Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.**

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: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

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

D If the plan is a collectively-bargained plan, check here ▶ [ ]

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
DUANE MORRIS SUPPLEMENTAL RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 006

1c Effective date of plan 01/01/2006

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)
DUANE MORRIS LLP

CAROL ANN VERRATTI

30 S 17TH ST
PHILADELPHIA, PA 19103-4001

30 S 17TH ST
PHILADELPHIA, PA 19103-4001

2b Employer Identification Number (EIN) 23-1392502

2c Sponsor's telephone number 215-979-1000

2d Business code (see instructions) 541110

3a Plan administrator's name and address [ ] Same as Plan Sponsor.

DUANE MORRIS LLP PENSION ADVISORY COMMITTEE

30 S 17TH ST
PHILADELPHIA, PA 19103-4001

3b Administrator's EIN 23-2029670

3c Administrator's telephone number 215-979-1000

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

5a Total number of participants at the beginning of the plan year	**5a**	86
b Total number of participants at the end of the plan year	**5b**	75
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**5c(1)**	
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c(2)**	
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	44
d(2) Total number of active participants at the end of the plan year	**5d(2)**	44
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	CAROL ANN VERRATTI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	CHARLES ODONNELL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 627843. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	78509138	75771173
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	78509138	75771173
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)	5745745	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	10382739	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		16128484
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	18866423	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g	26	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		18866449
i Net income (loss) (subtract line 8h from line 8c)	8i		-2737965
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristic Codes

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1C 1G

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

Part V Compliance Questions

10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		10000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		X	

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. [X] Yes [ ] No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | **11a** | 0

b **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than $0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. [ ] Yes [X] No

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	**12b**	
c Enter the amount contributed by the employer to the plan for this plan year	**12c**	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	**12d**	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		[ ] Yes [ ] No [ ] N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?		[ ] Yes [X] No
a If "Yes," enter the amount of any plan assets that reverted to the employer this year	**13a**	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		[ ] Yes [X] No

c 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.)

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)

Part VIII IRS Compliance Questions

14a 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? [X] Yes [ ] No

14b 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

15 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_____.

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
DUANE MORRIS SUPPLEMENTAL RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 006

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

D Employer Identification Number (EIN)
23-1392502

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	78505952
b Actuarial value	**2b**	78505952

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	1	186940	186940
b For terminated vested participants	8	5791444	5791444
c For active participants	87	71239123	71630499
d Total	96	77217507	77608883

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**	5.32 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	3436666
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	3436666

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

WILLIAM J. PATTI
Type or print name of actuary

26-06221
Most recent enrollment number

BROWN & BROWN INS. SERVICES, INC.
Firm name

215-561-5389
Telephone number (including area code)

300 CONSHOHOCKEN STATE ROAD
SUITE 650
WEST CONSHOHOCKEN, PA 19428
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 10.65 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		2577523
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.13 %		132227
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		2709750
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	101.15 %
15	Adjusted funding target attainment percentage	15	101.15 %
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	100.86 %
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
01/02/2026	5716285				
			Totals ► 18(b)	5716285	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	5426769

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: %	[X] N/A, full yield curve used
b Applicable month (enter code)			**21b**	

22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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	[X] No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	[ ] Yes	[X] 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	[X] Yes	[ ] No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment	[ ] Yes	[X] 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**	3436666
b Excess assets, if applicable, but not greater than line 31a	**31b**	897069

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**	2539597

	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**	2539597
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	5426769

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

a Total (excess, if any, of line 37 over line 36)	**38a**	2887172
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

SB Actuary Signature

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
Duane Morris Supplemental Retirement Plan

B Three-digit plan number (PN) ▶ 006

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

D Employer Identification Number (EIN)
23-1392502

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	78,505,952
b Actuarial value	**2b**	78,505,952

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	1	186,940	186,940
b For terminated vested participants	8	5,791,444	5,791,444
c For active participants	87	71,239,123	71,630,499
d Total	96	77,217,507	77,608,883

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

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

5 Effective interest rate	**5**	5.32 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	3,436,666
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	3,436,666

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

William J. Patti (WJP)
Signature of actuary

10/12/2026
Date

William J. Patti
Type or print name of actuary

26-06221
Most recent enrollment number

Brown & Brown Ins. Services, Inc.
Firm name

(215) 561-5389
Telephone number (including area code)

300 Conshohocken State Road
Suite 650
West Conshohocken PA 19428
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 [ ]

SB Actuary Signature

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 10.65%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		2,577,523
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.13%		132,227
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		2,709,750
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	**14**	101.15%
15	Adjusted funding target attainment percentage	**15**	101.15%
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**	100.86%
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
01/02/2026	5,716,285				
			Totals ► **18(b)**	5,716,285	**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**	5,426,769

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

SB Actuary Signature

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

21 Discount rate:

	1st segment: %	2nd segment: %	3rd segment: %	
a Segment rates:				[X] N/A, full yield curve used

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

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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 [X] No

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

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment [ ] Yes [X] 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**	3,436,666
b Excess assets, if applicable, but not greater than line 31a	**31b**	897,069

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**	2,539,597

	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**	2,539,597
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	5,426,769

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

a Total (excess, if any, of line 37 over line 36)	**38a**	2,887,172
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

DUANE MORRIS SUPPLEMENTAL RETIREMENT PLAN
EIN: 23-1392502; PN: 006
2025 SCHEDULE SB ATTACHMENT, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Actuarial Methods

Actuarial Cost Method

The actuarial cost method used to determine the Plan's funding requirements is the Unit Credit method. Under this method, the funding target is the actuarial present value of accrued benefits as of the valuation date for all participants. The target normal cost is the actuarial present value of benefits expected to accrue in the current Plan year for each active participant under the assumed retirement age.

Asset Valuation Method

Plan assets used to determine the Plan's funding requirements are equal to the market value of assets.

Changes Since Prior Valuation

None.

DUANE MORRIS SUPPLEMENTAL RETIREMENT PLAN
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2025 SCHEDULE SB ATTACHMENT, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Actuarial Assumptions

Discount Rate	The corporate bond yield curve for determining Plan's minimum and maximum funding requirements.
Mortality	2025 Static Annuitant Mortality Table as set forth in Treasury Regulation Section 1.430(h)(3)-1(e). No pre-retirement death is assumed.
Termination	None assumed.
Retirement	Age 62 or end of year for new participants.
Form of Payment	Lump sum.
Basis for Lump Sum	Plan lump sum mortality basis and the assumed Discount Rate.
Administrative Expenses	None assumed.
Benefits Not Valued	None.

Changes Since Prior Valuation

The Interest Rate and Mortality Assumptions were changed to comply with statutory requirements.

DUANE MORRIS SUPPLEMENTAL RETIREMENT PLAN
EIN: 23-1392502; PN: 006
2025 SCHEDULE SB ATTACHMENT, PART V – SUMMARY OF PLAN PROVISIONS

(1) Eligibility for Participation

Participation is limited to certain partners and executives of Duane Morris LLP. Eligible employees enter the plan on the January 1 following the date they become eligible.

(2) Definitions

Effective Date: January 1, 2006.

Plan Year: January 1 to December 31.

Vesting Service: Service measured from date of hire during which an employee completes 1,000 hours of service.

Eligible Employees:

Employees who are in Group 1, Group 2, Group 3 or Group 4 on the date that the Plan is adopted by the Employer and Employees in such groups who, prior to becoming partners of the Employer after the Plan was adopted, were not Employees of the Employer as other than partners.

Group 1: A partner who, as of the date that he becomes a participant, (a) has a profit percentage in the Employer of 1.115% or greater or (b) has a profit percentage in the Employer of 1.059% or greater and has attained age 50, and the Chairman, Chief Executive Officer, Vice Chairman and the Employer's Corporate Practice Group of the Employer.

Group 2: A partner who, as of the date that he becomes a participant, has a profit percentage in the Employer of 0.7806% or greater and has attained age 50 and is not in Group 1.

Group 3: A partner who, as of the date that he becomes a participant, (a) has a profit percentage in the Employer of 0.6691% or greater who is not in Group 1 or Group 2 or (b) has a profit percentage in the Employer of less than 0.6691% but equal to or greater than 0.5576%, and has attained age 60, and the Chief Operating Officer of the Employer, and effective January 1, 2016, the Chief Financial Officer of the Employer.

Group 4: A partner who, as of the date that he becomes a participant, (a) has a profit percentage in the Employer of 0.5576% or greater who is not in Group 1, 2 or 3 and has not attained age 60, and effective January 1, 2012 through December 31, 2015, the Chief Financial Officer of the Employer.

The Group that an Eligible Employee is in for the Plan Year during which he first becomes a Participant shall be his Group for all Plan Years that he is a Participant. If after an Eligible

Employee becomes a Participant, his profit percentage shall decrease below the profit percentage of Group 4, then he shall cease accruing benefits under the Plan as of the first day of the Plan Year during which his percentage so decreases.

Yield: The Yield on plan assets from the end of the prior plan year to the computation date during the current Plan Year. The assumed Yield for all future years shall be equal to the interest rate used for computing Actuarial Equivalent.

Annuity Ratio Factor: For Participants whose age as of the end of the plan year does not exceed his or her normal retirement age, the Annuity Ratio Factor is 1. For participants whose age as of the end of the plan year exceeds normal retirement age, the Annuity Ratio Factor is the present value of the monthly life annuity at the participant's age as of the last day of the preceding Plan Year, divided by the present value of the monthly life annuity as of the last day of the current Plan Year, multiplied by 1.06.

Incremental TB: Equal to 10% of the dollar limit under section 415(b)(1)(A) of the Code for the 2006 limitation year ($175,000) multiplied by the product of (i), (ii) and (iii):

(i) Z: one (1) for any participant with 1,000 of more of hours of service for the Plan Year and zero (0) for any participant with less than 1,000 hours of service for the Plan Year; provided, however, that for any Plan Year during which a participant terminates employment with the Employer, Z is a fraction, where the numerator is the number of completed months employed during the Plan Year and the denominator is 12;

(ii) The Product Factor: 100% for Group 1, 50% for Group 2, 33% for Group 3 and 25% for Group 4; and

(iii) The late retirement factor.

Maximum Accrual Margin: The excess, if any, of (1) the limit under section 415(b)(1)(A) of the Code for the Plan Year, expressed as an annuity commencing at the later of Normal Retirement Age or the attained age prorated for participation less than 10 years over (2) the sum of the Accrued Benefit as of the last day of the preceding Plan Year and any other benefit payable from any other defined benefit pension plan that is maintained by the Employer, also expressed as an annuity.

Incremental AB: The lesser of the Incremental TB or Maximum Accrual Margin actuarially adjusted for late retirement.

Accrued Benefit: The accrued benefit as of the last day of the preceding Plan Year multiplied by (1+Yield)/1.06 and multiplied by the Annuity Ratio Factor plus the Incremental AB. The 1.06 factor is prorated for a computation period less than a year.

(3) Normal Retirement Benefit

(a) Eligibility: Age 62.

(b) Benefit: Accrued Benefit at normal retirement age.

(4) Early Retirement Benefit

(a) Eligibility: The completion of 3 Years of Vesting Service.

(b) Benefit: The actuarial equivalent of the Participant's Normal Retirement Benefit.

(5) Late Retirement Benefit

(a) Eligibility: After Normal Retirement.

(b) Benefit: Accrued Benefit at the Participant's Late Retirement Date.

(6) Termination Benefit

(a) Eligibility: Termination of employment other than for death or disability after completing 3 years of Vesting Service or attainment of Normal Retirement Age.

(b) Benefit: Accrued Benefit determined at termination, payable at Normal Retirement, or as early as of date of termination.

(7) Preretirement Spouse's Death Benefit

(a) Eligibility: Spouses (provided they were married to the participant for at least one year prior to death) of vested participants who die prior to retirement.

(b) Benefit: 50% of the benefit in 3(b) on an ERISA actuarially-reduced 50% joint and survivor basis; payable at the participant's earliest possible retirement age had he not died.

(8) Preretirement Death Benefit

(a) Eligibility: Participant who die prior to benefit commencement.

(b) Benefit: Without surviving spouse prior to commencement or surviving spouse waived qualified preretirement survivor annuity (QPSA): the Participant's Accrued Benefit at date of death payable as a lump sum. If surviving spouse elects QPSA, then the surviving spouse will receive the survivor's portion of the Qualified Joint and Survivor Annuity. A QPSA that commences before or after the date the Participant would have attained Normal Retirement Age shall be the Actuarial

Equivalent of the benefit that would have been payable at Normal Retirement Age. The surviving spouse may elect to defer commencement for up to December 31st of the calendar year containing the fifth (5th) anniversary of the death of the Participant or, in the case of the QPSA, the April 1 of the calendar year during which the Participant would have attained age 70 ½.

(9) Disability Benefit

(a) Eligibility: Physical or mental condition that, based upon medical evidence acceptable to a physician selected by the Plan Administrator, renders the Participant totally and permanently incapable of employment with the Employer or another employer.

(b) Benefit: Accrued Benefit determined at date of disability, payable at Normal Retirement, or as early as of date of termination.

(10) Forms of Payment

(a) Normal Form: Life annuity if single; actuarially-reduced 50% joint and survivor annuity if married.

(b) Optional Forms: Life annuity, actuarially-reduced 75% joint and survivor annuity, and actuarially-equivalent lump sum.

(c) Actuarial Equivalent: The IRC 417(e)(3)(B) applicable mortality table and 6% interest. For annuity conversion to a lump sum payment, the IRC 417(e)(3)(C) interest rates for the month of November preceding the Plan Year of distribution and the IRC 417(e)(3)(B) mortality table for the Plan Year of distribution. There is no discount for preretirement mortality.

Changes Since Prior Valuation

None.

DUANE MORRIS SUPPLEMENTAL RETIREMENT PLAN

EIN: 23-1392502; PN: 006

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

Attained Age	Years of Credited Service									
	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 40	40 & up
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0
45 to 49	0	1	0	1	0	0	0	0	0	0
50 to 54	0	2	2	5	0	0	0	0	0	0
55 to 59	1	2	0	6	0	0	0	0	0	0
60 to 64	9	0	3	11	9	0	0	0	0	0
65 to 69	4	2	1	11	5	0	0	0	0	0
70 & up	0	0	1	5	6	0	0	0	0	0
Total	14	7	7	39	20	0	0	0	0	0