

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

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

- A** This return/report is for: 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: 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 <u>KRAMER LEVIN 2018 PARTNERS' CASH BALANCE PENSION PLAN</u>	1b Three-digit plan number (PN) ▶	<u>011</u>
	1c Effective date of plan	<u>10/01/2018</u>
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) <u>HERBERT SMITH FREEHILLS KRAMER (US) LLP</u> <u>1177 AVENUE OF THE AMERICAS</u> <u>NEW YORK, NY 10036-2714</u>	2b Employer Identification Number (EIN)	<u>13-1944339</u>
	2c Sponsor's telephone number	<u>212-715-9100</u>
	2d Business code (see instructions)	<u>541110</u>
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name <u>KRAMER LEVIN NAFTALIS & FRANKEL LLP</u> c Plan Name <u>KRAMER LEVIN 2018 PARTNERS' CASH BALANCE PENSION PLAN</u>	4b EIN	<u>13-1944339</u>
	4d PN	<u>011</u>
5a Total number of participants at the beginning of the plan year	5a	<u>104</u>
b Total number of participants at the end of the plan year.....	5b	<u>105</u>
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)	<u>102</u>
d(2) Total number of active participants at the end of the plan year.....	5d(2)	<u>102</u>
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	5e	<u>0</u>

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	<u>Filed with authorized/valid electronic signature.</u>	<u>07/15/2025</u>	<u>MARISSA HOLOB</u>
	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

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... 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.)..... 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)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 642085. (See instructions.)

Part III Financial Information			
7		(a) Beginning of Year	(b) End of Year
7	Plan Assets and Liabilities		
a	Total plan assets.....	7a 24876863	34816603
b	Total plan liabilities.....	7b 0	0
c	Net plan assets (subtract line 7b from line 7a).....	7c 24876863	34816603
8		(a) Amount	(b) Total
8	Income, Expenses, and Transfers for this Plan Year		
a	Contributions received or receivable from:		
	(1) Employers.....	8a(1) 13157597	
	(2) Participants.....	8a(2)	
	(3) Others (including rollovers).....	8a(3)	
b	Other income (loss).....	8b 4499719	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	8c	17657316
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d 7558168	
e	Certain deemed and/or corrective distributions (see instructions) .	8e	
f	Administrative service providers (salaries, fees, commissions).....	8f 139366	
g	Other expenses.....	8g 20042	
h	Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h	7717576
i	Net income (loss) (subtract line 8h from line 8c).....	8i	9939740
j	Transfers to (from) the plan (see instructions).....	8j	

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1C 3B 3F
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		Yes	No	Amount
10	During the plan year:			
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	25000000
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		

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. 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? Yes No
(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.

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 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 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? 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

▶ **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 <u>KRAMER LEVIN 2018 PARTNERS' CASH BALANCE PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>011</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>HERBERT SMITH FREEHILLS KRAMER (US) LLP</u>	D Employer Identification Number (EIN) <u>13-1944339</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>37720531</u>
	b Actuarial value	2b	<u>37720531</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>
	b For terminated vested participants	<u>2</u>	<u>156144</u>
	c For active participants	<u>102</u>	<u>36406056</u>
	d Total	<u>104</u>	<u>36562200</u>
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	<u>5.00 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>10870630</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>10870630</u>

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	<u>07/11/2025</u>
	<u>MOSHE KATZ</u>	Date
	Type or print name of actuary	<u>23-08605</u>
	<u>MERCER</u>	Most recent enrollment number
	Firm name	<u>212-345-7000</u>
	<u>1166 AVENUE OF THE AMERICAS</u>	Telephone number (including area code)
	<u>NEW YORK, NY 10036-2708</u>	
	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 <u>8.56</u> %	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)		2611346
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 <u>5.15</u> %		134484
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		2745830
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	101.56 %
15	Adjusted funding target attainment percentage	15	101.56 %
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	100.17 %
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		
03/27/2025	13751503	0					
			Totals ▶	18(b)	13751503	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 12790441
20	Quarterly contributions and liquidity shortfalls:	
a	Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> 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: 4.75 %	2nd segment: 5.00 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 10870630
b Excess assets, if applicable, but not greater than line 31a			31b 580154
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 10290476
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35).....			36 10290476
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37 12790441
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 2499965
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

Schedule SB, Line 26 — Schedule of Active Participant Data

Distribution of Active Participants as of October 1, 2023

Attained age	Years of credited service										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & up	
Under 25											
25-29											
30-34											
35-39		7									7
40-44	2	3	4								9
45-49	2	4	5								11
50-54		3	16								19
55-59		1	16								17
60-64	2	1	18								21
65-69			6								6
70 & up			12								12
Total	6	19	77								102

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial Assumptions**

Discount Rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	0	
	<u>Stabilized</u>	<u>Nonstabilized</u>
• First 5 years	4.75%	3.82%
• Next 15 years	5.00%	4.59%
• Over 20 years	5.74%	4.63%
Mortality sponsor elections		
• Healthy participants	Section 430(h)(3) prescribed combined static annuitant and nonannuitant mortality tables. These tables are based on the RP-2014 mortality tables, with post-2006 improvements backed out, then projected on a generational basis with scale MP-2021.	
Cash balance plans		
• Investment return applied to benefit indexation	Return implied by the effective discount rate	
• 6% Cap/POC load	-1.25% adjustment to the funding target and normal cost to capture the net expected future impact of the 6% cumulative cap on the interest crediting rate and preservation of capital provision	
• Lump sum basis	Account balance	
Other economic assumptions		
• Salary increases	N/A	
• Expenses	N/A	
Demographic assumptions		
• Withdrawal	3.00% per year up to age 62	
• Disability incidence	None assumed	
• Benefit commencement age for		
— Actives	Age 62, or 1 year from valuation if over 62	
— Future vested deferred	Immediate	
— Current vested deferred	Immediate	
Form of payment		
	<u>Lump Sum</u>	
• Active retirements	100%	
• Future deaths	100%	
• Current vested deferred	100%	
• Future vested deferred	100%	

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

Rationale for Economic Assumptions

- Investment return applied to benefit indexation – The discount rate effectively defines the rate at which a current amount is assumed to earn to provide a future benefit. As the current amount is assumed to grow at the segment rates, these rates are also used to calculate the corresponding benefit indexation.
- 6% Cap/POC load – Based on the expected net impact of the 6% cumulative cap on the interest crediting rate and preservation of capital requirement for a typical participant based on a simulation of investment returns from Mercer's October 2023 Capital Market Outlook and assets invested 40% in equity and 60% in fixed income, rounded to the nearest 25 bps.

Rationale for Demographic Assumptions

- Withdrawal - updated for the Kramer Levin Cash Balance Pension Plan in 2014 based on plan experience from 2011 through 2013. We monitor experience gains or losses relating to this assumption each year. The turnover experience supports the continued use of this assumption.
- Benefit commencement age – reflects anticipated behavior of plan participants.
- Form of payment – reflects anticipated behavior of plan participants.

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

Actuarial Methods

Asset Methods

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

The asset valuation method is the fair market value.

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 actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

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 plan year.
- An individual's **funding target** is the present value of future benefits based on the participant's account balance 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.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> <hr/> 2023 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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A Name of plan Kramer Levin 2018 Partners' Cash Balance Pension Plan	B Three-digit plan number (PN) ▶	011
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Herbert Smith Freehills Kramer (US) LLP	D Employer Identification Number (EIN) 13-1944339	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>10</u> Day <u>01</u> Year <u>2023</u>		
2 Assets:			
a Market value.....		2a	37,720,531
b Actuarial value.....		2b	37,720,531
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.....	2	156,144	156,144
c For active participants.....	102	36,406,056	36,984,233
d Total.....	104	36,562,200	37,140,377
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
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	5.00%
6 Target normal cost			
a Present value of current plan year accruals.....		6a	10,870,630
b Expected plan-related expenses.....		6b	0
c Target normal cost.....		6c	10,870,630

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	<u>07/11/2025</u> Date
<u>MOSHE KATZ</u>	Type or print name of actuary	<u>2308605</u> Most recent enrollment number
<u>MERCER</u>	Firm name	<u>212-345-7000</u> Telephone number (including area code)
<u>1166 AVENUE OF THE AMERICAS</u>		
<u>NEW YORK NY 10036-2708</u> 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 V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 0

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	10,870,630
b Excess assets, if applicable, but not greater than line 31a	31b	580,154

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	10,290,476
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	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35)			10,290,476
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			12,790,441

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

a Total (excess, if any, of line 37 over line 36)	38a	2,499,965
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, Part V — Summary of Plan Provisions

Plan Provisions

Benefits Included or Excluded

Unless noted below, all benefits provided by the plan effective October 1, 2023 are included in this valuation.

- **Most recent plan amendments included:** N/A
- **Late retirement increases:**
 - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½.
 - *Deferred vested participants:* There are no current deferred vested participants over normal retirement age.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** Per direction provided by HSF Kramer, the HSF Kramer plans have been assumed to be top-heavy and meet all top-heavy vesting and benefit accrual rules. Therefore, we did not test whether this plan continues to be top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). Any top-heavy benefits are provided in the Kramer Levin Profit Sharing Plan.
- **IRC Section 436 benefit restrictions:**
 - Unpredictable contingent event benefits: Not applicable.
 - Plan amendments: See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target and target normal cost do not reflect any limitation on benefit accruals.
- **Scheduled benefit increases:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Schedule SB, Part V — Summary of Plan Provisions

Effective date and plan year	Original plan: October 1, 2018 Plan year: October 1 to September 30
Status of the plan	The plan has ongoing benefit accruals and new partners (and executive directors) are eligible to participate in the plan once they satisfy Eligibility Requirements.
Significant events that occurred during the year	None
Eligibility Requirements	Partners, Executive Director and Chief Operating Officer who are at least age 21 and have completed 1 year of service. Entry dates are October 1 and April 1.
Vesting	A participant shall be one hundred percent (100%) vested in his or her Accrued Benefit after completing three years of service
Cash Balance Account	A cash balance account shall be established for each participant. Each such account shall have an initial balance of zero until credited with an amount of Service Credits and Interest Credits. As of a participant's benefit commencement date, the cash balance account is subject to minimum and maximum amounts: <ul style="list-style-type: none"> • Minimum Account: sum of all Service Credits with no adjustments for earnings or losses • Maximum Account: calculated using Service Credits and an annual effective interest rate of 6%
Points	Units awarded to a participant as of January 1 during the plan year in connection with the determination of his share in Firm profits.
Service Credits	An amount equal to the Initial Accrual Percentage based on the participant's age and tier category, shown in Exhibit A, multiplied by the IRC 401(a)(17) compensation limit, and further multiplied by the Accrual Growth Factor for the Plan Year, shown in Exhibit B. Service Credits shall be credited to a Participant's Cash Balance Account on the last day of any Plan Year in which the Participant earns a year of service.
Interest Credits	At the end of each Valuation Period (calendar month), Interest Credits shall be added to (or deducted from) the Cash Balance Accounts to the extent benefits have not been paid. Interest Credits are equal to the actual rate of investment return on the assets of the Trust Fund during the Valuation Period multiplied by the Cash Balance Account at the beginning of the Valuation Period. Service Credits for a given Plan Year do not begin to earn Interest Credits until the April 1st following the year in which they were earned.
Accrued Benefit	The Cash Balance Account, if paid as a lump sum and the Actuarial Equivalent of the Participant's Cash Balance Account, if paid as an annuity.
Normal Retirement Age	The later of age 62 and three years of service.

Schedule SB, Part V — Summary of Plan Provisions

Deferred Vested	If a Participant is no longer employed by Kramer Levin, he may elect to defer commencement of his benefit payment to a later date, but no later than his Normal Retirement Age. The Participant's Cash Balance Account under the Plan will continue to be adjusted for investment earnings during the deferral period.
Death Benefit	If a participant dies while employed or after termination of employment with vested benefits, the participant's cash balance account can be payable as a lump sum.
Normal Form of Payment	For single participants: Single Life Annuity For married participants: Qualified 50% Joint and Survivor Annuity
Optional Form of Payment	Lump sum value of account balance; or actuarially equivalent 75% QJSA if married. In-service distributions available to participants who have attained normal retirement age.
Actuarial Equivalence	A benefit of equivalent value based on the following assumptions: interest rates applicable under Code Section 417(e)(3) for the second month preceding the Plan Year in which the Commencement Date occurs, and the unisex RP-2006 white collar annuitant mortality table and the MP-2018 improvement scale.
Maximum Compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2023, the limit is \$330,000.
Maximum Benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2023, the limit is \$265,000.

Schedule SB, Part V — Summary of Plan Provisions**Exhibit A**

Schedule of Initial Accrual Percentages for Service Credits for the Plan Year Ending September 30, 2019.

Points and Tiers						
	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Age at 9/30/2019*	Below 480 Points	480-699 Points	700-819 Points	820-999 Points	1,000-1,499 Points	1,500 or More Points
Under 35	**	**	**	**	**	**
35	1.7167%	3.4335%	5.8371%	12.7236%	16.9655%	24.2360%
36	1.8025%	3.6051%	6.1287%	13.3600%	17.8135%	25.4480%
37	1.8927%	3.7855%	6.4349%	14.0280%	18.7040%	26.7204%
38	1.9873%	3.9745%	6.7567%	14.7295%	19.6393%	28.0560%
39	2.0865%	4.1735%	7.0945%	15.4658%	20.6211%	29.4589%
40	2.1909%	4.3822%	7.4495%	16.2389%	21.6524%	30.9320%
41	2.3007%	4.6015%	7.8218%	17.0509%	22.7349%	32.4785%
42	2.4156%	4.8309%	8.2127%	17.9040%	23.8716%	34.1025%
43	2.5364%	5.0727%	8.6236%	18.7989%	25.0651%	35.8076%
44	2.6633%	5.3262%	9.0549%	19.7389%	26.3185%	37.5978%
45	2.7964%	5.5924%	9.5076%	20.7262%	27.6345%	39.4782%
46	2.9360%	5.8720%	9.9829%	21.7618%	29.0164%	41.4516%
47	3.0829%	6.1662%	10.4822%	22.8502%	30.4673%	43.5244%
48	3.2371%	6.4742%	11.0062%	23.9927%	31.9905%	45.7007%
49	3.3989%	6.7982%	11.5564%	25.1924%	33.5898%	47.9858%
50	3.5687%	7.1378%	12.1345%	26.4520%	35.2695%	50.3851%
51	3.7473%	7.4949%	12.7411%	27.7745%	37.0331%	52.9040%
52	3.9345%	7.8698%	13.3782%	29.1633%	38.8844%	55.5491%
53	4.1316%	8.2629%	14.0473%	30.6215%	40.8287%	58.3269%
54	4.3382%	8.6760%	14.7495%	32.1527%	42.8702%	61.2429%
55	4.5549%	9.1102%	15.4865%	33.7604%	45.0135%	64.3051%
56	4.7825%	9.5655%	16.2611%	35.4480%	47.2647%	67.5204%
57	5.0218%	10.0436%	17.0742%	37.2207%	49.6276%	70.8967%
58	5.2727%	10.5458%	17.9280%	39.0818%	52.1091%	74.4418%
59	5.5364%	11.0731%	18.8240%	41.0360%	54.7145%	78.1636%
60	5.8135%	11.6269%	19.7658%	43.0876%	57.4502%	82.0716%
61	5.8135%	11.6269%	19.7658%	43.0876%	57.4502%	82.0716%
62***	5.8135%	11.6269%	19.7658%	43.0876%	57.4502%	82.0716%

Schedule SB, Part V — Summary of Plan Provisions

* Rounded to nearest age at end of Plan Year

** For each year that a Participant is younger than age 35 as of September 30, 2019, percentages applicable at age 35 as of September 30, 2019 are reduced by 5% (divided by 1.05).

*** And each age higher than 62.

Schedule SB, Part V — Summary of Plan Provisions

Exhibit B

Accrual Growth Factor

Plan Year	Accrual Growth Factor
2018	1.0000
2019	1.0300
2020	1.0609
2021	1.0927
2022	1.1255
2023	1.1593
2024	1.1941
2025	1.2299
2026	1.2668
2027	1.3048
2028 and Later	1.3333

Schedule SB, Line 24 — Change in Actuarial Assumptions

- Cap/POC load decreased from 0.25% to -1.25%.

Schedule SB, Line 24 — Change in Actuarial Assumptions

- Cap/POC load decreased from 0.25% to -1.25%.