

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>VINSON & ELKINS LLP PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>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>VINSON & ELKINS LLP</u></p> <p><u>845 TEXAS AVENUE</u> <u>SUITE 4700</u> <u>HOUSTON, TX 77002</u></p>	<p>1c Effective date of plan <u>01/01/1961</u></p> <p>2b Employer Identification Number (EIN) <u>74-1183015</u></p> <p>2c Plan Sponsor's telephone number <u>713-758-3819</u></p> <p>2d Business code (see instructions) <u>541110</u></p>

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.	09/26/2025	DOUG DOWDLE
	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 <input type="checkbox"/> Same as Plan Sponsor VINSON & ELKINS LLP PLAN ADMINISTRATIVE COMMITTEE 845 TEXAS AVENUE SUITE 4700 HOUSTON, TX 77002	3b Administrator's EIN 76-0139709 3c Administrator's telephone number 713-758-3819
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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
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5 Total number of participants at the beginning of the plan year	5	1022
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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)	220
a(2) Total number of active participants at the end of the plan year	6a(2)	118
b Retired or separated participants receiving benefits.....	6b	488
c Other retired or separated participants entitled to future benefits	6c	154
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	760
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	40
f Total. Add lines 6d and 6e	6f	800
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	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 1I 3B

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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) <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> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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>VINSON & ELKINS LLP PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>VINSON & ELKINS LLP</u>	D Employer Identification Number (EIN) <u>74-1183015</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 type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>125452277</u>
	b Actuarial value	2b	<u>136435929</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>487</u>	<u>95122170</u>
	b For terminated vested participants	<u>328</u>	<u>41011600</u>
	c For active participants	<u>220</u>	<u>20643666</u>
	d Total	<u>1035</u>	<u>156777436</u>
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	<u>5.03 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>1088284</u>
	c Target normal cost	6c	<u>1088284</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>09/12/2025</u> Date
<u>DANIEL KELLY, ASA, EA</u> Type or print name of actuary	<u>23-08800</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</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	9812197
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		3903744
9	Amount remaining (line 7 minus line 8)	0	5908453
10	Interest on line 9 using prior year's actual return of <u>9.95</u> %	0	587891
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	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>5.16</u> %		0
	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		0
	d Portion of (c) to be added to prefunding balance		
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	6496344

Part III Funding Percentages			
14	Funding target attainment percentage	14	82.88 %
15	Adjusted funding target attainment percentage	15	82.88 %
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	80.00 %
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		
03/28/2025	6000000	0					
			Totals ▶	18(b)	6000000	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	5646978
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" 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
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> 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)	<input type="checkbox"/> Prescribed - combined	<input checked="" 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 checked="" type="checkbox"/> Yes <input 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 1088284
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:		Outstanding Balance	Installment	
a Net shortfall amortization installment		26837851	2577755	
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 3666039
		Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		3779330		3779330
36 Additional cash requirement (line 34 minus line 35)				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 5646978
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 5646978
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 3666039
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 checked="" type="checkbox"/> 2021				

SCHEDULE C (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>	Service Provider 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan VINSON & ELKINS LLP PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 VINSON & ELKINS LLP	D Employer Identification Number (EIN) 74-1183015	

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)..... 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

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

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

MERCER INVESTMENTS MANAGEMENT

30-0282430

(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?
28 51	NONE	319932	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MERCER US, LLC

13-2834414

(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?
11 17 50	NONE	303197	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PRICEWATERHOUSECOOPERS LLP

13-4008324

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	164825	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

NEPC, LLC

26-1429809

(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?
51	NONE	87298	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NORTHERN TRUST COMPANY

36-1561860

(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?
21 50	NONE	19795	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>VINSON & ELKINS LLP PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>VINSON & ELKINS LLP</u>	D Employer Identification Number (EIN) <u>74-1183015</u>

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: <u>INTERMED US CREDIT INDX NL FD</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET</u>		
c EIN-PN <u>04-3508899-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12647442</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG US CREDIT CORP BOND INDX NL FD</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET</u>		
c EIN-PN <u>90-0337987-369</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>45639081</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG US TREASURY INDEX NL FD CM1N1</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET</u>		
c EIN-PN <u>03-0511227-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10545113</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MSCI ACWI EX USA NL FD ZVG9</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET</u>		
c EIN-PN <u>90-0337987-159</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2953257</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>500 FLAGSHIP SECURITIES NL FD CM111</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET</u>		
c EIN-PN <u>04-0025081-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5465549</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>20 YEAR TREASURY STRIPS INDEX NL FD</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET</u>		
c EIN-PN <u>90-0337987-169</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5319759</u>
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)

SCHEDULE H (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>	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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan VINSON & ELKINS LLP PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 VINSON & ELKINS LLP	D Employer Identification Number (EIN) 74-1183015

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	6000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1551	138502
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	124405813	82570201
(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)	1044913	1095958
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	125452277	89804661
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	112840	170579
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	112840	170579
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	125339437	89634082

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)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)	6000000	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		6000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(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)		0
(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)	163992	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		163992
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		39393
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		6203385

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	40209379	
(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)		40209379
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)	407230	
(6) Bank or trust company trustee/custodial fees	2i(6)	19795	
(7) Actuarial fees	2i(7)	468022	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	804314	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1699361
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		41908740

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-35705355
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) 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) 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: PRICEWATERHOUSECOOPERS LLP

(2) EIN: 13-4008324

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.)		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.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)	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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes 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.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 561054.

SCHEDULE R (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>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan VINSON & ELKINS LLP PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 VINSON & ELKINS LLP	D Employer Identification Number (EIN) 74-1183015	

Part I	Distributions
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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
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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): 36-1561860

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	0
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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.)
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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
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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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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: 10.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 88.6 %
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 1.4 % Other: 0.0 %

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 _____.

Vinson & Elkins L.L.P.

Pension Plan

**Financial Statements and Supplemental Schedules
December 31, 2024 and 2023**

Vinson & Elkins L.L.P. Pension Plan

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Note: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because the schedules are not applicable.	



Report of Independent Auditors

To the Administrator of Vinson & Elkins L.L.P. Pension Plan

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

We have performed an audit of the accompanying financial statements of Vinson and Elkins L.L.P. 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, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, including the related notes (collectively referred to as the "financial statements").

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023 and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.



Responsibilities of Management for the Financial Statements

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

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

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' 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 auditors' 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 US 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 US 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 audit 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 accounting principles generally accepted in the United States of America.

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

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

Other Matter – Supplemental Schedules Required by ERISA

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024 ("supplemental schedules"), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

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

PricewaterhouseCoopers LLP

Houston, Texas
September 5, 2025

Vinson & Elkins L.L.P. Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	2024	2023
Assets		
Investments, at fair value (Notes 3 and 4)	<u>\$ 83,666,159</u>	<u>\$ 125,450,726</u>
Receivables		
Accrued interest and dividends	138,502	1,551
Contribution receivable	<u>6,000,000</u>	<u>-</u>
Total receivables	<u>6,138,502</u>	<u>1,551</u>
Total assets	<u>89,804,661</u>	<u>125,452,277</u>
Liabilities		
Accrued expenses	<u>170,579</u>	<u>112,840</u>
Total liabilities	<u>170,579</u>	<u>112,840</u>
Net assets available for benefits	<u>\$ 89,634,082</u>	<u>\$ 125,339,437</u>

The accompanying notes are an integral part of these financial statements.

Vinson & Elkins L.L.P. Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	2024	2023
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 39,393	\$ 11,818,973
Interest and dividends	163,992	22,065
Total investment income	<u>203,385</u>	<u>11,841,038</u>
Employer contributions	6,000,000	-
Total additions	<u>6,203,385</u>	<u>11,841,038</u>
Deductions		
Benefits paid directly to participants	40,209,379	9,230,404
Administrative expenses	1,699,361	1,474,923
Total deductions	<u>41,908,740</u>	<u>10,705,327</u>
Net (decrease) increase	(35,705,355)	1,135,711
Net assets available for benefits		
Beginning of year	<u>125,339,437</u>	<u>124,203,726</u>
End of year	<u>\$ 89,634,082</u>	<u>\$ 125,339,437</u>

The accompanying notes are an integral part of these financial statements.

Vinson & Elkins L.L.P. Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. Summary of Significant Provisions of the Plan

General

The Vinson & Elkins L.L.P. Pension Plan (the “Plan”) was adopted effective January 1, 1961 and is a trustee defined benefit plan which includes nonlawyer employees, certain designated senior associate attorneys and partners of Vinson & Elkins L.L.P. (the “Firm”). The Plan and the related trust fund forming a part thereof are established and maintained for the exclusive benefit of the members. The term “trust fund” refers to the funds and properties held pursuant to the terms of the Plan for the use and benefit of the members, together with all income, profits and increments thereto.

The Plan Administrative Committee for the Firm’s Retirement, Pension and Variable Annuity Plans (the “Administrative Committee”), appointed by the Firm’s Management Committee, is responsible for the general administration of the Plan. The Administrative Committee is given all powers necessary to enable it to carry out its duties including, but not limited to, the power to interpret the Plan, decide on all questions of eligibility and the status and rights of members and direct disbursements of benefits in accordance with the provisions of the Plan. However, the Investment Committee for the Firm’s Retirement, Pension, and Variable Annuity Plans (the “Investment Committee”), appointed by the Firm’s Management Committee, has been delegated the authority and responsibility to carry out the Administrative Committee’s functions associated with the investment of the assets of the Plan. Members should refer to the Plan document for a complete description of the Plan provisions.

The Firm’s Management Committee has appointed The Northern Trust Company (“NT”) as the trustee. The trustee holds and controls the trust fund in accordance with the terms of the Plan. Among other duties, the trustee receives contributions, makes all the payments and maintains all accounting under the trust fund.

The Investment Committee has transitioned appointment in December 2024 from Mercer Investments LLC to New England Pension Company (“NEPC”) as the investment manager of all investments.

Contributions to the Plan will be made at least to the extent necessary to satisfy any minimum funding requirements of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

Effective January 1, 2007, the Firm froze accrued benefits under the Plan for all participants. The benefit accrued as of December 31, 2007 remains intact and is payable upon the member’s termination of employment.

Funding Policy

The Plan is a noncontributory plan and, therefore, does not allow participant contributions. The Firm, acting under the advice of the actuary for the Plan, intends, but does not guarantee, to make contributions in such amount and at such times as are required to maintain the Plan in compliance with the provisions of Section 412 of the Internal Revenue Code of 1986, as amended (the “Code”). All contributions made by the Firm shall be used to fund benefits under the Plan or to pay expenses and shall be irrevocable. The Plan met the ERISA minimum funding requirements in 2024 and 2023.

Vinson & Elkins L.L.P. Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

Benefit Payments

Subject to the Plan provisions, a member's pension benefit shall commence upon one of the following:

- Normal retirement at age 65 with 5 years of service or, if earlier, reached the fifth anniversary date of participation in the Plan;
- Early retirement of either age 55 and 10 years of service, or age 62 and 5 years of service or, if earlier, reached the fifth anniversary date of participation in the Plan;
- Deferred retirement whereby employment may continue after normal retirement date;
- Disability whereby a member may begin receiving benefits at normal retirement date if certified as totally and permanently disabled; or
- Severance whereby a member shall be entitled to a benefit upon reaching retirement age.

Depending on circumstances described under the Plan, benefits can be paid in the form of a single-life annuity or an annuity (a) for the joint lives of the member and any person designated by the member or (b) for a term certain, and continuous for the member's life. Benefit payments are computed as follows:

- For those nonpartner members who retired or terminated on or before September 30, 1994, or those members who were at least age 45 and whose age plus years of service was equal to 65 on October 1, 1994, the monthly benefit for normal retirement is based on 2% of average monthly compensation multiplied by years of service reduced by 1.25% of social security benefits multiplied by years of service (not to exceed 40 years).
- For all other nonpartner members, the monthly benefit for normal retirement is the greater of (i) the benefit accrued on October 1, 1994, calculated as described above, or (ii) the benefit calculated based on 1.5% of average monthly compensation multiplied by years of service (not to exceed 30 years) reduced by 1.25% of social security benefits multiplied by years of service (not to exceed 30 years).
- As amended in December 2004, partner members monthly benefit for normal retirement is \$291.67, multiplied by the number of years of service from January 1, 1995, through December 31, 1999, plus \$333.33, multiplied by the number of years of service after January 1, 2000.
- Early retirement is computed under the formula described above considering compensation and service and reduced actuarially for each year by which the commencement of benefit precedes a member's normal retirement date.
- Deferred retirement is computed under the formula described above, considering compensation and service as of the actual retirement date.

If an active employee dies with a vested interest before the commencement of benefits, a death benefit equal to 50% of the employee's reduced accrued benefit at the employee's death is paid to the employee's beneficiary. Disability benefits are paid at normal retirement date and are equal to the accrued benefit the participant had accrued at the time his employment is terminated by the Firm.

Vinson & Elkins L.L.P. Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

Vesting

All members are 100% vested.

Plan Amendments

The Plan was amended on September 10, 2024 by the Fourth Amendment to add new sections for the special benefit and death distribution options which offered certain participants an election to commence their benefits in the form of a lump sum or annuity starting in December 2024. Additionally, there was a Fifth Amendment effective January 1, 2025, which established restrictions on beneficiaries and payment options available after this date.

Benefit payments resulting from execution of Fourth Amendment lump sum window were \$30,289,162.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets, 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.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair values are determined using quoted market prices or rates as of the dates of the Statements of Net Assets Available for Benefits. The Plan presents in the Statements of Changes in Net Assets Available for Benefits the net appreciation or depreciation in the fair value of its investments which consists of the realized gains or losses and the change in accumulated unrealized appreciation or depreciation on those investments. Refer to Note 4 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded at the ex-dividend date.

Administrative Expenses

Administrative fees and commissions of the Plan are paid by the Firm or, if not, by the Plan.

Benefit Payments

Benefit payments to members are recorded when paid.

Risks and Uncertainties

Investment securities are exposed to various risks, such as market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Vinson & Elkins L.L.P. Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

Plan Termination

While the Firm has not expressed any intent to discontinue its contributions or terminate the Plan, the Firm may do so at any time, subject to the applicable requirements of ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination;
- Other vested benefits insured by the Pension Benefit Guaranty Corporation (“PBGC”) (a U.S. government agency) up to the applicable limitations (discussed below);
- All other vested benefits (that is, vested benefits not insured by the PBGC); and
- All nonvested benefits.

After the satisfaction of all liabilities of the Plan to the members and beneficiaries, the Firm will receive any remaining amount in the Plan.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor’s pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan’s termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual’s monthly benefit that the PBGC guarantees. For plan terminations occurring during 2024 and 2023, the ceilings were \$7,108 and \$6,750 per month, respectively. The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

3. Investments (Information Certified by the Trustee)

Certain information related to investments disclosed in the accompanying financial statements, including investments at December 31, 2024 and 2023, and net appreciation or depreciation in fair value of investments, interest and dividends for the years ended December 31, 2024 and 2023, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by The Northern Trust Company, the Plan’s trustee.

Vinson & Elkins L.L.P. Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

The Administrative Committee has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL's") Rules and Regulations for Reporting and Disclosure under Employee Retirement Income Security Act of 1974 ("ERISA"). Accordingly, the plan administrator has obtained certifications from The Northern Trust Company, the trustee for the Plan, as of December 31, 2024 and 2023, and for the years then ended, that the following Plan financial information and data included in the Plan's financial statements and supplemental schedule is complete and accurate:

- Investments, at fair value as shown in the Statements of Net Assets Available for Benefits at December 31, 2024 and 2023 and Note 4.
- Interest and dividends and the net appreciation or depreciation in fair value of investments as shown in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2024 and 2023.
- Schedule H, Line 4i-Schedule of Assets (Held at End of Year) at December 31, 2024 as shown in the supplemental schedule.
- Schedule H, Line 4j-Schedule of Reportable Transactions for the year ended December 31, 2024 as shown in the supplemental schedule.

4. Fair Value Measurements

FASB Accounting Standard Codification ("ASC") Topic 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 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.

Vinson & Elkins L.L.P. Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Mutual Funds

Open-ended mutual funds and bond trusts are valued at the net asset value ("NAV") of each fund or trust determined as of the close of the applicable publicly traded exchange on the valuation date. Money market mutual funds and interest-bearing cash are recorded using the amortized cost method.

Common Collective Trusts ("CCTs")

Valued based on the net asset value of the fund units held by the Plan at year end as reported in the audited financial statements of the trusts. The fair value is based on the fair value of the underlying investments of the fund. Underlying securities for which quotations are readily available are valued at the closing market quotation in the principal market in which such securities are normally traded. Underlying securities for which quotations are not readily available are valued at amortized cost, which approximates current value. Investments in underlying funds are valued at their closing net asset value.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

Assets at Fair Value as of December 31, 2024				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 1,095,958	\$ -	\$ -	\$ 1,095,958
Total assets in the fair value hierarchy	1,095,958	-	-	1,095,958
Investments measured at net asset value ^(a)				82,570,201
Total assets in the fair value hierarchy	\$ 1,095,958	\$ -	\$ -	\$ 83,666,159
Assets at Fair Value as of December 31, 2023				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 1,044,913	\$ -	\$ -	\$ 1,044,913
Total assets in the fair value hierarchy	1,044,913	-	-	1,044,913
Investments measured at net asset value ^(a)				124,405,813
Total assets in the fair value hierarchy	\$ 1,044,913	\$ -	\$ -	\$ 125,450,726

(a). In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net assets Available for Benefits.

Vinson & Elkins L.L.P. Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

Transfer Between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

The significance of transfers between levels are evaluated based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2024 and 2023, there was no significant transfer between levels.

Fair Value of Investment that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024 and 2023, respectively:

	Fair Value	Unfunded Commitments	Redemption	
			Frequency if Currently Eligible	Notice Period
December 31, 2024				
Common collective trusts	\$ 82,570,201	\$ -	Daily	Trade day
			Redemption	
	Fair Value	Unfunded Commitments	Frequency if Currently Eligible	Notice Period
December 31, 2023				
Common collective trusts	\$ 124,405,813	\$ -	Daily	Trade day

5. Related Party and Party-in-Interest Transactions

Fees expensed by the Plan for trustee and investment management services were \$1,699,361 and \$1,474,923 for the years ended December 31, 2024 and 2023, respectively.

The Plan held a Northern Trust mutual fund of \$1,095,958 and \$1,044,913 at December 31, 2024 and 2023, respectively. The investments are considered party-in-interest transactions, because NT served as the trustee of the Plan. The Plan also held units of Mercer common collective trusts of \$0 and \$124,405,813 at December 31, 2024 and 2023. The investments are considered as party-in-interest transactions, because MIM served as the investment manager of the Plan. The Investment Committee has authorized investments with NT and MIM. Such transactions are permitted under the provisions of the Plan and are exempt from prohibition of party-in-interest transactions under ERISA.

6. Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Vinson & Elkins L.L.P. Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

The actuarial present value of accumulated Plan benefits is determined by Mercer Incorporated, an independent actuary and is that amount which 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. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

The significant assumptions used in the actuarial valuations for 2024 were as follows:

Mortality	Pri-2012 separate employee/annuitant/contingent survivor healthy mortality tables for males and females with white collar adjustment, projected generationally with scale MP-2021.
Retirement rates	8% from age 55-60, 15% from ages 61-63, 25% at age 64, 40% at age 65, 25% from ages 66-70, and 100% at age 71 for nonpartner participants and 8% from ages 55-60, 15% from ages 61-70, and 100% at age 71 for partner participants.
Withdrawal rates	Withdrawal rates are assumed to decrease with age from 18.7% of nonpartner participants and 38.5% of partners under age 25 to 1.1% of nonpartner participants and 2.2% partners at age 65 and over.
Annual rate of return	Rate is 4.75% in 2024 (4.75% in 2023)

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.

The assumed benefit commencement date for current and future deferred vested participants is assumed to be age 62 if 10 or more years of service, and age 65 if less than 10 years of service.

The actuarial present value of accumulated benefits as of January 1, 2024 is presented below:

Vested benefits	
Inactive participants currently receiving benefits	\$ 101,109,711
Inactive participants with deferred benefits	44,532,477
Active participants	<u>22,536,427</u>
Total vested benefits	168,178,615
Nonvested benefits	<u>-</u>
Total actuarial present value of accumulated Plan benefits	<u>\$ 168,178,615</u>

Vinson & Elkins L.L.P. Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

Changes to the actuarial present value of accumulated Plan benefits from January 1, 2023 to January 1, 2024 were as follows:

Actuarial present value of accumulated Plan benefits at January 1, 2023	\$ 169,138,660
Increase (decrease) during the year attributable to	
Benefits accumulated (including gains and losses)	552,885
Increase for interest due to the decrease in discount period	7,796,596
Benefits paid	(9,230,404)
Change in actuarial assumptions	<u>(79,122)</u>
Actuarial present value of accumulated Plan benefits at January 1, 2024	<u>\$ 168,178,615</u>

7. Voluntary Correction Program (VCP)

Deferred Distribution and Vested Interest Rate Matter Failure

On August 28, 2025, the Plan filed a Voluntary Correction Program (“VCP”) application addressing a compliance failure identified in September 2024. Specifically, in prior periods, certain participants were permitted to defer the distribution of their benefits until April 1st of the calendar year following attainment of age 70½, contrary to plan provisions. Additionally, for benefit commencements occurring after the Normal Retirement Date (“NRD”), actuarial increases were applied based on interest rate and mortality assumptions outlined in the Plan.

This issue affects 115 participants, including both Highly Compensated Employees (“HCEs”) and Non-Highly Compensated Employees (“NHCEs”), across both in-pay and deferred statuses. While the VCP application is still pending and the ultimate correction that will receive IRS approval is currently unknown, if the proposed VCP filing corrections were reflected for the terminated vested and HCE retiree participants, it is estimated the Plan's actuarial present value of accumulated Plan benefits would have been approximately \$3.5 million lower as of January 1, 2024, and approximately \$2.5 million lower as of January 1, 2023.

8. Tax Status

The Internal Revenue Service (“IRS”) issued a favorable determination letter dated December 13, 2016, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the Code. The Plan has been amended since receiving the determination letter. 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 Code.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability 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. As of December 31, 2024, the Plan administrator believes that it is no longer subject to income tax examination for years prior to 2021.

Vinson & Elkins L.L.P. Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

9. Subsequent Events

The Plan has evaluated subsequent events through September 5, 2025, the date the financial statements were available to be issued.

The Plan filed a VCP on August 28, 2025. See Note 7.

Supplemental Schedules

Schedule SB, line 26a — Schedule of Active Participant Data

Distribution of Active Participants as of January 1, 2024: Partners

Attained age	Years of credited service ³										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											
40–44											
45–49											
50–54						2	7				9
55–59						2	2	2			6
60–64					1	5	2	6	5		19
65–69					1					4	5
70 & up						2				1	3
Total					2	11	11	8	5	5	42

In each cell, the number is the count of active participants for each age/service combination.

³ Reflects years of vesting service, which is more reflective of frozen plan’s current population.

Schedule SB, line 26a — Schedule of Active Participant Data

Distribution of Active Participants as of January 1, 2024: Non-Partners

Attained age	Years of credited service ⁴										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				1	2						3
40–44					2	2					4
45–49					6	13	1				20
50–54				1	3	13	9	4	2		32
55–59			1	3	6	10	11	4	2		37
60–64			1	2	8	16	9	5	5	4	50
65–69					2	13	7	3	2	1	28
70 & up							1		1	2	4
Total			2	7	29	67	38	16	12	7	178

In each cell, the number is the count of active participants for each age/service combination.

⁴ Reflects years of vesting service, which is more reflective of frozen plan’s current population.

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

Economic Assumptions		
Discount rate sponsor elections		
Segment rates or full yield curve	Segment	
Look-back months	4	
	Stabilized	Nonstabilized
First 5 years	4.75%	3.62%
Next 15 years	4.87%	4.46%
Over 20 years	5.59%	4.52%
Mortality sponsor elections		
Healthy participants	Section 430(h)(3) prescribed generational annuitant and non-annuitant mortality tables for 2024 plan year funding valuations. These tables are based on the Pri-2012 mortality tables projected with the IRS-modified MP-2021 mortality improvement scale, in accordance with IRS regulation 1.430(h)(3)-1.	
Pre-1995 disabilities	N/A	
Post-1994 disabilities ¹	Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits	
Other economic assumptions		
Salary increases	Not applicable	
Flat-dollar benefit increases	Not applicable	
Social Security taxable wage base increases	Not applicable	
Inflation	Not applicable	
Expected investment return	4.75% per year	
Expenses	Actual prior year administrative expenses plus expected current year PBGC premiums, discounted with the effective interest rate to the beginning of the year are included in normal cost.	

Rationale for Economic Assumptions

- Discount rates – Prescribed by IRS and based on the plan sponsor’s election.
- Expected investment return – The expected investment return is based on a blend of the hypothetical past performance of the plan’s target asset mix, and the median simulated investment return using capital market assumptions published in Mercer Investment Consulting’s Capital Markets Outlook for the plan’s target asset mix. The expected investment return is net of an adjustment of 10 basis points for investment expenses assumed to be paid from plan assets.
- Expenses – Based on actual experience and estimated PBGC premiums.

¹ If participant is eligible for an enhanced disability benefit (i.e. disabled pre-2005), then the participant is valued using the post-1994 disability mortality. Otherwise, the participant is valued using the same mortality as a healthy participant.

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

Table of sample rates

Demographic Assumptions			
Withdrawal		Withdrawal rates	
	Attained age	Non-partner	Partner
	<25	18.7%	38.5%
	25-29	14.3	29.4
	30-34	11.2	23.2
	35-39	8.8	18.1
	40-44	6.8	14.1
	45-49	5.3	10.9
	50-54	4.0	8.3
	55-59	3.0	6.2
	60-64	2.0	4.2
	65+	1.1	2.2
Disability incidence	1985 Pension Disability Table, Class 1 – Unisex. See table of sample rates. 0% of participants becoming disabled are assumed to be eligible for Social Security disability benefits.		
Retirement age		Retirement rates	
	Attained age	Non-partner	Partner
	55	8.0%	8.0%
	56	8.0	8.0
	57	8.0	8.0
	58	8.0	8.0
	59	8.0	8.0
	60	8.0	8.0
	61	15.0	15.0
	62	15.0	15.0
	63	15.0	15.0
	64	25.0	15.0
	65	40.0	15.0
	66	25.0	15.0
	67	25.0	15.0
	68	25.0	15.0
	69	25.0	15.0
	70	25.0	15.0
	71+	100.0	100.0
Benefit commencement age for			
Future vested deferred ²	62/65		
Current vested deferred ²	62/65		

² Age 62 if 10 or more years of service, age 65 if less than 10 years of service.

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

Spouse assumptions	<u>Male participants</u>			<u>Female participants</u>
Percentage married	85%			65%
Spouse age difference	3 years younger			3 years older
Form of payment	<u>Single life</u>	<u>50% J&S</u>	<u>100% J&S</u>	<u>Single life based on 100% J&S</u>
Active retirements	70%	20%	10%	-
Future vested deferred	70%	15%	15%	-
Future disabilities	70%	15%	15%	-
Future deaths	-	-	-	100%
Current vested deferred	70%	15%	15%	-
Unpredictable contingent event assumptions	Not applicable			
At-risk assumptions	Not applicable			

Rationale for Demographic Assumptions

- Mortality – Prescribed by IRS and based on the plan sponsor’s election.
- Withdrawal – Withdrawal incidence is based on the plan’s experience as documented in the 2017 actuarial experience analysis, separately for Partners and non-Partners.
- Retirement age – Retirement incidence is based on the plan’s experience as documented in the 2017 actuarial experience analysis, separately for Partners and non-Partners.
- Benefit commencement age – Benefit commencement age is based on the plan’s experience, as documented in the 2017 actuarial experience analysis.
- Form of payment – Election assumptions are based on the plan’s experience documented in the 2017 actuarial experience analysis.

Table of sample rates

Attained age	Disability incidence
20	.03%
25	.04
30	.06
35	.10
40	.16
45	.26
50	.45
55	.85
60	1.20

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial methods****Asset methods – Effective January 1, 2009**

The asset valuation method is an average of the adjusted market value for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods – Effective January 1, 2008

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 – Effective January 1, 2008

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 credited service and average pay 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 are 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.

Vinson & Elkins L.L.P. Pension Plan
Schedule H, Line 4j - Schedule of Reportable Transactions**
Year Ended December 31, 2024
EIN: 74-1183015; P/N 001

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Single Transactions						
*Mercer						
CF MERCER ACT INT CR FIXED INCOME PORTFO LIO	Common collective trusts	\$ -	\$ 1,030,951	\$ 10,352,373	\$ 10,711,580	\$ 359,207
CF MGI ACTIVE LONG CORP INV PORTFOLIO FD	Common collective trusts	-	1,075,610	22,063,889	19,683,671	(2,380,218)
CF MGI ACTIVE LONG CORP INV PORTFOLIO FD	Common collective trusts	-	2,280,730	46,784,381	41,668,934	(5,115,447)
CF MGI LONG DURATION PASSIVE FIXED INCOME PORTFOLIO FUND	Common collective trusts	-	497,957	11,891,734	9,680,282	(2,211,452)
State Street						
CF STATE STREET INTERMED US CREDIT INDX NL FD CM1F	Common collective trusts	\$ 340,690	\$ -	\$ 12,750,000	\$ 12,750,000	\$ -
CF STATE STREET LONG US CREDIT CORP BOND INDEX NLFDCMLS1	Common collective trusts	2,729,447	-	47,500,000	47,500,000	-
CF STATE STREET LONG US TREASURY INDEX N L FDCM1N1	Common collective trusts	504,310	-	11,000,000	11,000,000	-
*Northern Trust						
MFB NORTHERN INSTL FDS U.S. GOVT SELECT PORTFOLIO CL A	Mutual funds	\$ 34,166,898	\$ -	\$ 34,166,898	\$ 34,166,898	\$ -
MFB NORTHERN INSTL FDS U.S. GOVT SELECT PORTFOLIO CL A	Mutual funds	82,780,575	-	82,780,575	82,780,575	-
MFB NORTHERN INSTL FDS U.S. GOVT SELECT PORTFOLIO CL A	Mutual funds	-	8,000,000	8,000,000	8,000,000	-
MFB NORTHERN INSTL FDS U.S. GOVT SELECT PORTFOLIO CL A	Mutual funds	-	78,352,447	78,352,447	78,352,447	-
MFB NORTHERN INSTL FDS U.S. GOVT SELECT PORTFOLIO CL A	Mutual funds	-	26,723,880	26,723,880	26,723,880	-
Series of Transactions						
*Northern Trust						
MFB NORTHERN INSTL FDS U.S. GOVT SELECT PORTFOLIO CL A	Mutual funds	\$ 127,053,928	\$ -	\$ 127,053,928	\$ 127,053,928	\$ -
MFB NORTHERN INSTL FDS U.S. GOVT SELECT PORTFOLIO CL A	Mutual funds	-	127,022,883	127,022,883	127,022,883	-
*Mercer						
CF MERCER ACT INT CR FIXED INCOME PORTFO LIO	Common collective trusts	\$ -	\$ 17,602,109	\$ 17,032,843	\$ 17,602,109	\$ 569,266
CF MERCER LONG SRIPS FIXED INCOME	Common collective trusts	-	8,740,348	7,769,115	8,740,348	971,233
CF MGI ACTIVE LONG CORP INV PORTFOLIO FD	Common collective trusts	-	71,512,104	80,411,469	71,512,104	(8,899,365)
CF MGI GLOBAL LOW VOLATILITY EQUITY PORTFOLIO FUND	Common collective trusts	-	6,821,890	4,509,455	6,821,890	2,312,435
CF MGI LONG DURATION PASSIVE FIXED INCOME PORTFOLIO FUND	Common collective trusts	-	16,428,702	20,151,337	16,428,702	(3,722,635)

Note: This schedule includes those assets purchased and/or sold during the current year that are in excess of 5% of the fair market value of the Plan assets as required by ERISA Section 2520.103-6 and Form 5500 Schedule H, Line 4j.

* Denotes party-in-interest.

** Columns (e) and (f) have been omitted as they were not applicable.

Information above certified as complete and accurate by The Northern Trust Company, trustee.

**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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 VINSON & ELKINS LLP PENSION PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Vinson & Elkins LLP		D Employer Identification Number (EIN) 74-1183015	
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 type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value.....	2a	125,452,277	
b Actuarial value.....	2b	136,435,929	
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.....	487	95,122,170	95,122,170
b For terminated vested participants.....	328	41,011,600	41,011,600
c For active participants.....	220	20,643,666	20,643,666
d Total.....	1,035	156,777,436	156,777,436
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	5.03%	
6 Target normal cost			
a Present value of current plan year accruals.....	6a	0	
b Expected plan-related expenses.....	6b	1,088,284	
c Target normal cost.....	6c	1,088,284	

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	DANIEL KELLY (DK)	9/12/2025
	Signature of actuary	Date
DANIEL KELLY, ASA, EA		2308800
	Type or print name of actuary	Most recent enrollment number
MERCER		212-345-7000
	Firm name	Telephone number (including area code)
1166 AVENUE OF THE AMERICAS		
NEW YORK NY 10036		
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> 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)	<input type="checkbox"/> Prescribed - combined	<input checked="" 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 checked="" type="checkbox"/> Yes	<input 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	1,088,284	
b Excess assets, if applicable, but not greater than line 31a.....	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment.....	Outstanding Balance	Installment	
b Waiver amortization installment.....	26,837,851	2,577,755	
	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	3,666,039	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....		3,779,330	3,779,330
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	5,646,978	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	5,646,978	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	3,666,039	
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 checked="" type="checkbox"/> 2021
--

Schedule SB, line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 62.

Age	Non-Partner Retirement	Lx	# Ret	# Ret x Age	Partner Retirement	Lx	# Ret	# Ret x Age
55	8%	10,000	800	44,000	8%	10,000	800	44,000
56	8%	9,200	736	41,216	8%	9,200	736	41,216
57	8%	8,464	677	38,596	8%	8,464	677	38,596
58	8%	7,787	623	36,131	8%	7,787	623	36,131
59	8%	7,164	573	33,814	8%	7,164	573	33,814
60	8%	6,591	527	31,636	8%	6,591	527	31,636
61	15%	6,064	910	55,481	15%	6,064	910	55,481
62	15%	5,154	773	47,932	15%	5,154	773	47,932
63	15%	4,381	657	41,400	15%	4,381	657	41,400
64	25%	3,724	931	59,580	15%	3,724	559	35,748
65	40%	2,793	1,117	72,614	15%	3,165	475	30,861
66	25%	1,676	419	27,649	15%	2,690	404	26,635
67	25%	1,257	314	21,051	15%	2,287	343	22,983
68	25%	943	236	16,024	15%	1,944	292	19,827
69	25%	707	177	12,195	15%	1,652	248	17,101
70	25%	530	133	9,279	15%	1,404	211	14,746
71+	100%	398	398	28,233	100%	1,194	1,194	84,757
Total			10,000	616,831			10,000	622,865
Average				62				62

Schedule SB, line 22 — Description of Weighted Average Retirement Age

	Active Participants	% of Active Participants	Average Retirement Age	% x Average Retirement Age
Non-Partners	178	80.91%	62	50
Partners	42	19.09%	62	12
Total	220	100.00%		62

The weighted average retirement age (“WARA”) for each group (Partner/non-Partner) is the total for column “# Ret x Age” divided by the total for column “# Ret”. The WARA for the entire population is the weighted average of the WARA for each group, weighted by that group’s portion of the population. It should be noted that while only integral values are shown in the table, the full content of each cell, including decimal positions, is used in the calculations.

Schedule SB, line 26b – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	506,010	2,297,053	9,584,810	12,387,872
2025	747,432	2,451,263	9,378,375	12,577,070
2026	965,688	2,546,998	9,124,489	12,637,175
2027	1,148,261	2,680,148	8,883,642	12,712,051
2028	1,299,160	2,780,724	8,572,605	12,652,490
2029	1,412,273	2,884,633	8,249,905	12,546,811
2030	1,532,064	2,981,683	7,950,415	12,464,162
2031	1,611,582	3,010,241	7,537,590	12,159,414
2032	1,653,498	3,030,824	7,192,614	11,876,937
2033	1,669,818	3,012,611	6,797,438	11,479,867
2034	1,680,216	3,000,264	6,419,536	11,100,017
2035	1,693,108	2,977,723	6,033,375	10,704,207
2036	1,673,591	2,933,510	5,639,984	10,247,086
2037	1,647,317	2,878,046	5,244,091	9,769,454
2038	1,614,100	2,810,757	4,838,570	9,263,426
2039	1,572,492	2,729,910	4,413,496	8,715,898
2040	1,529,474	2,646,676	3,965,422	8,141,572
2041	1,480,297	2,560,700	3,576,002	7,616,999
2042	1,423,595	2,460,619	3,158,082	7,042,296
2043	1,363,133	2,355,049	2,780,899	6,499,081
2044	1,298,419	2,245,205	2,446,381	5,990,006
2045	1,230,363	2,125,917	2,133,871	5,490,151
2046	1,159,941	2,001,834	1,844,911	5,006,685
2047	1,087,400	1,875,593	1,580,516	4,543,509
2048	1,013,299	1,745,388	1,341,215	4,099,902
2049	938,083	1,613,402	1,127,087	3,678,572
2050	862,472	1,480,139	937,756	3,280,368
2051	787,131	1,347,865	772,399	2,907,396
2052	712,884	1,217,767	629,780	2,560,430
2053	640,518	1,091,380	508,334	2,240,232
2054	570,786	970,048	406,245	1,947,079
2055	504,387	854,953	321,533	1,680,873
2056	441,917	747,082	252,145	1,441,145
2057	383,844	647,177	196,036	1,227,057
2058	330,499	555,720	151,243	1,037,462
2059	282,066	472,971	115,940	870,977
2060	238,600	398,944	88,472	726,016
2061	200,044	333,469	67,360	600,874
2062	166,232	276,217	51,320	493,769
2063	136,910	226,719	39,258	402,887
2064	111,763	184,414	30,263	326,440
2065	90,430	148,666	23,598	262,694
2066	72,526	118,797	18,672	209,995
2067	57,657	94,115	15,027	166,798
2068	45,433	73,936	12,313	131,682
2069	35,483	57,609	10,269	103,361
2070	27,462	44,533	8,701	80,695
2071	21,059	34,160	7,466	62,685
2072	15,998	26,008	6,461	48,467
2073	12,037	19,659	5,614	37,310

Schedule SB, Part V — Summary of Plan Provisions**Summary of major plan provisions**

Effective date and plan year	Original effective date: January 1, 1961 Restated plan: January 1, 2015 Plan year: Calendar year
Status of the plan	All benefit accruals are frozen and no employees are eligible to become new participants in the plan. Active participants continue to accrue vesting service.
Significant events that occurred during the year	None.
Administration	The plan is administered by a Committee appointed by the Management Committee. Funds are held by The Northern Trust Company, as trustee.
Type of plan	Self-administered, trustee pension plan

DEFINITIONS

• Employees included	Eligible Employees include all non-attorney employees, Partners, and designated Senior Associate Attorneys. Leased employees, non-resident aliens, and independent contractors are excluded. No Partners may become Members on or after May 1, 2007 and no Non-Partners may become Members on or after June 1, 2007.
• Service considered	Prior to January 1, 1976, the last period of continuous employment. After December 31, 1975, one year of service shall be granted for each plan year in which the Employee completes 1,000 or more Hours of Service. For Senior Associate Attorneys, each member shall be credited with a month of Accrual Service for each month of service prior to October 1, 1985; from and after October 1, 1985, each Senior Attorney shall be granted with one year of service for each plan year in which the Employee completes 1,000 or more Hours of Service. For Partners, service begins the later of January 1, 1995 and the date the participant becomes a Partner.
• Compensation considered	Total Form W-2 compensation. However, compensation shall include any amounts the employee has elected to defer under other specified plans. Compensation for Senior Attorneys includes only base salary for services rendered and excludes any bonuses or other supplemental pay. Compensation is limited by IRC section 401(a)(17) as amended by EGTRRA. The \$200,000 limit (indexed) applies for years beginning January 1, 2002 and later.
• Employer contributions	Payments to be made in such amounts as determined from time to time by the Employer
• Employee contributions	None required or permitted
Normal retirement	
• Eligibility	Age 65 and five years of vesting service

Schedule SB, Part V — Summary of Plan Provisions

- Benefit

- (a) A Member who is not a Partner and terminates on or before September 30, 1994, or on or after October 1, 1994 provided the Member has attained age 45 and the Member's attained age and years of service as of October 1, 1994 equals or exceeds 65, shall receive a monthly pension for life equal to the following amount:

2% of final average monthly compensation (disregarding any compensation earned by the Member after June 1, 2007) multiplied by the number of years of service, (disregarding any service completed after June 1, 2007) less

1¼% of primary monthly Social Security (estimated as of the earlier of the member's termination of employment or June 1, 2007) multiplied by the number of years of service (disregarding any service completed after June 1, 2007), not greater than 40.

- (b) On or after October 1, 1994, a Member who is not a Partner who does not meet the requirements in (a) above, shall receive a monthly pension for life equal to the following amount:

1½% of final average monthly compensation (disregarding any compensation earned by the member after June 1, 2007) multiplied by the number of years of service (disregarding any service completed after June 1, 2007), not greater than 30, less

1¼% of primary monthly Social Security (estimated as of the earlier of the member's termination of employment or June 1, 2007) multiplied by the number of years of service (disregarding any service completed after June 1, 2007), not greater than 30.

Final average monthly compensation is the highest monthly average of the total considered compensation for the five consecutive calendar years during the last ten completed calendar years prior to retirement (disregarding any compensation earned by the member after June 1, 2007).

- (c) For non-Partner Members during the period October 1, 1989 and ending September 30, 1994, their monthly pension will be the greater of (a) above and

75% of career monthly average compensation, (disregarding any compensation earned by the Member after June 1, 2007) less

30% of primary monthly Social Security (estimated as of the earlier of the member's termination of employment or June 1, 2007), multiplied by a fraction (not greater than one) the numerator of which is the number of years of Accrual Service at Normal Retirement Date (disregarding any service completed after June 1, 2007) and the denominator of which is 40.

Career average compensation is the monthly average of the total considered compensation for the total period of employment from and after October 1, 1984 (disregarding any compensation earned by the member after June 1, 2007). If the Employee is married, this annuity is payable for the life of the Employee and further continuing after the

Schedule SB, Part V — Summary of Plan Provisions

Employee's death at 100% rate to the surviving spouse, otherwise this annuity is payable for the life of the Member.

- (d) A Partner Member shall receive a monthly pension for life equal to the following amount:
 1. \$291.67 multiplied by years of service from January 1, 1995 through December 31, 1999, plus
 2. \$333.33 multiplied by years of service after January 1, 2000 (disregarding any service completed after May 1, 2007).
-

Late Retirement

- Benefit The annuity is computed above considering service and compensation after Normal Retirement Date.
-

Early Retirement

- Eligibility Age 55 and ten years of vesting service or age 62 and the earlier of five years of plan participation or five years of vesting service.
-

- Benefit The annuity, payable at age 65, is determined as for normal retirement considering compensation, primary Social Security and service to date of termination. If a Member requests commencement of payments prior to his Normal Retirement Date, his accrued benefit as of December 31, 2004 shall be reduced by 5% for each year by which commencement of payments precedes age 65. The portion of his benefit in excess of his accrued benefit as of December 31, 2004 attributable to plan years after January 1, 2005 in which he was not highly compensated shall be reduced by 5% for each year by which commencement of payments precedes age 65. The portion of his benefit in excess of his accrued benefit as of December 31, 2004 attributable to plan years after January 1, 2005 in which he was highly compensated shall be reduced on an actuarial equivalent basis. As to (b) above, the compensation portion is unreduced and the primary Social Security portion shall be reduced by 6 2/3% for each year by which the commencement of payments precedes his attainment of age 65.
-

Deferred Vested

- Eligibility Five years of service.
-

Schedule SB, Part V — Summary of Plan Provisions

- **Benefit**

The annuity, deferred to age 65, is determined as for normal retirement under benefit formula (a), (b) or (d). If an Employee requests commencement of payments prior to his Normal Retirement Date, but after attaining age 55 and ten years of vesting service, his accrued benefit as of December 31, 2004 shall be reduced by 5% for each year by which commencement of payments precedes age 65. The portion of his benefit in excess of his accrued benefit as of December 31, 2004 attributable to plan years after January 1, 2005 in which he was not highly compensated shall be reduced by 5% for each year by which commencement of payments precedes age 65. The portion of his benefit in excess of his accrued benefit as of December 31, 2004 attributable to plan years after January 1, 2005 in which he was highly compensated shall be reduced on an actuarial equivalent basis.

Disability

- **Benefit**

For disabilities prior to January 1, 2005:

Prior to the earlier of Normal Retirement Date or Early Retirement Date. The annuity, payable at normal retirement is determined as for normal retirement (paragraphs (a) or (b) or (d)), considering compensation, Social Security, and service at his termination date.

For a non-Partner Member who becomes disabled during the period beginning October 1, 1989 and ending September 30, 1994 and prior to the earlier of Normal Retirement Date or Early Retirement Date. The annuity, payable immediately, shall be equal to:

75% of career average compensation at disability, less

30% of primary Social Security, multiplied by

a fraction (not greater than one), the numerator of which is the number of years of Accrual Service at disability and the denominator of which is 40.

A member who becomes eligible for a disability benefit above and whose disability continues to Normal Retirement Date shall be eligible for a benefit determined as for normal retirement considering service to his Normal Retirement Date and assuming compensation was received during his disability at the same rate as was payable to him on the date of his disability. This amount shall be reduced by the portion of such amount that the member is already receiving.

For disabilities on or after January 1, 2005:

Generally, the same as provisions for disabilities prior to January 1, 2005 except service and earnings end at December 31, 2004.

Schedule SB, Part V — Summary of Plan Provisions

Death

- Benefit

Death of Member Before Annuity Starting Date: A married Member who is vested with an Eligible Surviving Spouse shall have a survivor annuity paid to such spouse in an amount that is the actuarial equivalent of 100% of the Member's accrued benefit the day prior to the member's death; provided, however, that the death benefit will be reduced 5% for each of the first ten years by which the commencement of payments precedes the Member's Normal Retirement Date and then actuarially reduced for additional years prior to that date.

A Member who is vested but who does not have an Eligible Surviving Spouse shall have a death benefit paid to his designated beneficiary in an amount that is the actuarial equivalent of 100% of the Member's accrued benefit the day prior to the Member's death but that will be reduced in the same manner as the Eligible Surviving Spouse death benefit to the extent payment of the death benefit precedes the Member's Normal Retirement Date.

Eligible Surviving Spouse and beneficiary death benefits commence as of the first day of the month coinciding with or next following the Member's date of death; provided, however, that in the absence of consent by an Eligible Surviving Spouse, payment of a survivor annuity to such spouse may not begin prior to the date the Member would have reached his Normal Retirement Date.

Alternate death benefit payment forms – single life annuity and annuity for a term certain and continuous – are also available upon election.

Death of Member After Annuity Starting Date: If a Member dies after his Annuity Starting Date, the benefit payable on his death will be whatever continuing income or survivor payment is provided for under the form of benefit he elected.

Schedule SB, Part V — Summary of Plan Provisions

Form of benefits	
<ul style="list-style-type: none"> Normal form 	<p>Required Joint and Survivor Option</p> <p>Unless a married Member elects in writing to the contrary (and unless such Member's Eligible Surviving Spouse consents in writing, if required) all pensions calculated under the former career average formula shall be paid in the form of a 100% Joint and Survivor Option, and all pensions calculated under the final average formula shall be paid in the form of 50% Joint and Survivor Option.</p>
<ul style="list-style-type: none"> Optional forms 	<p>Any Member who has elected not to receive the standard benefit shall be paid in one of the following alternative forms to be selected by such Member or, in the absence of such selection, by the Committee prior to his Annuity Starting Date (provided that the period and method of payment of any such form will be in compliance with all applicable laws):</p> <ol style="list-style-type: none"> a single life annuity for the life of such Member; an annuity for (a) the joint lives of the Member and any joint annuitant designated in accordance with the terms of the plan by the Member, (b) a joint and 75% survivor annuity of the Member and eligible surviving spouse or (c) a term certain and continuous for the life of the Member if he survives such term certain or continuing to the end of such term certain to the beneficiary or beneficiaries designated by such Member in accordance with the terms of the plan in the event of such Member's death before the end of the term certain; an annuity adjusted so that an increased amount will be paid prior to the earliest age as of which such Member will become eligible for an Old-Age Insurance Benefit under the Social Security Act and a reduced amount thereafter. The purpose of this adjustment is to enable the Member to receive from this Plan and under the Social Security Act an aggregate income in approximately a level amount for life. Such adjusted payments shall be the Actuarial Equivalent of the benefit otherwise payable to such Member.
<ul style="list-style-type: none"> Optional form conversion factors 	<p>Conversion factor is determined on an actuarially equivalent basis.</p>
<ul style="list-style-type: none"> Actuarial equivalence 	<p>For purpose of determining lump sum and Social Security Leveling Income Option, interest and mortality as defined under IRC 417(e).</p> <p>For other optional forms:</p> <ul style="list-style-type: none"> - Effective January 1, 2021: mortality as defined under IRC 417(e) for 2021 with a 5% interest rate is used, if resulting in a greater benefit amount than the basis in effect prior to January 1, 2021. - Prior to January 1, 2021: UP-1984 mortality table with an 8.50% interest rate is used unless the accrued benefit at December 31, 2004 is greater, in which case the optional forms of payment are based upon the UP-1984 mortality set back four years using a 6.00% interest rate.

Schedule SB, Part V — Summary of Plan Provisions**Deferred Vested Lump sum cashout window**

For participants (including their surviving spouses and alternate payees) who have terminated employment on or before August 31, 2016, and whose payments have not yet commenced as of December 1, 2016, a temporary unlimited lump sum payment may be paid during the month of December 2016.

The lump sum payment is equal to the participant's Normal Retirement Benefit multiplied by a single life annuity present factor using November 2015 PPA minimum present value segment rates (1.76% for the first 5 years, 4.15% for the next 15 years, and 5.13% thereafter) and the 2016 mortality table specified in IRS Notice 2013-49.

Those participants who would be eligible to commence payment as of December 1, 2016 may alternatively commence payment in one of the optional forms of payment described on the previous page, using the optional form conversion factors described above.

Those participants who would not otherwise be eligible to commence payment as of December 1, 2016 may alternatively commence payment in the form of a single life annuity, a joint and 50% survivor annuity, or a joint and 75% survivor annuity, using the optional form conversion factors described on the previous page.

Miscellaneous

- **Maximum benefits** Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually.

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated effective January 1, 2015, are included in this valuation:

- **Most recent plan amendments included:** The Third Amendment, executed December 8, 2020
- **Plan amendments excluded:** None.
- **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. This valuation includes increases for current participants over age 70½.
 - *Deferred vested participants:* Current deferred vested participants past normal retirement age are valued including the late retirement actuarial increase from the later of age 65 and date of termination.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.
- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* None.
 - *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.

Schedule SB, Part V — Summary of Plan Provisions

- *Benefit accruals*: The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits**: The plan does not have any unpredictable contingent event benefits.

Plan Provisions specific to ASC 960

- **Shutdown benefits**: We are not aware of any corporate actions that would create shutdown benefits; therefore, they are excluded.
- **Benefit restrictions**: Benefit restrictions (if applicable) are ignored in this valuation.
- **Termination of the plan**: We have not been notified of a decision by the plan sponsor to fully or partially terminate the plan.

Plan Provision Changes Since Prior Valuation

Maximum benefit amounts under IRS rules were updated from 2023 to 2024.

Vinson & Elkins L.L.P. Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024
EIN: 74-1183015; P/N 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	MFB Northern Instl FDS Govt Select Portfolio	Mutual funds	\$ 1,095,958	\$ 1,095,958
	Total mutual funds		<u>1,095,958</u>	<u>1,095,958</u>
	CF STATE STREET 20 YEAR US TREASURY STRIPS INDEX NL FD CMCA1	Common collective trusts	5,750,000	5,319,759
	CF STATE STREET INTERMED US CREDIT INDX NL FD CM1F	Common collective trusts	12,750,000	12,647,442
	CF STATE STREET LONG US CREDIT CORP BOND INDEX NL FD CMLS1	Common collective trusts	47,500,000	45,639,081
	CF STATE STREET LONG US TREASURY INDEX NL FD CM1N1	Common collective trusts	11,000,000	10,545,113
	CF STATE STREET MSCI ACWI EX USA NL FD ZVG9	Common collective trusts	3,050,000	2,953,257
	CF STATE STREET S&P 500 FLAGSHIP SECURITIES NL FD CM111	Common collective trusts	5,650,000	5,465,549
	Total common collective trusts		<u>85,700,000</u>	<u>82,570,201</u>
	Total assets and cash equivalents		<u>\$ 86,795,958</u>	<u>83,666,159</u>
	Ending current value			<u>\$ 83,666,159</u>

Note: This schedule reports those assets required to be reported under ERISA Section 2520.103-11 and Form 5500 Schedule H, Line 4i.

* Denotes party-in-interest.

Information above certified as complete and accurate by The Northern Trust Company, trustee.

Schedule SB, line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installments for each plan year since the IRC Section 430 changes made by the Pension Protection Act of 2006 (PPA) took effect for the plan. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than \$0.

Shortfall bases					
Year established		Outstanding balance	Years remaining		2024 Installment
2023	\$	30,484,629	14	\$	2,909,541
2024		(3,646,778)	15		(331,786)
Total	\$	26,837,851		\$	2,577,755

Schedule SB, line 24 — Change in Actuarial Assumptions

- The expense assumption was updated to reflect 2023 administrative expenses and expected 2024 PBGC premiums.