance Pension Plan for Equity Partners (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 statement of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, 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 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 4 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 (GAAP).
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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 GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are 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 of the Financial Statements 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.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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

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

Other Matters- Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2025 and reportable transactions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL'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 agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Forvis Mazars, LLP

Richmond, Virginia
October 13, 2026

Federal Employer Identification Number: 44-0160260

McGuireWoods LLP Cash Balance Pension Plan for Equity Partners
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments		
Interest-bearing cash	$ 1,874,211	$ 426,699
Investments at fair value	80,856,342	68,443,792
Total Investments	82,730,553	68,870,491
Receivables		
Employer contributions receivable	18,504,042	17,518,113
Other receivable	5,780	1,603
Total Receivables	18,509,822	17,519,716
Net Assets Available for Benefits	$ 101,240,375	$ 86,390,207

McGuireWoods LLP Cash Balance Pension Plan for Equity Partners
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2025

Additions		
Investment Income		
Net appreciation in fair value of investments	$	5,162,535
Interest and dividends		2,858,825
		8,021,360
Employer Contributions		18,579,875
Total Additions		26,601,235
Deductions		
Benefits paid to participants		11,748,596
Administrative expenses		2,471
Total Deductions		11,751,067
Net Change		14,850,168
Net Assets Available for Benefits, Beginning of Year		86,390,207
Net Assets Available for Benefits, End of Year	$	101,240,375

Note 1. Description of Plan

The following description of the McGuireWoods LLP Cash Balance Pension Plan for Equity Partners (the "Plan") is provided for only general information purpose only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a cash balance defined benefit plan covering equity shareholders (as defined by the Firm's bylaws) of McGuireWoods LLP (the "Firm") who have one year of service. The Plan was effective January 1, 2018. The Pension Committee appointed by the Board of Directors controls and manages the operation and administration of the Plan. Principal Trust Company, a qualified institution, serves as the trustee of the Plan. Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Funding Policy

Contributions to the Plan are made solely by the Firm. The Firm's funding policy is to make cash contributions to the Plan in the amount as determined by the Plan's independent actuary. The Firm met the minimum funding requirements of ERISA for the year ended December 31, 2025.

Although it has not expressed any intentions to do so, the Firm has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Pension Benefits

The benefit available to each participant is the value of his or her hypothetical cash balance account, which is equal to the sum of the cash balance credits and interest credits attributable to the participant, subject to Internal Revenue Service ("IRS") limitations. As of the last day of the Plan year, a credit is made to the hypothetical account of each participant's cash balance account who, on the last day of the plan year, is an eligible participant. The annual cash balance credit for each participant account is based upon budgeted compensation with the Firm and the participant's age and profit percentage as defined within the Plan. Cash balance credits are subject to certain limitations by the IRS.

Each participant's hypothetical account is also increased or decreased daily by an interest credit. The interest credits are the daily market rate of return on plan assets.

Benefits generally commence upon a participant's retirement or other termination of employment. Under the terms of the Plan, benefit payments must begin no later than 60 days after the end of the plan year in which the participant has reached age 62, completed 10 years of plan participation, and retired or otherwise terminated employment, whichever occurs last.

Normal retirement is the first month coincident with or next following the attainment of age 62. The participant may elect to receive a lump sum distribution or in the form of an annuity if married and a single life annuity if single.

In-service distributions are allowed for participants who have attained age 59½ and have not terminated employment as of the end of a Plan year, as defined in the Plan document.

A participant shall vest and have a non-forfeitable interest in their accrued benefit based upon the completion of three years of vesting service.

Death Benefits

If a participant dies prior to their pension starting date, as defined by the Plan, the designated beneficiary shall be entitled to a death benefit based upon the participant's cash balance account. If the beneficiary is not the participant's surviving spouse, the death benefit shall be payable in a lump sum equal to the value of the participant's account balance. If the beneficiary is the participant's surviving spouse, the payment shall be made in the form of a pre-retirement annuity, as defined by the Plan or the spouse may elect to receive a single sum payment equal to the balance of the participant's account. A waiver from the annuity payment can be elected by the participant based upon certain conditions defined by the Plan. If the participant is single upon death, a single sum payment equal to the balance shall be paid to the beneficiary as soon as practical.

After retirement income has commenced to be paid to a participant, upon the participant's subsequent death, benefits, if any, shall be payable to the participant's surviving spouse or beneficiary strictly in accordance with the form of benefit which had been in effect prior to the participant's death. If single, payments cease upon death.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("GAAP").

Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results may differ from those estimates and assumptions.

Investment Valuation and Income Recognition

Investments are reported at fair value, which is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the trustee.

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

Administrative Expenses

The Plan's administrative expenses are paid by either the Plan or the Firm, as provided by the Plan document. Certain administrative functions are performed by employees of the Firm. No such employee receives compensation from the Plan.

Payment of Benefits

Benefits are recorded when paid.

Forfeitures

Forfeitures shall be applied to reduce Firm contributions to the Plan or to pay Plan expenses. There was no forfeiture balance at December 31, 2025 and 2024 and no forfeitures were used during 2025.

Subsequent Events

The Plan has evaluated subsequent events through October 13, 2026, the date the financial statements were available to be issued.

Note 3. Fair Value Measurements

Fair value, as defined under GAAP, is an exit price representing the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. GAAP establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value. These tiers include:

Level 1 Observable inputs such as quoted prices in active markets.

Level 2 Inputs other than quoted prices in active markets that are either directly or indirectly observable.

Level 3 Unobservable inputs about which little or no market data exists, therefore requiring an entity to develop its own assumptions.

Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

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

Mutual Funds
Mutual funds are publicly traded investments and are valued daily at the closing price reported on the active market on which the funds are traded.

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

	December 31, 2025			
		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 80,856,342	$ 80,856,342	$ -	$ -

	December 31, 2024			
		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 68,443,792	$ 68,443,792	$ -	$ -

Cash balances are not required to be presented in the fair value hierarchy.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, although 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.

Note 4. Certification of Plan Trustee

The Plan Administrator has elected the method of annual reporting compliance permitted by 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. Accordingly Principal Trust Company, a qualified institution, has certified the following investment information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

- Investments as shown in the statements of net assets available for benefits as of December 31, 2025 and 2024
- Investment income as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2025
- Investment information included in the accompanying schedule of assets (held at end of year) as of December 31, 2025 and schedule of reportable transactions for the year ended December 31, 2025.

The Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedule.

Note 5. Plan Termination

Although it has not expressed any intent to do so, the Firm has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon termination of the Plan by the Firm, all affected participants will be entitled to their accrued benefits under the Plan. Generally, the order of payment is as follows:

a. Participants who are receiving retirement benefits or who are eligible to receive retirement income at least three years prior to plan termination,
b. Participants who are receiving retirement benefits are eligible for retirement income, and
c. Benefits entitled under the Plan.

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

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

Note 6. 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 the participant's hypothetical cash balance account. 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 significant actuarial assumptions used in the valuation as of December 31, 2025 and 2024 were:

Method	Unit cost method
Valuation interest rate	5.00% in 2025 and 2024
Withdrawal and disability	0%
Retirement	Age 62
Mortality	Pri-2012 Mortality Table in 2025 and 2024 with Scale MP-2021

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2026 and 2025. Had the valuation been performed as of December 31, 2025 and 2024, there would be no material difference.

The actuarial present value of accumulated benefits was as follows at December 31:

	2025	2024
Vested benefits		
Participants currently receiving payments	$ 4,447,931	$ 2,495,924
Participants with deferred benefits	643,898	-
Other participants	96,136,030	83,887,310
Total actuarial present value of accumulated plan benefits	$ 101,227,859	$ 86,383,234

The actuarial present value of accumulated benefits for the year ended December 31, 2025 increased as follows:

Actuarial present value of accumulated plan benefits at beginning of year	$ 86,383,234
Increase (decrease) during the year attributable to	
Benefits accumulated	17,835,635
Actuarial losses	3,840,357
Decrease in the discount period	4,917,229
Benefits paid	(11,748,596)
Net increase	14,844,625
Actuarial present value of accumulated plan benefits at end of year	$ 101,227,859

Note 7. Exempt Party-in-Interest Transactions

Principal Trust Company is the trustee as defined by the Plan. Fees paid to Principal for administrative and investment management services was $2,471 for the year ended December 31, 2025. These transactions are considered to be party-in-interest transactions.

Note 8. Tax Status

The Internal Revenue Service (the "IRS") has determined and informed the Firm by letter dated April 25, 2019, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (the "IRC"). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC. Therefore, the plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 9. Risks and Uncertainties

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

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

Supplemental Schedules

McGuireWoods LLP Cash Balance Pension Plan for Equity Partners
EIN 54-0505857 Plan 006
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	Identity of Issue	Description of Investment	Cost	Current Value
	Mutual Funds			
	Baird	Intermediate Bond Fund	$ 30,117,734	$ 29,469,095
	Fidelity	Total Market Index Fund	9,347,471	16,584,950
	John Hancock	Income Fund Class R6	12,393,210	11,934,179
	Carillon	Reams Core Plus Bond Fund	17,639,963	17,684,957
	Fidelity	Total International Index Fund	3,778,248	5,183,161
	Interest-Bearing Cash			
*	Principal Trust Company	Government Money Market Fund	1,874,211	1,874,211
			$ 75,150,837	$ 82,730,553

* Party-in-interest.

McGuireWoods LLP Cash Balance Pension Plan for Equity Partners
EIN 54-0505857 Plan 006
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

See attached schedules prepared and certified by Principal Trust Company.

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE **MCGUIRE WOODS LLP COMBINED ACCT.**
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025 **ACCOUNT NUMBER 26191299**

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
	BEGINNING MARKET VALUE		68,872,094.38				
	COMPARATIVE VALUE (5%)		3,443,604.72				
	ISSUE: VP4560000 - ALLSPRING GOVT MM FD-INSTL #1751						
26191200	01/13/25 B	17,518,113	1.000	0	17,518,113-*	17,518,113	
	ISSUE: VP4560000 - ALLSPRING GOVT MM FD-INSTL #1751						
26191200	01/24/25 S	6,600,000	1.000	0	6,600,000 *	6,600,000	0
	ISSUE: VP4560000 - ALLSPRING GOVT MM FD-INSTL #1751						
26191200	01/29/25 S	10,675,437	1.000	0	10,675,437 *	10,675,437	0
	ISSUE: VP4560000 - ALLSPRING GOVT MM FD-INSTL #1751						
26191201	01/24/25 B	6,600,000	1.000	0	6,600,000-*	6,600,000	
	ISSUE: VP4560000 - ALLSPRING GOVT MM FD-INSTL #1751						
26191201	01/28/25 S	6,600,000	1.000	0	6,600,000 *	6,600,000	0
	GRAND TOTAL			0	47,993,550	47,993,550	0

F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SERIES / BY BROKER **MCGUIRE WOODS LLP COMBINED ACCT.**
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025 **ACCOUNT NUMBER 26191299**

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS

BEGINNING MARKET VALUE	68,872,094.38
COMPARATIVE VALUE (5%)	3,443,604.72

*** NO TRANSACTIONS QUALIFIED ***

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE **MCGUIRE WOODS LLP COMBINED ACCT.**
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025 **ACCOUNT NUMBER 26191299**

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
	BEGINNING MARKET VALUE		68,872,094.38				
	COMPARATIVE VALUE (5%)		3,443,604.72				
	ISSUE: VP4560000 - ALLSPRING GOVT MM FD-INSTL #1751						
26191200	01/02/25 B	1,557	1.000	0	1,557-	1,557	
26191200	01/13/25 B	17,518,113	1.000	0	17,518,113-*	17,518,113	
26191200	02/03/25 B	30,354	1.000	0	30,354-	30,354	
26191200	02/06/25 B	137,950	1.000	0	137,950-	137,950	
26191200	03/03/25 B	2,054	1.000	0	2,054-	2,054	
26191200	04/01/25 B	1,653	1.000	0	1,653-	1,653	
26191200	05/01/25 B	1,604	1.000	0	1,604-	1,604	
26191200	05/29/25 B	17,500	1.000	0	17,500-	17,500	
26191200	05/30/25 B	658,392	1.000	0	658,392-	658,392	
26191200	06/02/25 B	1,641	1.000	0	1,641-	1,641	
26191200	06/05/25 B	1,100,000	1.000	0	1,100,000-	1,100,000	
26191200	07/01/25 B	5,519	1.000	0	5,519-	5,519	
26191200	08/01/25 B	6,254	1.000	0	6,254-	6,254	
26191200	09/02/25 B	6,275	1.000	0	6,275-	6,275	
26191200	10/01/25 B	6,002	1.000	0	6,002-	6,002	
26191200	11/03/25 B	6,067	1.000	0	6,067-	6,067	
26191200	12/01/25 B	5,655	1.000	0	5,655-	5,655	
26191200	12/15/25 B	58,333	1.000	0	58,333-	58,333	
26191201	01/02/25 B	46	1.000	0	46-	46	
26191201	01/24/25 B	6,600,000	1.000	0	6,600,000-*	6,600,000	
26191201	02/03/25 B	3,130	1.000	0	3,130-	3,130	
26191201	03/03/25 B	50	1.000	0	50-	50	
26191201	03/05/25 B	5,474	1.000	0	5,474-	5,474	
26191201	04/01/25 B	73	1.000	0	73-	73	
26191201	05/01/25 B	74	1.000	0	74-	74	
26191201	05/30/25 B	1,000,000	1.000	0	1,000,000-	1,000,000	
26191201	06/02/25 B	71	1.000	0	71-	71	
26191201	06/04/25 B	5,876	1.000	0	5,876-	5,876	
26191201	06/05/25 B	1,100,000	1.000	0	1,100,000-	1,100,000	
26191201	07/01/25 B	23	1.000	0	23-	23	
26191201	08/01/25 B	26	1.000	0	26-	26	
26191201	09/02/25 B	26	1.000	0	26-	26	
26191201	09/03/25 B	6,203	1.000	0	6,203-	6,203	
26191201	10/01/25 B	45	1.000	0	45-	45	
26191201	11/03/25 B	46	1.000	0	46-	46	
26191201	12/01/25 B	43	1.000	0	43-	43	
26191201	12/02/25 B	6,321	1.000	0	6,321-	6,321	

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE **MCGUIRE WOODS LLP COMBINED ACCT.**
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025 **ACCOUNT NUMBER 26191299**

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
	SUB-TOTAL OF BUYS # 37			0	28,292,450	28,292,450	
26191200	01/24/25 S	6,600,000	1.000	0	6,600,000 *	6,600,000	0
26191200	01/29/25 S	62,100	1.000	0	62,100	62,100	0
26191200	01/29/25 S	10,675,437	1.000	0	10,675,437 *	10,675,437	0
26191200	02/10/25 S	138,000	1.000	0	138,000	138,000	0
26191200	02/27/25 S	165,787	1.000	0	165,787	165,787	0
26191200	05/29/25 S	483,614	1.000	0	483,614	483,614	0
26191201	01/28/25 S	6,600,000	1.000	0	6,600,000 *	6,600,000	0
26191201	05/30/25 S	1,020,000	1.000	0	1,020,000	1,020,000	0
26191201	06/05/25 S	1,100,000	1.000	0	1,100,000	1,100,000	0
	SUB-TOTAL OF SALES # 9			0	26,844,938	26,844,938	0
	SUB-TOTAL			0	55,137,388	55,137,388	0
	ISSUE: 057071805 - BAIRD INTERMEDIATE BOND FD-I #070						
26191201	01/28/25 R	8,246	10.300	0	84,938-	84,938	
26191201	02/26/25 R	8,761	10.390	0	91,024-	91,024	
26191201	03/27/25 R	9,249	10.370	0	95,912-	95,912	
26191201	04/25/25 R	8,763	10.410	0	91,226-	91,226	
26191201	05/27/25 R	8,975	10.380	0	93,165-	93,165	
26191201	06/24/25 R	9,202	10.450	0	96,163-	96,163	
26191201	07/28/25 R	9,776	10.430	0	101,964-	101,964	
26191201	08/26/25 R	9,063	10.520	0	95,343-	95,343	
26191201	09/25/25 R	8,921	10.530	0	93,938-	93,938	
26191201	10/27/25 R	8,953	10.600	0	94,901-	94,901	
26191201	11/25/25 R	9,153	10.600	0	97,023-	97,023	
26191201	12/29/25 R	11,087	10.570	0	117,187-	117,187	
	SUB-TOTAL OF REINVS # 12			0	1,152,784	1,152,784	
26191201	01/27/25 B	261,375	10.330	0	2,700,000-	2,700,000	
	SUB-TOTAL OF BUYS # 1			0	2,700,000	2,700,000	
26191201	05/29/25 S	24,062	10.390	0	250,000	259,837	-9,837
26191201	06/04/25 S	38,351	10.430	0	400,000	414,145	-14,145
	SUB-TOTAL OF SALES # 2			0	650,000	673,982	-23,983

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE **MCGUIRE WOODS LLP COMBINED ACCT.**
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025 **ACCOUNT NUMBER 26191299**

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
	SUB-TOTAL			0	4,502,784	4,526,766	-23,983
	GRAND TOTAL			0	59,640,172	59,664,154	-23,983

F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SINGLE / BY BROKER **MCGUIRE WOODS LLP COMBINED ACCT.**
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025 **ACCOUNT NUMBER 26191299**

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS

BEGINNING MARKET VALUE	68,872,094.38
COMPARATIVE VALUE (5%)	3,443,604.72

*** NO TRANSACTIONS QUALIFIED ***

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

Plan Sponsor	McGuireWoods LLP
EIN/PN	54-0505857 / 006
Plan	McGuireWoods LLP Cash Balance Plan for Equity Partners
Effective Date and Most Recent Amendment	The plan was effective January 1, 2018. The most recent amendment reflected in the following plan provisions is effective September 1, 2024.
Plan Year	The twelve-month period ending December 31
Covered Employees	Eligible Partners, which means Equity Partners, Fixed Income Equity Partners, or the Chief Operating Officer
Participation Date	Date of becoming a covered employee. Participation shall become effective upon the later of January 1, 2018 and the first day of the month following the completion of one Year of Service.

Definitions

Plan Compensation	Plan compensation is the Distribution Base assigned to the participant by the firm under the partnership agreement. Plan compensation is limited in accordance with IRC Section 401(a)(17).
Vesting	Participants are 100% vested upon completion of 3 years of service, attainment of Normal Retirement Age or termination due to disability or death.
Credited Service	Years and completed months of service with the Firm, including past service with firms prior to acquisition, as applicable
Normal Retirement Age	Age 62

SCHEDULE SB ATTACHMENTS

Cash Balance Account Balance

A Participant's Cash Balance Account Balance is the sum of his/her (a) Compensation Credits and (b) Interest Credits.

(a) The Participant's Cash Balance Account will be credited with a Compensation Credit at the end of each year, equal to a percentage of plan compensation based on his/her profit percentage as of the beginning of the year as shown below:

	Percentage leaving during the year	
Profit Percentage	Accruals before Age 43	Accruals on and after Age 43
Less than 0.35%	15%	15%
0.35% or greater, but less than 0.45%	15%	20%
0.45% or greater, but less than 0.55%	19%	25%
0.55% or greater, but less than 0.70%	23%	30%
0.70% or greater, but less than 0.85%	27%	35%
Greater than 0.85%	30%	40%
Fixed Income Equity	25%	25%
Senior Partner	35%	35%
Executive Director	35%	35%

(b) At the end of each plan year, the Participant's Cash Balance Account is credited with an Interest Credit equal to the Account Balance at the beginning of the year multiplied by a rate equivalent to the actual rate of return on the aggregate assets of the Plan for the given year

Accrued Benefit

A Participant's Accrued Benefit is the single life annuity that is actuarially equivalent to the Cash Balance Account Balance projected to the Normal Retirement Date (if such date has not yet passed) at the applicable interest rate.

SCHEDULE SB ATTACHMENTS

Eligibility and Benefits Paid Upon the Following Events

Normal Retirement Benefit	Eligibility: Each Participant will be eligible for normal retirement on the first day of the month coincident with or next following the attainment of age 62. Participants are eligible to commence their benefits as an in-service withdrawal beginning at age 59 ½. Benefit: The Normal Retirement Benefit of a Participant shall be his/her Accrued Benefit, which is a single life annuity that is actuarially equivalent to his/her Cash Balance Account as of his/her Normal Retirement Date.
Vested Benefits Upon Death, Disability, or Other Termination of Service	Eligibility: A Participant is vested in his/her Accrued Benefit upon plan entry. Benefit: The benefit of a Participant who terminates service for any reason before reaching his/her Normal Retirement Date shall be the Participant's Account Balance or its actuarial equivalent as of the Participant's annuity starting date. Payment of such benefit can start the first of any month between the Participant's termination date and Required Begin Date, as elected by the participant.
Late Retirement	Eligibility: Retirement after age 62 Benefit: The benefit of a participant who terminates service for any reason after reaching his/her Normal Retirement Date shall be the Participant's Account Balance or its actuarial equivalent as of the Participant's annuity starting date. Payment of such benefit can start the first of any month between the Participant's termination date and Required Begin Date, as elected by the participant.
Active Withdrawals for Postponed Retirement	A Participant who is actively employed with the Firm after his/her Normal Retirement Date may elect to commence distribution of his/her benefit while still employed. If elected, such benefits would be paid on the first of January coincident with or following his Normal Retirement Date (subject to one such distribution per plan year).

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of Payment	Normal Form: For Participants who are married at the time of benefit commencement, the normal form of payment is a 50% Qualified Joint and Survivor Annuity that is actuarially equivalent to the Participant's Account Balance as of the Annuity Starting Date. For all other Participants, the normal form of payment is a single life annuity that is actuarially equivalent to the Participant's Account Balance as of the Annuity Starting Date. Optional Forms of Retirement Income in Lieu of Normal Form: In lieu of the normal form of retirement benefit payment, all Participants may elect to receive the amount of their Cash Balance Account in a single lump sum, and married Participants may also elect to receive a 75% Qualified Optional Survivor Annuity that is actuarially equivalent to the Normal Form.
Plan Participants' Contributions	None
Maximum on Benefits and Pay	All benefits and pay for any calendar year may not exceed the maximum limitation for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining contributions.

Future Plan Changes

WTW is not aware of any future plan changes that would impact the determination of the minimum and maximum required contributions or Funding Target; therefore none have been reflected.

Change in Plan Provisions Since Last Actuarial Valuation

Effective September 1, 2024, the plan was amended to include Chief Operating Officer as an eligible participant and remove Executive Director as an eligible participant.

McGuireWoods LLP Cash Balance Pension Plan for Equity Partners
EIN 54-0505857 Plan 006
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	Identity of Issue	Description of Investment	Cost	Current Value
	Mutual Funds			
	Baird	Intermediate Bond Fund	$ 30,117,734	$ 29,469,095
	Fidelity	Total Market Index Fund	9,347,471	16,584,950
	John Hancock	Income Fund Class R6	12,393,210	11,934,179
	Carillon	Reams Core Plus Bond Fund	17,639,963	17,684,957
	Fidelity	Total International Index Fund	3,778,248	5,183,161
	Interest-Bearing Cash			
*	Principal Trust Company	Government Money Market Fund	1,874,211	1,874,211
			$ 75,150,837	$ 82,730,553

* Party-in-interest.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data for Cash Balance Plan as of January 1, 2025

Number distributed by attained age and attained years of credited service

	Attained Years of Credited Service[1]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	3	3	0	0	0	0	0	0	0	0	6
40-44	1	27	9	0	0	0	0	0	0	0	37
45-49	1	16	27	0	0	0	0	0	0	0	44
50-54	3	5	48	0	0	0	0	0	0	0	56
55-59	0	12	37	0	0	0	0	0	0	0	49
60-64	0	2	27	0	0	0	0	0	0	0	29
65-69	0	0	9	0	0	0	0	0	0	0	9
70 & over	0	0	0	0	0	0	0	0	0	0	0
Total	8	65	157	0	0	0	0	0	0	0	230

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: McGuireWoods LLP Cash Balance Pension Plan for Equity Partners
EIN / PN: 54-0505857/006
Plan Sponsor: McGuireWoods LLP
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month: September
- Interest rate basis: Segment Rates with Four Month Lookback from the Valuation Date

Interest rates:	**Reflecting Interest Rate Stabilization**	**Not Reflecting Interest Rate Stabilization**
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.28%	5.30%

Annual rates of increase

- Interest Crediting Rate: 5.00%

Administrative expenses: $0; the plan sponsor pays administrative expenses directly

Demographic Assumptions

Inclusion date: The valuation date coincident with or next following the date on which the employee becomes a participant

New or rehired employees: It was assumed there will be no new or rehired employees

SCHEDULE SB ATTACHMENTS

Mortality

- Healthy

Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

- Disabled

Same as described above for Healthy Mortality

Termination

Rates varying by age

Representative Termination Rates

Percentage leaving during the year	
Attained Age	
35	4.7%
40	3.5%
45	1.8%
50	0.4%
55	0.0%

Disability

None

Retirement

Rates varying by age

Representative Retirement Rates

Percentage leaving during the year	
Attained Age	
60 - 66	70.0%
67+	100.0%

Benefit commencement date

Upon termination of employment

Form of payment

100% of participants are assumed to elect a lump sum form of payment under the plan

Percent married

100% of eligible participants are assumed to be married

Plan Name: McGuireWoods LLP Cash Balance Pension Plan for Equity Partners
EIN / PN: 54-0505857/006
Plan Sponsor: McGuireWoods LLP
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Spouse age	Wife three years younger than husband
Covered pay	Plan compensation is provided by the employer
At-Risk assumptions, if applicable	For at-risk calculations, all participants eligible to elect benefits during the current year and subsequent ten years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan. In the case of the valuation the lump sum payment is assumed since all forms are actuarially equivalent.
Timing of benefit payments	Lump sums are payable on the date of decrement
Participant data	Employee data was supplied electronically by the employer as of the census date

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

SCHEDULE SB ATTACHMENTS

Actuarial value of assets	The actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the prior plan year, discounted using the effective interest rate for the prior plan year
Future increases in maximum benefits and plan compensation limitations	Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.
Benefits not valued	WTW has reviewed the plan provisions with McGuireWoods LLP and based on that review, is not aware of any other significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We made no adjustments and are not aware of any adjustments that were made by the data provider.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

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.)
☒ a single-employer plan ☐ a DFE (specify) _____

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

C If the plan is a collectively-bargained plan, check here ▶ ☐

D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ ☐

Part II Basic Plan Information - enter all requested information

1a Name of plan
MCGUIREWOODS LLP CASH BALANCE PENSION PLAN FOR EQUITY PARTNERS

1b Three-digit plan number (PN) ▶ 006

1c Effective date of plan 01/01/2018

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)
MCGUIREWOODS LLP

GATEWAY PLAZA, 800 EAST CANAL ST.

RICHMOND VA 23219

2b Employer Identification Number (EIN) 54-0505857

2c Plan Sponsor's telephone number 804.775.1000

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	Denise M Zapf	10-13-2026	Denise Zapf
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. **Form 5500 (2025)**
v. 250312

518401 12-22-25

17261009 797738 2070438000006 2025.04030 MCGUIREWOODS LLP 20704381

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:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	237
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)**	230
a (2) Total number of active participants at the end of the plan year	**6a(2)**	215
b Retired or separated participants receiving benefits	**6b**	9
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	224
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	224
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)**	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1C 3B 3H

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

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

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

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

a Pension Schedules
- **(1)** [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)** [ ] **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 _____

McGuireWoods LLP Cash Balance Pension Plan for Equity Partners
EIN 54-0505857 Plan 006
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

See attached schedules prepared and certified by Principal Trust Company.

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
MCGUIREWOODS LLP CASH BALANCE PENSION PLAN FOR EQUITY PARTNERS

B Three-digit plan number (PN) ▶ 006

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

D Employer Identification Number (EIN)
54-0505857

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**	86,362,462
b Actuarial value	**2b**	86,362,462

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	7	2,495,924	2,495,924
b For terminated vested participants	0	0	0
c For active participants	230	82,382,608	82,382,608
d Total	237	84,878,532	84,878,532

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**	5.28%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	17,482,524
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	17,482,524

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

Karl Seidel KS
Signature of actuary

10/9/2026
Date

Karl Seidel
Type or print name of actuary

2608381
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

312-288-7700
Telephone number (including area code)

PO Box 674401
Houston TX 77267
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 6.86%	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)		2,031,930
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 4.87%		98,955
	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		2,130,885
	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	101.74%
15	Adjusted funding target attainment percentage	15	101.74%
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	103.27%
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
05/29/2025	17,500	0			
12/15/2025	58,333	0			
01/13/2026	18,504,042	0			
			Totals ► 18(b)	18,579,875	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	17,618,577

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	60

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**	17,482,524
b Excess assets, if applicable, but not greater than line 31a	**31b**	1,483,930

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**	15,998,594

	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**	15,998,594
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	17,618,577

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

a Total (excess, if any, of line 37 over line 36)	**38a**	1,619,983
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 SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

Age (x)	Retirement Rates q_x^r	Lives at each Age ${}_{x-60}p_{60} = l_x / l_{60}$	Retirements at each Age $q_x^r * l_x / l_{60}$	Weighted Avg Age $x * q_x * l_x / l_{60}$
60	70.00%	1.000000	0.700000	42.00
61	70.00%	0.300000	0.210000	12.81
62	70.00%	0.090000	0.063000	3.91
63	70.00%	0.027000	0.018900	1.19
64	70.00%	0.008100	0.005670	0.36
65	70.00%	0.002430	0.001701	0.11
66	70.00%	0.000729	0.000510	0.03
67	100.00%	0.000219	0.000219	0.02
Average age at retirement				60.43
Nearest whole age				**60.00**

Plan Name: McGuireWoods LLP Cash Balance Pension Plan for Equity Partners
EIN / PN: 54-0505857/006
Plan Sponsor: McGuireWoods LLP
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month: September
- Interest rate basis: Segment Rates with Four Month Lookback from the Valuation Date

Interest rates:	**Reflecting Interest Rate Stabilization**	**Not Reflecting Interest Rate Stabilization**
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.28%	5.30%

Annual rates of increase

- Interest Crediting Rate: 5.00%

Administrative expenses: $0; the plan sponsor pays administrative expenses directly

Demographic Assumptions

Inclusion date: The valuation date coincident with or next following the date on which the employee becomes a participant

New or rehired employees: It was assumed there will be no new or rehired employees

SCHEDULE SB ATTACHMENTS

Mortality

- Healthy

Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

- Disabled

Same as described above for Healthy Mortality

Termination

Rates varying by age

Representative Termination Rates

Percentage leaving during the year	
Attained Age	
35	4.7%
40	3.5%
45	1.8%
50	0.4%
55	0.0%

Disability

None

Retirement

Rates varying by age

Representative Retirement Rates

Percentage leaving during the year	
Attained Age	
60 - 66	70.0%
67+	100.0%

Benefit commencement date

Upon termination of employment

Form of payment

100% of participants are assumed to elect a lump sum form of payment under the plan

Percent married

100% of eligible participants are assumed to be married

SCHEDULE SB ATTACHMENTS

Spouse age	Wife three years younger than husband
Covered pay	Plan compensation is provided by the employer
At-Risk assumptions, if applicable	For at-risk calculations, all participants eligible to elect benefits during the current year and subsequent ten years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan. In the case of the valuation the lump sum payment is assumed since all forms are actuarially equivalent.
Timing of benefit payments	Lump sums are payable on the date of decrement
Participant data	Employee data was supplied electronically by the employer as of the census date

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

SCHEDULE SB ATTACHMENTS

Actuarial value of assets	The actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the prior plan year, discounted using the effective interest rate for the prior plan year
Future increases in maximum benefits and plan compensation limitations	Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.
Benefits not valued	WTW has reviewed the plan provisions with McGuireWoods LLP and based on that review, is not aware of any other significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We made no adjustments and are not aware of any adjustments that were made by the data provider.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions	
Plan Sponsor	McGuireWoods LLP
EIN/PN	54-0505857 / 006
Plan	McGuireWoods LLP Cash Balance Plan for Equity Partners
Effective Date and Most Recent Amendment	The plan was effective January 1, 2018. The most recent amendment reflected in the following plan provisions is effective September 1, 2024.
Plan Year	The twelve-month period ending December 31
Covered Employees	Eligible Partners, which means Equity Partners, Fixed Income Equity Partners, or the Chief Operating Officer
Participation Date	Date of becoming a covered employee. Participation shall become effective upon the later of January 1, 2018 and the first day of the month following the completion of one Year of Service.

Definitions	
Plan Compensation	Plan compensation is the Distribution Base assigned to the participant by the firm under the partnership agreement. Plan compensation is limited in accordance with IRC Section 401(a)(17).
Vesting	Participants are 100% vested upon completion of 3 years of service, attainment of Normal Retirement Age or termination due to disability or death.
Credited Service	Years and completed months of service with the Firm, including past service with firms prior to acquisition, as applicable
Normal Retirement Age	Age 62

SCHEDULE SB ATTACHMENTS

Cash Balance Account Balance

A Participant's Cash Balance Account Balance is the sum of his/her (a) Compensation Credits and (b) Interest Credits.

(a) The Participant's Cash Balance Account will be credited with a Compensation Credit at the end of each year, equal to a percentage of plan compensation based on his/her profit percentage as of the beginning of the year as shown below:

	Percentage leaving during the year	
Profit Percentage	Accruals before Age 43	Accruals on and after Age 43
Less than 0.35%	15%	15%
0.35% or greater, but less than 0.45%	15%	20%
0.45% or greater, but less than 0.55%	19%	25%
0.55% or greater, but less than 0.70%	23%	30%
0.70% or greater, but less than 0.85%	27%	35%
Greater than 0.85%	30%	40%
Fixed Income Equity	25%	25%
Senior Partner	35%	35%
Executive Director	35%	35%

(b) At the end of each plan year, the Participant's Cash Balance Account is credited with an Interest Credit equal to the Account Balance at the beginning of the year multiplied by a rate equivalent to the actual rate of return on the aggregate assets of the Plan for the given year

Accrued Benefit

A Participant's Accrued Benefit is the single life annuity that is actuarially equivalent to the Cash Balance Account Balance projected to the Normal Retirement Date (if such date has not yet passed) at the applicable interest rate.

SCHEDULE SB ATTACHMENTS

Eligibility and Benefits Paid Upon the Following Events

Normal Retirement Benefit	Eligibility: Each Participant will be eligible for normal retirement on the first day of the month coincident with or next following the attainment of age 62. Participants are eligible to commence their benefits as an in-service withdrawal beginning at age 59 ½. Benefit: The Normal Retirement Benefit of a Participant shall be his/her Accrued Benefit, which is a single life annuity that is actuarially equivalent to his/her Cash Balance Account as of his/her Normal Retirement Date.
Vested Benefits Upon Death, Disability, or Other Termination of Service	Eligibility: A Participant is vested in his/her Accrued Benefit upon plan entry. Benefit: The benefit of a Participant who terminates service for any reason before reaching his/her Normal Retirement Date shall be the Participant's Account Balance or its actuarial equivalent as of the Participant's annuity starting date. Payment of such benefit can start the first of any month between the Participant's termination date and Required Begin Date, as elected by the participant.
Late Retirement	Eligibility: Retirement after age 62 Benefit: The benefit of a participant who terminates service for any reason after reaching his/her Normal Retirement Date shall be the Participant's Account Balance or its actuarial equivalent as of the Participant's annuity starting date. Payment of such benefit can start the first of any month between the Participant's termination date and Required Begin Date, as elected by the participant.
Active Withdrawals for Postponed Retirement	A Participant who is actively employed with the Firm after his/her Normal Retirement Date may elect to commence distribution of his/her benefit while still employed. If elected, such benefits would be paid on the first of January coincident with or following his Normal Retirement Date (subject to one such distribution per plan year).

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of Payment	Normal Form: For Participants who are married at the time of benefit commencement, the normal form of payment is a 50% Qualified Joint and Survivor Annuity that is actuarially equivalent to the Participant's Account Balance as of the Annuity Starting Date. For all other Participants, the normal form of payment is a single life annuity that is actuarially equivalent to the Participant's Account Balance as of the Annuity Starting Date. Optional Forms of Retirement Income in Lieu of Normal Form: In lieu of the normal form of retirement benefit payment, all Participants may elect to receive the amount of their Cash Balance Account in a single lump sum, and married Participants may also elect to receive a 75% Qualified Optional Survivor Annuity that is actuarially equivalent to the Normal Form.
Plan Participants' Contributions	None
Maximum on Benefits and Pay	All benefits and pay for any calendar year may not exceed the maximum limitation for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining contributions.

Future Plan Changes

WTW is not aware of any future plan changes that would impact the determination of the minimum and maximum required contributions or Funding Target; therefore none have been reflected.

Change in Plan Provisions Since Last Actuarial Valuation

Effective September 1, 2024, the plan was amended to include Chief Operating Officer as an eligible participant and remove Executive Director as an eligible participant.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

- The interest crediting rate was increased to 5.0% to better reflect the current capital markets assumptions.
- The retirement decrements were revised based on a review of actual experience during the period from 2022 – 2025.

Plan Name:	McGuireWoods LLP Cash Balance Pension Plan for Equity Partners
EIN / PN:	54-0505857/006
Plan Sponsor:	McGuireWoods LLP
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data for Cash Balance Plan as of January 1, 2025

Number distributed by attained age and attained years of credited service

	Attained Years of Credited Service[1]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	3	3	0	0	0	0	0	0	0	0	6
40-44	1	27	9	0	0	0	0	0	0	0	37
45-49	1	16	27	0	0	0	0	0	0	0	44
50-54	3	5	48	0	0	0	0	0	0	0	56
55-59	0	12	37	0	0	0	0	0	0	0	49
60-64	0	2	27	0	0	0	0	0	0	0	29
65-69	0	0	9	0	0	0	0	0	0	0	9
70 & over	0	0	0	0	0	0	0	0	0	0	0
Total	8	65	157	0	0	0	0	0	0	0	230

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

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