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
SHEPPARD, MULLIN, RICHTER & HAMPTON LLP CASH BALANCE PENSION PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1998

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)
SHEPPARD, MULLIN, RICHTER & HAMPTON LLP

350 S GRAND AVENUE 40TH FLOOR
LOS ANGELES, CA 90071-3460

2b Employer Identification Number (EIN) 95-1463164

2c Plan Sponsor's telephone number 213-620-1780

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.	10/15/2026	ROBERT J BROWN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

SHEPPARD, MULLIN, RICHTER & HAMPTON LLP CASH BALANCE PENSION PLAN COMM

350 S GRAND AVENUE 40TH FLOOR
LOS ANGELES, CA 90071-3460

3b Administrator's EIN: 95-1463164

3c Administrator's telephone number: 213-620-1780

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**	470
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)**	434
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	449
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	40
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	489
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	489
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:

3B 1C 3H 3F

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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
SHEPPARD, MULLIN, RICHTER & HAMPTON LLP CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SHEPPARD, MULLIN, RICHTER & HAMPTON LLP

D Employer Identification Number (EIN)
95-1463164

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**	216439696
b Actuarial value	**2b**	216439696

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	36	4628928	4628928
c For active participants	434	195221864	195221864
d Total	470	199850792	199850792

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

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

5 Effective interest rate	**5**	5.27 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	28220184
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	28220184

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

10/12/2026
Date

SHEPHERD PRICE
Type or print name of actuary

26-07887
Most recent enrollment number

PWC US CONSULTING LLP
Firm name

312-298-2000
Telephone number (including area code)

ONE NORTH WACKER DRIVE
CHICAGO, IL 60606-2807
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)	4526348	12162519
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)	4526348	12162519
10	Interest on line 9 using prior year's actual return of 7.82 %	353960	951109
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		649916
	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 4.89 %		31781
	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		681697
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	4880308	13113628
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	108.30 %
15	Adjusted funding target attainment percentage	15	108.30 %
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	107.74 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/05/2025	2223409	0	08/04/2025	2232311	0
03/07/2025	2215909	0	09/03/2025	2232102	0
04/02/2025	2124971	0	10/03/2025	6598676	0
05/02/2025	2164274	0	11/05/2025	2242687	0
06/02/2025	2202932	0	12/03/2025	2234439	0
07/03/2025	2213144	0	01/05/2026	6618927	0
			Totals ► 18(b)	35303781	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	34180432

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

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

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

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	28220184
b Excess assets, if applicable, but not greater than line 31a	**31b**	16588904

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**	11631280

	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**	11631280
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	34180432

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

a Total (excess, if any, of line 37 over line 36)	**38a**	22549152
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

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

A Name of plan
SHEPPARD, MULLIN, RICHTER & HAMPTON LLP CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
SHEPPARD, MULLIN, RICHTER & HAMPTON LLP

D Employer Identification Number (EIN)
95-1463164

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ARGA EMERGING MARKETS VALUE FUND
1010 WASHINGTON BLVD.
6TH FLOOR
STAMFORD, CT 06901

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

ARISTEIA INTERNATIONAL LTD
ONE GREENWICH PLAZA
THIRD FLOOR
GREENWICH, CT 06830

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

ARTISAN HIGH INCOME FUND
875 E. WISCONSIN AVENUE
SUITE 800
MILWAUKEE, WI 53202

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

BAIRD AGGREGATE BOND FUND
C/O U.S. BANK GLOBAL FUND SERVICES
MILWAUKEE, WI 53201-0701

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

BLACKROCK STRAG OPPORT CLASS K

100 BELLEVUE PARKWAY
WILMINGTON, DE 19809

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

BLUEBAY GLOBAL STRUC CRED

750 WASHINGTON BOULEVARD
SUITE 802
STAMFORD, CT 06901

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

COHEN & STEERS US REALTY FUND CL FA

C/O DST ASSET MANAGER SOLUTIONS,INC
P.O. BOX 219953
KANSAS CITY, MO 64121-9953

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

DAVIDSON KEMPNER INTERNATIONAL, LTD

C/O VISTRA CORPORATE SERVICES CENTR
ROAD TOWN, TORTOLA VG1110 VG VG

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

DODGE & COX INCOME FD COM #147

C/O DST ASSET MANAGER SOLUTIONS,INC
P.O. BOX 219502
KANSAS CITY, MO 64121-9502

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

DODGE & COX INTL STOCK FD #1048

C/O DST ASSET MANAGER SOLUTIONS,INC
P.O. BOX 219502
KANSAS CITY, MO 64121-9502

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

DWS RREEF REAL ASSETS FUND INSTL

345 PARK AVENUE
NEW YORK, NY 10154-0004

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

FIDELITY MID CAP INDEX FUND

900 SALEM ST
SMITHFIELD, RI 02917-1243

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

FRANKLIN SMALL CAP GROWTH R6

FRANKLIN TEMPLETON DISTRIBUTORS,INC
ONE FRANKLIN PARKWAY
SAN MATEO, CA 94403-1906

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

GOLDMAN SACHS GQP PARTNERS

C/O GOLDMAN SACHS AND CO LLC
UNIT 7348 TAX DEPT, 30 HUDSON STREE
JERSEY CITY, NJ 07302

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

GQG PARTNERS EMERGING MARKETS

350 E. LAS OLAS BLVD
18TH FLOOR
FORT LAUDERDALE, FL 33301

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

HBK MULTI-STRATEGY OFFSHORE LTD.

2300 NORTH FIELD STREET
SUITE 2200
DALLAS, TX 75201

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

HUDSON BAY INTL FUND LTD AUR T2

HUDSON BAY CAPITAL MANAGEMENT LP
777 THIRD AVENUE, 30TH FLOOR
NEW YORK, NY 10017

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

JP MORGAN SHORT DURATION BOND

277 PARK AVENUE
NEW YORK, NY 10172

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

MIDOCEAN CREDIT OPPORTUNITY

MIDOCEAN PARTNERS
245 PARK AVENUE, 38TH FLOOR
NEW YORK, NY 10167

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

NORTH ROCK CAPITAL LLC

437 MADISON AVENUE
21ST FLOOR
NEW YORK, NY 10022

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

PIMCO RAE US SMALL FUND

650 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

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

VANGUARD INSTITUTIONAL INDEX FD

THE VANGUARD GROUP INC.
P.O. BOX 2600
VALLEY FORGE, PA 19482

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

VANGUARD S/T INFL PROT-INS

THE VANGUARD GROUP INC.
P.O. BOX 2600
VALLEY FORGE, PA 19482

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

WOLVERINE FLAGSHIP RV

WOLVERINE ASSET MANAGEMENT, LLC
175 W JACKSON BLVD., SUITE 340
CHICAGO, IL 06830

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
SHEPPARD, MULLIN, RICHTER & HAMPTON LLP CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SHEPPARD, MULLIN, RICHTER & HAMPTON LLP

D Employer Identification Number (EIN)
95-1463164

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: COHEN & STEERS U.S. REALTY FUND

b Name of sponsor of entity listed in (a): COHEN & STEERS COLLECTIVE INVESTMENT TRUST

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
46-3411346-003	C	3703886

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO RAE US SMALL CIT CLASS FUND

b Name of sponsor of entity listed in (a): PIMCO RAE US SMALL CIT CLASS FUND

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
88-2858456-001	C	3447288

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
SHEPPARD, MULLIN, RICHTER & HAMPTON LLP CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
SHEPPARD, MULLIN, RICHTER & HAMPTON LLP

D Employer Identification Number (EIN)
95-1463164

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	0	72211
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6481652	6618927
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	140054	279101
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	14643051	20506393
(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)	6691563	7151174
(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)	163998478	185252490
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	24486592	30950397

		(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	216441390	250830693
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	216441390	250830693

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)	35303781	
(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)		35303781
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	562330	
(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)		562330
(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)	6984435	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		6984435
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	53716273	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	53716273	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1808710	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1808710

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1078013
(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)		11468020
c Other income	2c		371328
d Total income. Add all **income** amounts in column (b) and enter total	2d		57576617
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	23181285	
(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)		23181285
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)	6029	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		6029
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		23187314
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		34389303
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: LUCAS, HORSFALL, MURPHY & PINDROH **(2)** EIN: 95-4659692

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 589801.

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
SHEPPARD, MULLIN, RICHTER & HAMPTON LLP CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
SHEPPARD, MULLIN, RICHTER & HAMPTON LLP

D Employer Identification Number (EIN)
95-1463164

Part I Distributions

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

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

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

EIN(s): 41-6257133 22-1146430

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 | 32

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_____.

Sheppard, Mullin, Richter & Hampton LLP

Cash Balance Pension Plan

Financial Statements

December 31, 2025 and 2024

(with Independent Auditor's Report Thereon)

Sheppard, Mullin, Richter & Hampton LLP
Cash Balance Pension Plan
December 31, 2025 and 2024

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Independent Auditor's Report

Administrative Committee of
Sheppard, Mullin, Richter & Hampton LLP Cash Balance Pension Plan
Los Angeles, California

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

We have performed audits of the financial statements of Sheppard, Mullin, Richter & Hampton LLP Cash Balance Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the statements of accumulated plan benefits as of January 1, 2026 and 2025, and the related statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024, the statements of changes in accumulated plan benefits for the years beginning January 1, 2026 and 2025, and the related notes to the financial statemets.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (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 qualified institutions as of December 31, 2025 and 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

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 U.S. 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 U.S. 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 audit

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule of Assets (Held at End of Year), and Schedule of Reportable Transactions as of or 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the 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 DOL'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).

Lucas, Horsfall, Murphy & Pindroh, LLP

Pasadena, California
October 13, 2026

Sheppard, Mullin, Richter & Hampton LLP Cash Balance Pension Plan

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets		
Cash, no-interest bearing	$ 72,211	$ -
Investments, at fair value (non-participant directed):	243,860,454	209,819,684
Receivables		
Employer's contributions	6,618,927	6,481,652
Other receivables	279,101	140,054
Total receivables	6,898,028	6,621,706
Total assets	250,830,693	216,441,390
Net assets available for benefits	$ 250,830,693	$ 216,441,390

See Independent Auditor's Report.
The accompanying notes are an integral part of these financial statements.

Sheppard, Mullin, Richter & Hampton LLP Cash Balance Pension Plan

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Investment income		
Interest and dividends	$ 7,918,093	$ 5,987,815
Net appreciation in fair value of investments	14,354,743	8,877,084
Total investment income	22,272,836	14,864,899
Contributions		
Employer contributions	35,303,781	19,342,842
Total additions	57,576,617	34,207,741
Deductions		
Benefits paid to participants	23,181,285	24,900,281
Administrative expenses	6,029	-
Total deductions	23,187,314	24,900,281
Net increase (decrease)	34,389,303	9,307,460
Net assets available for benefits		
Beginning of year	216,441,390	207,133,930
End of year	$ 250,830,693	$ 216,441,390

See Independent Auditor's Report

The accompanying notes are an integral part of these financial statements

Sheppard, Mullin, Richter & Hampton LLP Cash Balance Pension Plan

Statements of Accumulated Plan Benefits

	January 1, 2026	January 1, 2025
Actuarial present value of accumulated plan benefits		
Vested benefits		
Other participants	$ 246,148,809	$ 213,158,968
Total actuarial present value of accumulated plan benefits	$ 246,148,809	$ 213,158,968

See Independent Auditor's Report

The accompanying notes are an integral part of these financial statements

Sheppard, Mullin, Richter & Hampton LLP Cash Balance Pension Plan

Statements of Changes in Accumulated Plan Benefits

For the Years beginning January 1, 2026 and January 1, 2025

	2026	2025
Actuarial present value of accumulated plan benefits at beginning of year	$ 213,158,968	$ 189,211,098
Increase (decrease) during the year attributable to:		
Benefits accumulated	35,303,781	34,284,508
Actuarial gains	11,392,461	6,121,824
Decrease in discount period	9,474,884	8,441,819
Actual benefits paid	(23,181,285)	(24,900,281)
Actuarial present value of accumulated plan benefits at end of year	$ 246,148,809	$ 213,158,968

See Independent Auditor's Report

The accompanying notes are an integral part of these financial statements

Sheppard, Mullin, Richter & Hampton LLP

Cash Balance Pension Plan

Notes to Financial Statements

1. Description of Plan

The following description of the Sheppard, Mullin, Richter & Hampton LLP Cash Balance Pension Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a cash balance pension plan covering all partners (other than contract partners and non-resident aliens with no U.S. source income) and nonunion employees of participating corporations of Sheppard, Mullin, Richter & Hampton LLP (the Firm) and certain senior employees of the Firm. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Pension Benefits

Participants are entitled to lump-sum payments or monthly benefits upon the first to occur of 1) retirement, 2) total disability, 3) death, or 4) separation from the Firm prior to normal retirement age for a reason other than death or total disability. Lump-sum benefits are generally equal to the participant's account balance, and monthly benefits are equal to the actuarial equivalent of the participant's account balance. The actuarial equivalent for distributions in 2025 is calculated by an enrolled actuary based on the 2025 statutory mortality tables, and interest is based on three segment rates for the month of December 2024. The actuarial equivalent for distributions in 2024 is calculated by an enrolled actuary based on the 2024 statutory mortality tables, and interest is based on three segment rates for the month of December 2023. The actuarial assumptions may be changed from time to time, based upon the advice of an enrolled actuary. Benefits are generally payable in a lump sum upon retirement, termination or death; or alternatively in the form of a life or joint and survivor annuities. Benefits, up to a certain level, are insured by the Pension Benefit Guaranty Corporation.

Vesting

All participants are fully vested in their account at all times.

Funding

Funding of the Plan is made entirely by Firm contributions. The current funding policy is to contribute an amount equal to the annual cash balance contribution allocations for the participants for the Plan year. The Firm's contributions for 2025 and 2024 exceeded the minimum funding under ERISA.

1. Description of Plan (Continued)

Contribution Credits and Investment Credits

The Plan account is credited with both contribution and investment credits. Effective January 1, 2014, the Plan adopted a market-based crediting rate calculated upon actual return on investments held in the Plan (subject to a cumulative maximum return and to a cumulative minimum return) for participants who were active on or after January 1, 2014. As defined in the Plan, contribution credits vary by participant and investment crediting rates are determined annually.

For the year ended December 31, 2025, the investment crediting rate was 10.34% for participants who were active on or after January 1, 2014, and 5.33% for participants who were terminated prior to January 1, 2014.

For the year ended December 31, 2024, the investment crediting rate was 7.90% for participants who were active on or after January 1, 2014, and 6.28% for participants who were terminated prior to January 1, 2014.

Plan Expenses

The Firm pays all administrative expenses of the Plan, excluding investment related expenses. As a result, no administrative expenses were incurred by the Plan for the year ended December 31, 2024. Expenses incurred by the plan for 2025 are related to transfer fees for the previous trustee.

ERISA Bond Requirement

ERISA requires that every person who handles funds or other property of the Plan be bonded. The bond coverage is to be determined by the balance of the total Plan assets and is required to be at least equal to the lesser of 10% of the Plan's assets at the beginning of the Plan year or $500,000. As of December 31, 2025 and 2024, the Plan was in compliance with the ERISA bond requirement.

Plan Amendments

During 2025, the Plan sponsor formally adopted an amendment changing the Plan’s entry date provision. Under the prior provision, “Entry date” meant the first day of each month. The amendment changes the definition of “Entry date” to mean the fifteenth day of each month. The amendment was effective August 25, 2025, and has been reflected in the accompanying financial statements and disclosures, although the Plan document had not yet been restated as of December 31, 2025.

2. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

2. Summary of Accounting Policies (Continued)

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

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 that participants have rendered since entering the Plan. Accumulated plan benefits include benefits expected to be paid to (a) retired, terminated or fully disabled participants; (b) beneficiaries of participants who have died; and (c) present participants who are required to receive a distribution because they have attained age 73. Benefits under the Plan are based on the actuarial equivalent of participants' accounts determined as of the date of eligibility to receive benefits. Participants' accounts are credited with contributions, as specified in the Plan document) and an investment credit. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to the participants' service that have been rendered to the valuation date. There are currently no benefits to be provided via annuity contracts with third parties.

The actuarial present value of accumulated plan benefits as of December 31, 2025 was determined by actuaries from PricewaterhouseCoopers LLP ("PwC") and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used on the valuation as of December 31, 2025 and 2024 were (a) life expectancy of participants (the respective 2025 and 2024 Statutory tables for males and females were used), (b) retirement age assumptions (from 6% of eligible participants at age 55 through 100% of eligible participants at age 70), and (c) investment return. The valuations as of December 31, 2025 and 2024 included a discount rate of 4%. The computations of the actuarial present value of accumulated plan benefits were made as of December 31, 2025 and 2024. Had the valuations been performed as of January 1, 2026 and 2025, there would be no material differences.

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

2. Summary of Accounting Policies (Continued)

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in orderly transaction between market participants at the measurement date. The fair value of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges. Cash equivalents which include U.S. Treasury bills are valued based on quoted market prices in active markets. The hedge funds and common/collective funds are valued at net asset value per share (or its equivalent) of the fund, which is based on the fair value of the funds' underlying net assets. There have been no changes in the fair value methodologies used at December 31, 2025 and 2024. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Risk and Uncertainties

The Plan's exposure to credit loss in the event of non-performance of investments is limited to the carrying value of such instruments. The Plan's concentration of credit risk and market risk are dictated by the Plan's provisions as well as those of ERISA. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of these investments, it is at least reasonably possible that changes in risk in the near term could materially affect the amounts reported in the statements of net assets available for Plan benefits.

3. Information Certified by Trustee

The plan administrator has elected to have an audit performed pursuant to 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, certain information in the Plan’s financial statements and supplemental schedules was agreed to or derived from information certified as complete and accurate by PNC Bank, National Association (PNC), the Plan's current Trustee and a qualified institution. The certified information includes the Plan's investments reported in the accompanying Statement of Net Assets Available for Benefits and the accompanying supplemental Schedule of Assets (Held at End of Year) as of December 31, 2025, and the related investment activity (including net appreciation/depreciation, interest, and dividends) reported in the accompanying Statement of Changes in Net Assets Available for Benefits and the information reported in the accompanying supplemental Schedule of Reportable Transactions for the year ended December 31, 2025.

3. Information Certified by Trustee (Continued)

Principal Bank, the Plan's previous Trustee and a qualified institution, certified to the completeness and accuracy of the Plan's investments reported in the accompanying Statement of Net Assets Available for Benefits as of December 31, 2025, and the related investment activity (including net appreciation/depreciation, interest, and dividends) reported in the Statement of Changes in Net Assets Available for Benefits and the information reported in the accompanying supplemental Schedule of Reportable Transactions for the year ended December 31, 2025.

4. Fair Value Measurements

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

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

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

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

4. Fair Value Measurements (Continued)

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

As of December 31, 2025	**Level 1**	**Level 2**	**Level 3**	**Total**
Cash equivalents	$ 20,506,393	$ -	$ -	$ 20,506,393
Mutual funds	185,252,490	-	-	185,252,490
Total	205,758,883	-	-	205,758,883
Investments measured at NAV as practical expedient:				
Common/Collective Trust (a)	-	-	-	7,151,174
Hedge fund (b)	-	-	-	30,950,397
Total investments at fair value	$ 205,758,883	$ -	$ -	$ 243,860,454

As of December 31, 2024	**Level 1**	**Level 2**	**Level 3**	**Total**
Cash equivalents	$ 14,643,051	$ -	$ -	$ 14,643,051
Mutual funds	163,998,478	-	-	163,998,478
Total	178,641,529	-	-	178,641,529
Investments measured at NAV as practical expedient:				
Common/Collective Trust (a)	-	-	-	6,691,563
Hedge fund (b)	-	-	-	24,486,592
Total investments at fair value	$ 178,641,529	$ -	$ -	$ 209,819,684

(a) Class includes investment in common/collective trust fund. Common/collective trust fund units may be redeemed on a daily basis to meet benefit payments and other participant-initiated withdrawals permitted by the Plan. Additionally, under the terms of the Declaration of the common/collective trust funds, the Plan is required to provide 30 days advance written notice to the trustee prior to redemption of trust units. Common/collective Trust units are generally issued and redeemed only on a valuation date and at the net asset value per unit computed on that date. There were no unfunded commitments.

(b) Class represents investments in eight offshore hedge funds. The hedge funds invest the majority of their assets in related master funds. The hedge funds have no unfunded commitments.

4. Fair Value Measurements (Continued)

The hedge funds have the following characteristics (summarized by %) as of December 31, 2025 and 2024:

28% Debt and credit focused investments through flexible strategies of hedged, directional, performing assets, mortgage backed securities and stressed and event driven opportunities. Units may be redeemed quarterly with 45-90 days written notice in advance of redemption. Some of the funds have a two year lock-up period and can suspend withdrawals and withdrawal payments under certain circumstances. A 20-25% fund level gate provision can be applied during a liquidity window.

72% Equity and credit investments with goals to obtain absolute returns uncorrelated with market indices. Units may be redeemed quarterly with 60-90 days written notice in advance of redemption limited over a four year period. One fund has a one year lock-up period and another fund can suspend withdrawals and suspend payment on withdrawals under certain circumstances.

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. In the event of such termination, the assets will be liquidated and, after the payment of related expenses, participants' claims to the Plan's assets will be paid in the following order of priority: (1) participants or beneficiaries who were in pay status as of the beginning of the three-year period ending on the termination date of the Plan; (2) participants or beneficiaries who would have been in pay status as of the beginning of such three-year period if the participant had retired prior to the beginning of the three-year period and if his or her benefits had commenced as of the beginning of such period; (3) all other benefits (if any) of individuals under the Plan guaranteed by the Pension Benefit Guaranty Corporation; (4) all other non-forfeitable benefits under the Plan; (5) all other benefits under the Plan. Any residual assets of the Plan may then be distributed to the Firm, if all liabilities of the Plan to participants and their beneficiaries have been satisfied, and the distribution does not contravene any provision of law.

6. Funding Requirements

The Pension Protection Act of 2006 (PPA), as amended, imposes certain benefit restrictions for qualified defined benefit plans based on the Adjusted Funding Target Attainment Percentage (AFTAP) level. The AFTAP must be established each year to administer these restrictions, if applicable. The AFTAP, as certified by the Plan's actuary, was 108.30% as of January 1, 2026, and 114.47% as of January 1, 2025. Because the Plan's AFTAP equals or exceeds 80%, the Plan is not subject to any benefit restrictions.

7. Tax Status

The Plan was adopted on December 30, 1998, with an effective date of January 1, 1998. The Internal Revenue Service has determined and informed the Plan's sponsor by a letter dated August 2, 2016, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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

8. Subsequent Events

The Plan was amended effective July 1, 2026, to require eligible non-U.S. partners to make an irrevocable participation election. A further amendment, effective September 1, 2026, increased the cumulative annual investment return cap from 7% to 10% for eligible participants and provided a transition adjustment for eligible existing participants.

The Plan Administrator evaluates events and transactions occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transaction and event that affect the financial statements. Subsequent events have been evaluated through October 13, 2026, the date the financial statements were available to be issued.

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

Age/Service Distribution of Active Participants as of January 1, 2025 [1]

Attained Age	Completed Years of Service [2]										
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
<25											
25-29											
30-34	3										3
35-39	13	29	2								44
40-44	11	35	23	2							71
45-49	11	31	24	19	2						87
50-54	3	24	20	17	9	1					74
55-59	4	10	9	11	10	8	1				53
60-64	3	6	21	15	11	5	8				69
65-69		3	4	7	6	2	5				27
70 & Up		2	1				3				6
Total	48	140	104	71	38	16	17				434

[1] Consistent with the requirements of the Form 5500 Schedule SB.
[2] Credited Service.

Schedule SB, Part V – Summary of Actuarial Assumptions and Methods

Actuarial Assumptions for Funding Purposes

Discount Rate

September 2024 post-funding relief segment rates under Section 430(h)(2)(C)
(Stabilized Interest Rates for Minimum Funding Purposes)

1st Rate:	5.07%
2nd Rate:	5.31%
3rd Rate:	5.50%

September 2024 pre-funding relief segment rates under Section 430(h)(2)(C)
(Non-stabilized Interest Rates for Maximum Deductible Contribution Purposes)

1st Rate:	5.07%
2nd Rate:	5.33%
3rd Rate:	5.36%

Other Economic Assumptions

Cash Balance interest crediting rate	4.00%
Administrative Expenses	$0; Sheppard Mullin intends to pay all the expenses except investment expenses directly from the Firm, not from the trust.

Form of Payment

All participants are assumed to elect a lump sum payment upon retirement, termination, or death (participant's beneficiary in the case of death).

Mortality

Generational mortality tables for annuitants and non-annuitants as required for valuation dates occurring on or after January 1, 2024, under Treasury Reg. Section 1.430(h)(3)-1.

Retirement Rates
(Assumed percentage retiring during the year)

Age	Percentage Rate
55	6.0%
56 – 59	4.0%
60 – 61	8.0%
62	25.0%
63 – 64	15.0%
65	60.0%
66 – 69	80.0%
70+	100.0%

Schedule SB, Part V – Summary of Actuarial Assumptions and Methods

Withdrawal Rates
(Assumed percentage terminating during the year)

Rates varying by age
Representative Termination Rates:

Attained Age	Males Scale T-2	Females Scale T-2
30	5.1%	5.1%
35	4.7%	4.7%
40	3.5%	3.5%
45	1.8%	1.8%
50	0.4%	0.4%
55+	0.0%	0.0%

Original total decrement scales less GA51M

Disability Rates

None

Benefit Commencement Date

Upon retirement, termination or death

Percent Married and Spouse Age

For purposes of valuing the death benefit, 100% of eligible participants are assumed to be married. Male spouses are assumed to be 3 years older than female spouses.

Changes in Funding Assumptions

The prescribed interest rate assumptions under IRC Section 430 were updated

Schedule SB, Part V – Summary of Actuarial Assumptions and Methods

Assumptions Rationale

Valuation Interest Rates	The interest rate assumptions used are prescribed by IRC section 430(h) subject to specified elections by the plan sponsor.
Expected Investment Return	The expected return reflects the expected long-term return of various capital markets as determined by the plan sponsor based on the investment policy established for the Plan.
Mortality	Assumptions used for funding purposes are as prescribed by IRC section 430(h).
Cash Balance Interest Crediting Rate	This assumption is set considering historical increases and the long-term expectation of asset returns, reflecting the Plan's target asset allocation and the cumulative 7% per annum cap on interest credits.
Administrative Expenses	For the 2025 plan year, the administrative expenses assumption was set to $0 as Sheppard Mullin does not intend to pay administrative expenses from the Plan trust.
Retirement and Withdrawal Rates	The retirement and withdrawal rate assumptions were selected by Sheppard Mullin and used by the prior actuary, WTW. The rates are based on expectations of future experience with periodic monitoring of observed gains and losses caused by retirement / termination patterns different than assumed.
Form of Payment	The form of payment assumption was selected by Sheppard Mullin based on historical experience of the Plan's population and future expectations.
Inflation for Compensation Limit and Maximum Benefit	N/A - All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code under Section 415 and Section 401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Schedule SB, Part V – Summary of Actuarial Assumptions and Methods

Actuarial Methods for Funding Purposes

Minimum Funding Methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The Plan’s valuation date is the beginning of the year.

- An individual's funding target is the present value of the future benefits as of the beginning of the plan year, and an individual’s target normal cost is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.

- The Plan’s target normal cost is the sum of the individual target normal costs, and the Plan’s funding target is the sum of the individual funding targets for all participants under the Plan.

Maximum Deductible Contribution Method

Calculations of maximum deductible contributions include the excess of the funding target computed using the projected unit credit method over the minimum funding target. The objective of the projected unit credit method is to fund each participant's benefits under the plan as they accrue, taking into consideration expected future compensation increases. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- An individual's projected funding target is the present value of benefits based on credited service as of the beginning of the plan year and projected compensation that would be used in the calculation of the benefit on each expected separation date. If multiple decrements are used, the projected funding target for an individual is the sum of the component projected funding targets associated with the various anticipated separation dates.

- The Plan's projected funding target is the sum of the projected funding targets for all participants of the Plan. The excess of the Plan's projected funding target over the Plan's funding target is included in the cushion amount.

Schedule SB, Part V – Summary of Actuarial Assumptions and Methods

Asset and Liability Methods

We used financial data submitted by Sheppard Mullin as of January 1, 2025 without further audit. Customarily, this information would not be verified by a plan's actuary. We have reviewed the data for internal consistency, and we have no reason to doubt its substantial accuracy.

The asset valuation method used as of January 1, 2025 is the market value of assets, including discounted receivable contributions.

We have used and evaluated actuarial models in accordance with Actuarial Standards of Practice ("ASOP") No. 56. PwC uses the ProVal valuation system developed by Winklevoss Technologies, LLC in performing valuations of pension and postretirement benefit plans. We have utilized the ProVal software to prepare the valuation results presented herein. ProVal is used to value participant data through projecting retirement benefits and applying plan specific assumptions, methods and plan provisions under applicable accounting and funding standards. PwC is not aware of any material limitations or known weaknesses in the ProVal software.

Participant Methods

Participants or former participants are included or excluded from the valuation as described below:

Participants included: The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.

Participants excluded: No participants are excluded from the valuation.

Insurance contracts: The plan does not have any insurance contracts.

All actuarial methods are consistent as of January 1, 2024 and January 1, 2025.

Sheppard, Mullin, Richter & Hampton LLP Cash Balance Pension Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 95-1463164 Plan Number: 003

For the Year Ended December 31, 2025

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date
AS TREAS PLUS MM FD	Money Market	$ 13,716,072	$ -	$ 13,716,072	$ 13,716,072
AS TREAS PLUS MM FD	Money Market	-	16,596,069	16,596,069	16,596,069
FED HERMES CASH RES	Money Market	-	13,716,072	13,716,072	13,716,072
IAM BANK SWEEP	Cash (Interest bearing)	19,947,075	-	19,947,075	19,947,075
	Total	$ 33,663,147	$ 30,312,141	$ 63,975,288	$ 63,975,288

Note: Transactions are based on the December 31, 2024 asset value of $216,441,390.

See Independent Auditor's Report.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
SHEPPARD, MULLIN, RICHTER & HAMPTON LLP CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SHEPPARD, MULLIN, RICHTER & HAMPTON LLP

D Employer Identification Number (EIN)
95-1463164

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**	216,439,696
b Actuarial value	**2b**	216,439,696

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	36	4,628,928	4,628,928
c For active participants	434	195,221,864	195,221,864
d Total	470	199,850,792	199,850,792

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

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

5 Effective interest rate	**5**	5.27%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	28,220,184
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	28,220,184

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 Shep Price Shep Price 10/12/2026
Signature of actuary

10/12/2026
Date

SHEPHERD PRICE
Type or print name of actuary

2607887
Most recent enrollment number

PWC US CONSULTING LLP
Firm name

312-298-2000
Telephone number (including area code)

ONE NORTH WACKER DRIVE
CHICAGO IL 60606-2807
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)	4,526,348	12,162,519
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)	4,526,348	12,162,519
10	Interest on line 9 using prior year's actual return of 7.82 %	353,960	951,109
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		649,916
	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 4.89 %		31,781
	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		681,697
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	4,880,308	13,113,628
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	108.30 %
15	Adjusted funding target attainment percentage	15	108.30 %
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	107.74 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/05/2025	2,223,409	0			
03/07/2025	2,215,909	0			
04/02/2025	2,124,971	0			
05/02/2025	2,164,274	0			
06/02/2025	2,202,932	0			
07/03/2025	2,213,144	0			
08/04/2025	2,232,311	0			
09/03/2025	2,232,102	0			
10/03/2025	6,598,676	0			
11/05/2025	2,242,687	0			
12/03/2025	2,234,439	0			
01/05/2026	6,618,927	0			
			Totals ► 18(b)	35,303,781	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	34,180,432

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	62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a		28,220,184
b Excess assets, if applicable, but not greater than line 31a	31b		16,588,904
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		11,631,280

	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	11,631,280
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	34,180,432
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	22,549,152
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, Line 22 – Description of Weighted Average Retirement Age

All Participants – Assumed Retirement Age Calculation

Retirement Age	Retirement Rates	Retirement Probability	Active Probability	Weighted Average Retirement Age
(A)	(B)	(C)	(D)	= (A) X (C)
55.0	6.00%	6.00%	94.00%	3.30
56.0	4.00%	3.76%	90.24%	2.11
57.0	4.00%	3.61%	86.63%	2.06
58.0	4.00%	3.47%	83.17%	2.01
59.0	4.00%	3.33%	79.84%	1.96
60.0	8.00%	6.39%	73.45%	3.83
61.0	8.00%	5.88%	67.58%	3.58
62.0	25.00%	16.89%	50.68%	10.47
63.0	15.00%	7.60%	43.08%	4.79
64.0	15.00%	6.46%	36.62%	4.14
65.0	60.00%	21.97%	14.65%	14.28
66.0	80.00%	11.72%	2.93%	7.73
67.0	80.00%	2.34%	0.59%	1.57
68.0	80.00%	0.47%	0.12%	0.32
69.0	80.00%	0.09%	0.02%	0.06
70.0	100.00%	0.02%	0.00%	0.02
Schedule SB, Line 22 – Weighted Average Retirement Age				**62.2**

Schedule SB, Part V - Summary of Plan Provisions

Plan Provisions

Effective Date	Originally established effective January 1, 1998. As of the date of this report, all plan amendments that impact the 2025 Plan Year actuarial valuation results are reflected herein.

Definitions

Plan Year	The calendar year.
Eligible Employee	An eligible employee is (i) an individual Partner of the Firm, (ii) the licensed person employed by any professional corporation that is a Partner of the Firm (a "Participating PC"), and (iii) employees with specific titles are considered Eligible Employees.
Participation / Entry Date	Any Employee who becomes eligible for participation in accordance with the provisions of the Plan. All Eligible Employees become a Participant in the Plan on the fifteenth day of the month that follows the first day of the month coinciding with or next following the date he or she became an Eligible Employee (i.e., "Entry Date"). Participation is mandatory for all Partners once they qualify as an Eligible Employee.
Prior Return Participant	A Participant who has not incurred an Hour of Service on or after January 1, 2014.
Normal Retirement Date	First day of the month that coincides with or immediately follows attainment of age 65.
Cash Balance Account	Hypothetical account that is credited with Contribution Credits and Investment Credits.
Accrued Benefit	A single monthly life annuity benefit equal to the Actuarial Equivalent of a participant's Cash Balance Account.
Actuarial Equivalent	Mortality table and interest rates defined under IRC Section 417(e) for the month of December for the preceding year.
Partnership Points	The number of points allocated to a Participant by the Firm pursuant to the Partnership Agreement. A participant who is not a Partner shall be deemed to have the number of Partnership Points equivalent to his or her annual Compensation (including bonuses), as determined by the Committee, in its sole discretion.

Schedule SB, Part V - Summary of Plan Provisions

Definitions (cont.)

Investment Return	The rate of return equal to the actual rate of return on the aggregate assets of the Trust, including both positive returns and negative returns, from the first business day of such period through and including the last business day of such period. The Investment Return applied over a Participant's entire period of participation from his or her Entry Date through his or her Benefit Commencement Date shall not exceed a cumulative return in excess of 7% per annum.
Investment Percentage	The percentage equal to the rate designated as the "One-Year Constant Maturities Treasury Yield" for the month of November of the preceding Plan Year, plus 1%; provided, however, that the Investment Percentage shall not exceed 7%.

Eligibility for Benefits and Benefits Payable

Normal Retirement	*Eligibility:* Retirement on NRD *Benefits Payable:* Cash Balance Account, or it's Actuarial Equivalent payable as an annuity
Early Deferred Vested Retirement	*Eligibility:* Termination / retirement prior to NRD, all Participants are 100% vested in his or her Cash Balance Account at all times *Benefits Payable:* Cash Balance Account, or it's Actuarial Equivalent payable as an annuity at any age prior to his or her NRD
Postponed Retirement	*Eligibility:* Retirement after NRD *Benefits Payable:* Cash Balance Account, or it's Actuarial Equivalent payable as an annuity determined as of the late retirement date
Preretirement Death	*Eligibility:* Surviving spouse, other named Beneficiary, or estate of a Participant that dies prior to commencing benefits *Benefits Payable:* Cash Balance Account, or it's Actuarial Equivalent payable as a preretirement survivor annuity to a surviving spouse

Cash Balance Account Contribution Credits

Credit Timing	For Partners, Contract Partners, and Schedule 1 Participants, Cash Balance Accounts are credited with three-sixteenths (3/16) of the annual Contribution Credit for the months of September and December and one-sixteenth (1/16) of the annual Contribution Credit for the other months of the Plan Year. For all other participants ("Table B Participants") and the Chief Operating Officer, at the end of each month, the Cash Balance Account is credited with one-twelfth (1/12) of the annual Cash Balance Contribution Credit.

Schedule SB, Part V - Summary of Plan Provisions

Cash Balance Account Contribution Credits (cont.)

Table A Participant Credit Amount

For each Participant, other than a Contract Partner, a Schedule 1 Participant (listed below), or a Table B Participant (listed below), the Annual Contribution Credit is shown in Table A below based on each Participant's number of Partnership Points and age as of the later of the first day of the Plan Year or his or her Entry Date.

Table A Annual Contribution Credit Amounts:

	Partnership Points*								
Age Band	**12**	**14**	**16**	**18**	**20**	**21-25**	**26-30**	**31-39**	**40+**
< 35	$6k	$6k	$6k	$6k	$6k	$6k	$6k	$30k	$40k
35 – 39	$6k	$6k	$6k	$6k	$6k	$15k	$30k	$75k	$85k
40 – 44	$7.5k	$9k	$12.5k	$20k	$25k	$30k	$60k	$95k	$110k
45 – 49	$8.5k	$9k	$15k	$25k	$30k	$60k	$75k	$122k	$148k
50 - 54	$8.5k	$15k	$35k	$35k	$60k	$100k	$100k	$150k	$190k
55 - 59	$10k	$15k	$40k	$40k	$75k	$125k	$125k	$150k	$240k
> 59	$10k	$50k	$50k	$75k	$90k	$150k	$200k	$220k	$260k

* A Partner with fewer than 12 Partnership Points shall have a Contribution Credit of $0

Contract Partner Credit Amount

Each Contract Partner shall have an annual Contribution Credit equal to $6,000

Schedule 1 Participant Credit Amount

Any participant who is listed on Schedule 1 of the Plan Document shall have an annual Contribution Credit equal to $7,500

Table B Participant Credit Amount

For each Participant, other than a Partner, a Contract Partner, a Schedule 1 Participant (listed above), or the Chief Operating Officer, the Annual Contribution Credit is shown in Table B below based on each Participant's age as of the later of the first day of the Plan Year or his or her Entry Date.

Table B Annual Contribution Credit Amounts:

Age	Annual Contribution Credit
Above 50	$40,000
40 – 50	$35,000

Schedule SB, Part V - Summary of Plan Provisions

Cash Balance Account Contribution Credits (cont.)

Percentage of Scheduled Contribution Credit

A Participant, other than a Table B Participant (listed above), whose Entry Date is on or after January 1, 2020, and who, prior to such Entry Date, was not a participant in the Sheppard, Mullin, Richter & Hampton LLP Retirement and Savings Plan, may elect to receive an annual Contribution Credit equal to 20% or 50% of the annual Contribution Credit amount. Alternatively, he or she may elect to receive a "graded option" based on the following schedule:

Number of Full Plan Years of Participation	"Graded Option" Percentage of Scheduled Contribution Credit
< 2	20%
2	40%
3	60%
4	80%
5 or more	100%

Cash Balance Account Investment Credits

Prior Return Participants

As of the last day of each month prior to Participant's Benefit Commencement Date, the Cash Balance Account of such Participant shall be credited with an Investment Credit. The amount of such Investment Credit is equal to 1/12 of the Investment Percentage (defined above), multiplied by such Participants Cash Balance Account determined as of the first day of the month.

Participants other than Prior Return Participants

(a) For Plan Years beginning prior to January 1, 2014, same Investment Credits as Prior Return Participants listed above.

(b) For Plan Years beginning after December 31, 2013, as of the Anniversary Date of each Plan Year prior to such Participant's Benefit Commencement Date, the Cash Balance Account of such Participant shall be credited with an Investment Credit. The amount of such Investment Credit is equal to the Investment Return for such Plan Year, multiplied by such Participant's Cash Balance Account determined as of the first day of such Plan Year. Contribution Credits made during the Plan Year shall be credited with an Investment Credit based on the Investment Return from the date such Contribution Credits were credited to such Participant's Cash Balance Account.

Other Plan Provisions

Normal Form and Optional Forms of Payment

For single participants, the normal form of payment is a monthly life annuity. For married participants, the normal form of payment is an actuarially equivalent 100% joint and survivor annuity. Optional annuity forms and a lump sum payment are also available.

Schedule SB, Part V - Summary of Plan Provisions

Other Plan Provisions (cont.)

Preservation of Account Balance	In no event shall a Participant's Cash Balance Account be less than the total amount of his or her Contribution Credits allocated to his or her account for the entire period of participation in the Plan. The foregoing determination shall only be applicable as of the last day of the month that precedes the Participant's benefit commencement date.
Plan Participant Contributions	Not required or permitted.
Maximum Limits on Benefits and Pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code under Section 415 and Section 401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit. The accrual method used for the Plan shall be the 133 1/3 percent rule under Code Section 411(b)(1)(B) (the "133 1/3% Limit"). If, at any time, a Participant's Cash Balance Account Contribution Credit may cause a Participant's Cash Balance Account to exceed the IRC Section 415 limit maximums (determined on a lump-sum basis) or the 133 1/3% Limit, such Participant's Contribution Credit shall be reduced or eliminated so that such limitations are not exceeded. All determinations, including the amount of such reductions, shall be made by the Committee.

Sheppard, Mullin, Richter & Hampton LLP Cash Balance Pension Plan

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

EIN: 95-1463164 Plan Number: 003

As of December 31, 2025

(a)	(b) Identity of investments	(c) Description of investment	(d) Cost	(e) Current value
*	IAM BANK SWEEP	Cash (Interest-bearing)	$ 20,506,393	$ 20,506,393
	COHEN & STEERS U.S. REALTY FUND CL FA	Common/Collective Trust	3,023,161	3,703,886
	PIMCO RAE US SMALL CAP	Common/Collective Trust	3,050,000	3,447,288
	ARISTEIA INTERNATIONAL LTD	Hedge Funds	4,234,312	4,212,603
	BLUEBAY GLOBAL SECURITIZED CREDIT	Hedge Funds	4,466,293	4,421,361
	DAVIDSON KEMPNER INTERNATIONAL LTD	Hedge Funds	4,482,018	4,407,834
	HBK MULTI-STRATEGY OFFSHORE FUND LTD	Hedge Funds	4,482,935	4,402,835
	HUDSON BAY INTERNATIONAL FUND LTD. AUR T2	Hedge Funds	4,372,969	4,394,738
	MIDOCEAN CREDIT OPPORTUNITY OFFSHORE FUND LTD. CLASS B-1:1.5% 20% SERIES	Hedge Funds	29,860	12,725
	NORTH ROCK FUND, LIMITED	Hedge Funds	4,425,345	4,425,345
	WOLVERINE FLAGSHIP FUND LIMITED CLASS I INITIAL SERIES -8	Hedge Funds	4,612,748	4,672,957
	ARGA EMRG MRKTS VAL-INST	Mutual Funds	2,261,763	3,299,274
	ARTISAN HIGH INCOME FUND	Mutual Funds	6,719,368	6,747,044
	BAIRD AGGREGATE BOND FUND	Mutual Funds	20,271,939	19,217,601
	BLACKROCK STRATEGIC INCOME OPPORTUNITIES FUND	Mutual Funds	27,884,861	27,378,725
	DODGE & COX INCOME FUND	Mutual Funds	20,099,283	19,282,682
	DODGE & COX INTERNATIONAL STOCK FUND	Mutual Funds	3,927,610	6,103,163
	DWS RREEF REAL ASSETS FUND	Mutual Funds	8,128,152	8,555,187
	FIDELITY MID CAP INDEX-FAI	Mutual Funds	8,236,984	9,441,808
	FRANKLIN SMALL CAP GRW FD-R6	Mutual Funds	3,008,443	3,404,215
	GLDMN SCHS GQG PRT INTL-R6	Mutual Funds	5,423,024	5,324,612
	GQG PART EMERG MKTS EQ-R6	Mutual Funds	2,539,139	2,514,317
	JPMORGAN SHRT DURAT BND-R6	Mutual Funds	36,479,295	36,770,198
	VANGUARD INSTITUTIONAL INDEX FUND	Mutual Funds	22,371,940	31,998,664
	VANGUARD S/T INFL PROT-INS	Mutual Funds	5,193,785	5,214,999
			$ 230,231,620	$ 243,860,454

*Denotes a party-in-interest.

See Independent Auditor's Report.