

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

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: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is [] the first return/report [] the final return/report [X] an amended return/report [] a short plan year return/report (less than 12 months)
C Check box if filing under: [X] Form 5558 [] automatic extension [] DFVC program [] special extension (enter description)
D If the plan is a collectively-bargained plan, check here []
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here []

Part II Basic Plan Information—enter all requested information

1a Name of plan HERBERT SMITH FREEHILLS KRAMER NEW YORK LLP VIP PLAN
1b Three-digit plan number (PN) 002
1c Effective date of plan 01/01/2019
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) HERBERT SMITH FREEHILLS KRAMER NEW YORK LLP
1177 AVENUE OF THE AMERICAS 23RD FLOOR NEW YORK, NY 10036
2b Employer Identification Number (EIN) 98-1062435
2c Sponsor's telephone number 917-542-7600
2d Business code (see instructions) 541110
3a Plan administrator's name and address [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
a Sponsor's name
c Plan Name
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year 95
b Total number of participants at the end of the plan year 89
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
d(1) Total number of active participants at the beginning of the plan year 67
d(2) Total number of active participants at the end of the plan year 66
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 3

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Row 1: Filed with authorized/valid electronic signature, 10/06/2025, ERIC KNIGGE, Signature of plan administrator. Row 2: Filed with authorized/valid electronic signature, 10/05/2025, ERIC KNIGGE, Signature of employer/plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 539763. (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	5150959	6828877
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	5150959	6828877
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	1225710	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	589966	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1815676
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	137758	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		137758
i Net income (loss) (subtract line 8h from line 8c)	8i		1677918
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		200000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

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

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

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation _____

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

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year

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

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

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

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

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 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>HERBERT SMITH FREEHILLS KRAMER NEW YORK LLP VIP PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>HERBERT SMITH FREEHILLS KRAMER NEW YORK LLP</u>	D Employer Identification Number (EIN) <u>98-1062435</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 checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input 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>5137193</u>
	b Actuarial value	2b	<u>5137193</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>
	b For terminated vested participants	<u>28</u>	<u>205617</u>
	c For active participants	<u>67</u>	<u>4080434</u>
	d Total	<u>95</u>	<u>4286051</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>5.06 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>1031890</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>1031890</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		
	Signature of actuary	<u>07/31/2025</u>
	<u>CONNOR KILLARD, EA,MAAA,FCA</u>	Date
	Type or print name of actuary	<u>23-08358</u>
	<u>USI CONSULTING GROUP</u>	Most recent enrollment number
	Firm name	<u>516-683-6100</u>
	<u>725 RXR PLAZA EAST TOWER</u>	Telephone number (including area code)
	<u>UNIONDALE, NY 11556</u>	
	Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____ %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		811863
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>5.21</u> %		42298
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		854161
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	115.71 %
15	Adjusted funding target attainment percentage	15	115.71 %
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	120.11 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
03/27/2025	1225710						
			Totals ▶	18(b)	1225710	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	1153186
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 65
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years	
28 Unpaid minimum required contributions for all prior years	28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30 0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	1031890	
b Excess assets, if applicable, but not greater than line 31a	31b	697643	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	334247	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	334247	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1153186	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	818939	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)	
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021	

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 Herbert Smith Freehills Kramer New York LLP VIP Plan	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Herbert Smith Freehills Kramer New York LLP	D Employer Identification Number (EIN) 98-1062435	
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 checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	5,137,193	
b Actuarial value	2b	5,137,193	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	28	205,617	205,617
c For active participants	67	4,080,434	4,233,933
d Total	95	4,286,051	4,439,550
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	5.06 %	
6 Target normal cost			
a Present value of current plan year accruals	6a	1,031,890	
b Expected plan-related expenses	6b	0	
c Target normal cost	6c	1,031,890	

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary	<u>07/31/2025</u> Date
	Connor Killard, EA,MAAA,FCA Type or print name of actuary	<u>23-08358</u> Most recent enrollment number
	USI Consulting Group Firm name	<u>(516) 683-6100</u> Telephone number (including area code)
	725 RXR Plaza East Tower Uniondale NY 11556 Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____%.....	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		811,863
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>5.21</u> %		42,298
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		854,161
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage.....	14	115.71%
15	Adjusted funding target attainment percentage	15	115.71%
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	120.11%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
03/27/2025	1,225,710						
			Totals ▶	18(b)	1,225,710	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	1,153,186

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	1,031,890	
b Excess assets, if applicable, but not greater than line 31a	31b	697,643	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	0		0
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	334,247	
		Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		0	0
36 Additional cash requirement (line 34 minus line 35)	36	334,247	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1,153,186	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	818,939	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
--

HERBERT SMITH FREEHILLS KRAMER NEW YORK LLP VIP PLAN

EIN: 98-1062435

PN: 002

2024 FORM 5500 – SCHEDULE SB, LINE 22- DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

Participants are assumed to retire at age 65.

HERBERT SMITH FREEHILLS KRAMER NEW YORK LLP VIP PLAN

EIN: 98-1062435

PN: 002

2024 FORM 5500 – SCHEDULE SB, LINE 19 - DISCOUNTED EMPLOYER CONTRIBUTIONS

Valuation Date: January 1, 2024

2024 Effective Interest Rate: 5.06%

Contribution:

<u>(Date)</u>	<u>Amount (\$)</u>	<u>Number of Days to Valuation Date</u>	<u>Discounted to Valuation Date</u>
March 27, 2025	\$1,225,710	451	\$1,153,186

TOTALS \$1,225,710 \$1,153,186

HERBERT SMITH FREEHILLS KRAMER NEW YORK LLP VIP PLAN

EIN: 98-1062435

PN: 002

2024 FORM 5500 – SCHEDULE SB, LINE 24- CHANGES IN ACTUARIAL ASSUMPTIONS

To better reflect plan experience, the assumed future return on plan assets was changed from the IRC 404(o) funding segment rates for the first calendar month of the year to 3.75% per annum.

**HERBERT SMITH FREEHILLS KRAMER NEW
YORK LLP VIP PLAN
VALUATION AS OF JANUARY 1, 2024**

Summary of Plan Provisions

EIN:	98-1062435
PN:	002
Effective Date:	January 1, 2019
Eligibility:	21 years of age with 1 year of service
Entry Date:	The earlier of the first day of the plan year or the first day of the seventh month of such plan year coinciding with or next following the date such employee met the eligibility requirements
Eligible Employees:	All employees except leased employees, certain non-resident aliens, those subject to collective bargaining, those terminated prior to the adoption date of the plan, Summer Associates, Trainees, and Interns, as designated by Herbert Smith Freehills Kramer New York LLP; Visiting Attorneys and Partners, and other Employees on Secondment to Herbert Smith Freehills Kramer New York LLP; Residents of Puerto Rico; Partners who were members of the Herbert Smith Freehills Kramer New York LLP Arbitration Practice Group on December 31, 2015; Partners who are not based at an office of the Employer located in the United States, Associates and other Employees who are not on the domestic U.S. payroll of Herbert Smith Freehills Kramer New York LLP
Early Retirement Benefit:	Not provided for this plan
Normal Retirement Age:	Participant's 62 nd Birthday
Normal Retirement Date:	The date at which the Participant attains Normal Retirement Age
Normal Retirement Benefit:	Equals the number of the participant's Benefit Units multiplied by the value of such Benefit Units
	<u>Definition of Benefit Units*</u>
	The "Benefit Units" earned by each Participant during any Plan Year will be based on an amount equal to the Applicable Percentage indicated in the table below multiplied by the Compensation (not to exceed \$280,000 for participants listed by name in the table below) earned by such Participant for such Plan Year and then divided by the Unit Value as of the March 31st of the year immediately following such Plan Year computed to the nearest cent.

EIN: 98-1062435

PN: 002

2024 FORM 5500 – SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

**HERBERT SMITH FREEHILLS KRAMER NEW
YORK LLP VIP PLAN
VALUATION AS OF JANUARY 1, 2024**

Summary of Plan Provisions (Cont'd)

**Normal Retirement
Benefit(Cont'd):**

Staff

0.50% of Compensation

Definition of Unit Value

Unit Value means \$1.00, increased or decreased, as the case may be, by the sum of one plus the actual net rate of return on the Plan's assets (excluding Participant's Retirement Investment Accounts) taking into account all expenses from the date of Plan inception to the date of valuation divided by the sum of one plus the Assumed Interest Rate (5% per annum) from the date of Plan inception to the date of valuation. In the event that the Plan is terminated, the Unit Value shall cease to fluctuate as of the date Plan assets are either distributed to Participants or used to purchase a termination annuity from an insurance company.

* For Participants who are Equity Partners as of May 1st of a Plan Year, the number of Benefit Units accrued for such Plan Year shall be determined in accordance with the following formula:

- (1) The dollar amount indicated in Table 5.1 in Appendix A of the Plan Document (shown on next page) based on (i) the date the Participant became an Equity Partner, (ii) the number of Partner Equity Points that the Participant had as of May 1st of the Plan Year, and (iii) the Participant's attained age as of December 31st of the Plan Year; multiplied by
- (2) the Compensation earned by such Participant for such Plan Year, not to exceed \$280,000; divided by
- (3) \$280,000; divided by
- (4) the (Actuarial Equivalent) present value of \$1 monthly life annuity payable at the Participant's Normal Retirement Date, based on the Participant's age as of March 31st of the Plan Year immediately following the Plan Year for which the benefit was accrued; divided by
- (5) the Unit Value as defined above

**HERBERT SMITH FREEHILLS KRAMER NEW
YORK LLP VIP PLAN
VALUATION AS OF JANUARY 1, 2024**

Summary of Plan Provisions (Cont'd)

Table 5.1 from Plan Document

Attained Age as of December 31st of Plan Year	Participants Who First Became Equity Partners After May 1, 2023	Partner Equity Points									
		1 - 42	43 - 49	50 - 56	57 - 63	64 - 70	71 - 77	78 - 84	85 - 91	92 - 99	Over 100
80	14,853	35,843	40,577	47,340	54,102	60,865	67,628	74,391	81,154	87,917	98,061
79	15,529	37,474	42,423	49,493	56,564	63,634	70,705	77,775	84,846	91,916	102,522
78	16,204	39,103	44,268	51,646	59,024	66,402	73,780	81,157	88,535	95,913	106,980
77	16,876	40,726	46,105	53,789	61,474	69,158	76,842	84,526	92,211	99,895	111,421
76	17,544	42,337	47,929	55,917	63,905	71,893	79,881	87,869	95,857	103,845	115,827
75	18,204	43,931	49,733	58,022	66,311	74,600	82,889	91,178	99,466	107,755	120,189
74	18,856	45,504	51,515	60,100	68,686	77,272	85,858	94,443	103,029	111,615	124,493
73	19,499	47,054	53,269	62,147	71,025	79,903	88,781	97,660	106,538	115,416	128,733
72	20,130	48,578	54,994	64,159	73,325	82,490	91,656	100,822	109,987	119,153	132,901
71	20,749	50,072	56,686	66,133	75,581	85,029	94,476	103,924	113,372	122,819	136,991
70	21,356	51,537	58,344	68,068	77,792	87,516	97,240	106,964	116,688	126,412	140,998
69	21,950	52,970	59,966	69,960	79,955	89,949	99,943	109,938	119,932	129,926	144,918
68	22,531	54,371	61,552	71,810	82,069	92,328	102,586	112,845	123,104	133,362	148,750
67	23,098	55,739	63,101	73,618	84,135	94,652	105,168	115,685	126,202	136,719	152,494
66	23,652	57,076	64,614	75,383	86,152	96,921	107,690	118,459	129,229	139,998	156,151
65	24,194	58,385	66,096	77,112	88,128	99,144	110,160	121,176	132,192	143,208	159,732
64	24,724	59,664	67,544	78,802	90,059	101,317	112,574	123,832	135,089	146,346	163,232
63	25,242	60,914	68,959	80,452	91,945	103,439	114,932	126,425	137,918	149,411	166,651
62	25,749	62,138	70,345	82,069	93,793	105,517	117,241	128,966	140,690	152,414	170,000
61	24,523	59,179	66,995	78,161	89,327	100,493	111,658	122,824	133,990	145,156	161,905
60	23,355	56,361	63,805	74,439	85,073	95,707	106,341	116,976	127,610	138,244	154,195
59	22,243	53,677	60,767	70,894	81,022	91,150	101,278	111,405	121,533	131,661	146,852
58	21,184	51,121	57,873	67,518	77,164	86,809	96,455	106,100	115,746	125,391	139,859
57	20,175	48,687	55,117	64,303	73,489	82,676	91,862	101,048	110,234	119,420	133,199
56	19,214	46,368	52,492	61,241	69,990	78,739	87,487	96,236	104,985	113,734	126,857
55	18,299	44,160	49,993	58,325	66,657	74,989	83,321	91,653	99,986	108,318	120,816
54	17,428	42,057	47,612	55,548	63,483	71,418	79,354	87,289	95,224	103,160	115,063
53	16,598	40,055	45,345	52,902	60,460	68,017	75,575	83,132	90,690	98,247	109,584
52	15,808	38,147	43,186	50,383	57,581	64,778	71,976	79,174	86,371	93,569	104,365
51	15,055	36,331	41,129	47,984	54,839	61,694	68,549	75,403	82,258	89,113	99,395
50	14,338	34,601	39,171	45,699	52,228	58,756	65,284	71,813	78,341	84,870	94,662
49	13,655	32,953	37,305	43,523	49,740	55,958	62,176	68,393	74,611	80,828	90,155
48	13,005	31,384	35,529	41,450	47,372	53,293	59,215	65,136	71,058	76,979	85,862
47	12,386	29,889	33,837	39,477	45,116	50,756	56,395	62,035	67,674	73,314	81,773
46	11,796	28,466	32,226	37,597	42,968	48,339	53,710	59,081	64,452	69,823	77,879
45	11,234	27,111	30,691	35,806	40,922	46,037	51,152	56,267	61,382	66,498	74,170
44	10,699	25,820	29,230	34,101	38,973	43,845	48,716	53,588	58,459	63,331	70,639
43	10,190	24,590	27,838	32,477	37,117	41,757	46,396	51,036	55,676	60,315	67,275
42	9,705	23,419	26,512	30,931	35,350	39,768	44,187	48,606	53,024	57,443	64,071
41	9,242	22,304	25,250	29,458	33,666	37,875	42,083	46,291	50,499	54,708	61,020
40	8,802	21,242	24,047	28,055	32,063	36,071	40,079	44,087	48,095	52,103	58,114
39	8,383	20,230	22,902	26,719	30,536	34,353	38,170	41,987	45,805	49,622	55,347
38	7,984	19,267	21,812	25,447	29,082	32,718	36,353	39,988	43,623	47,259	52,712
37	7,604	18,350	20,773	24,235	27,697	31,160	34,622	38,084	41,546	45,008	50,201
36	7,242	17,476	19,784	23,081	26,378	29,676	32,973	36,270	39,568	42,865	47,811
35	6,897	16,644	18,842	21,982	25,122	28,263	31,403	34,543	37,683	40,824	45,534
34	6,568	15,851	17,945	20,935	23,926	26,917	29,908	32,898	35,889	38,880	43,366
33	6,256	15,096	17,090	19,938	22,787	25,635	28,483	31,332	34,180	37,028	41,301
32	5,958	14,377	16,276	18,989	21,702	24,414	27,127	29,840	32,552	35,265	39,334
31	5,674	13,693	15,501	18,085	20,668	23,252	25,835	28,419	31,002	33,586	37,461
30	5,404	13,041	14,763	17,223	19,684	22,144	24,605	27,065	29,526	31,986	35,677
29	5,147	12,420	14,060	16,403	18,747	21,090	23,433	25,777	28,120	30,463	33,978
28	4,901	11,828	13,390	15,622	17,854	20,086	22,317	24,549	26,781	29,013	32,360
27	4,668	11,265	12,753	14,878	17,004	19,129	21,255	23,380	25,506	27,631	30,819
26	4,446	10,729	12,146	14,170	16,194	18,218	20,243	22,267	24,291	26,315	29,352
25	4,234	10,218	11,567	13,495	15,423	17,351	19,279	21,207	23,134	25,062	27,954
24	4,032	9,731	11,016	12,852	14,689	16,525	18,361	20,197	22,033	23,869	26,623
23	3,840	9,268	10,492	12,240	13,989	15,738	17,486	19,235	20,984	22,732	25,355
22	3,658	8,826	9,992	11,658	13,323	14,988	16,654	18,319	19,984	21,650	24,148
21	3,483	8,406	9,516	11,102	12,688	14,275	15,861	17,447	19,033	20,619	22,998

EIN: 98-1062435

PN: 002

2024 FORM 5500 – SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

**HERBERT SMITH FREEHILLS KRAMER NEW
YORK LLP VIP PLAN
VALUATION AS OF JANUARY 1, 2024**

Summary of Plan Provisions (Cont'd)

Eligibility for Benefit Accrual:	Completing 1,000 Hours of Service during Plan Year
Compensation:	Code 3401(a) compensation, excluding pre-participation pay (Compensation is limited to the Internal Revenue Code maximum of \$345,000 for 2024.)
Top Heavy Status:	Assumed to not be Top-Heavy for 2024. (A participant's Top-Heavy minimum benefits are deemed to be satisfied by a 5% of compensation non-elective contribution to the Herbert Smith Freehills New York Kramer LLP 401(k)/ PS Plan, if applicable)
Normal Form of Benefit:	50% Joint & Survivor Annuity for married participants and Single Life Annuity for single participants
Optional Forms of Benefit:	75% Joint & Survivor Annuity, 100% Joint & Survivor Annuity, Lump Sum
Year of Vesting Service:	Plan Year during which an employee has at least 1,000 hours of service
Vesting Schedule:	6-Year Graded
Termination Benefit:	Actuarial equivalent of Vested Accrued Benefit
Death Benefit:	Actuarial equivalent of Accrued Benefit
Disability Benefit:	Actuarial equivalent of Accrued Benefit
Maximum Benefit:	Benefits may not exceed the maximum limitation defined by the Internal Revenue Code (\$275,000 for 2024).
Actuarial Equivalence:	Pre-Retirement Mortality Table: None; Pre-Retirement Interest: 5.0% Post-Retirement Mortality Table: RP-2014 Mortality Table adjusted to the base year of 2006, combining annuitant and non-annuitant tables using the methodology described in Code Section 1.430(h)(3)-1(b)(2), projecting forward to 2030 using Scale MP-2016 with the methodology described in Code Section 1.430(h)(3)-1(c), blending 50% male and 50% female; Post-Retirement Interest: 5.0%

EIN: 98-1062435

PN: 002

2024 FORM 5500 – SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

**HERBERT SMITH FREEHILLS KRAMER NEW
YORK LLP VIP PLAN
VALUATION AS OF JANUARY 1, 2024**

Valuation Assumptions and Funding Methods

I. Valuation Method

The unit credit cost method, where the funding target is equal to the sum of the individual liabilities for all the participants. The individual's accrued liability is the present value of the benefit accrued in the prior plan years. The target normal cost is the present value of benefits accruing in the plan year.

II. Actuarial Value of Assets

Market value of assets as of valuation date plus discounted contributions receivable.

III. Employees Included in the Calculations

Based on employee data received from Herbert Smith Freehills Kramer New York LLP, all eligible employees as of the valuation date are included in the calculations.

IV. Economic Assumptions

A. Interest Rates for Minimum Funding Requirement:

	<u>Current Year</u>	<u>Prior Year</u>
Segment 1 (0 – 5 years):	4.75%	4.75%
Segment 2 (5 – 20 years):	4.96%	5.00%
Segment 3 (20 + years):	5.59%	5.74%
Effective Interest Rate:	5.06%	5.21%
Look Back Month	None (January)	None (January)

B. Interest Rates for Maximum Tax-Deductible Contribution:

	<u>Current Year</u>	<u>Prior Year</u>
Segment 1 (0 – 5 years):	4.37%	2.13%
Segment 2 (5 – 20 years):	4.96%	3.62%
Segment 3 (20 + years):	4.95%	3.93%

C. Interest Rates for PBGC Premium Filing

	<u>Current Year*</u>	<u>Prior Year*</u>
Segment 1 (0 – 5 years):	5.01%	4.84%
Segment 2 (5 – 20 years):	5.13%	5.15%
Segment 3 (20 + years):	5.15%	4.85%

* Based on Standard premium funding target method

**HERBERT SMITH FREEHILLS KRAMER NEW
YORK LLP VIP PLAN
VALUATION AS OF JANUARY 1, 2024**

Valuation Assumptions and Funding Methods (Cont'd)

IV. Economic Assumptions (Cont'd)

D. Future Return on Plan Assets

Assumed to be 3.75% per annum. Last year was based on IRC 404(o) funding segment rates, for the first calendar month of the plan year.

E. Salary Progression

3.00% compounded annually

V. Demographic Assumptions

A. Mortality

2024 Static Mortality Table (Annuitant and Non-Annuitant)
2023 Static Mortality Table (Annuitant and Non-Annuitant) was used last year.

B. Termination Rates

Not assumed

C. Retirement Assumption

All employees are assumed to retire at age 65

D. Retirement Payment Option

It was assumed that 100% of retirees would elect a lump sum distribution.

E. Plan Expense

Not assumed

HERBERT SMITH FREEHILLS KRAMER NEW YORK LLP VIP PLAN

EIN: 98-1062435

PN: 002

2024 FORM 5500 – SCHEDULE SB, LINE 26 – SCHEDULE OF ACTIVE PARTICIPANT DATA

Age and Service Information

Age	Benefit Service								Total
	Under 1	1-5	5-10	10-15	15-20	20-25	25-30	30+	
Under 25	1	0	0	0	0	0	0	0	1
25 - 29	3	0	0	0	0	0	0	0	3
30 - 34	2	5	1	0	0	0	0	0	8
35 - 39	2	10	3	0	0	0	0	0	15
40 - 44	1	2	3	0	0	0	0	0	6
45 - 49	1	5	6	0	0	0	0	0	12
50 - 54	1	3	3	0	0	0	0	0	7
55 - 59	2	1	4	0	0	0	0	0	7
60 - 64	0	1	3	0	0	0	0	0	4
65 +	0	2	2	0	0	0	0	0	4
Totals	13	29	25	0	0	0	0	0	67

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan Herbert Smith Freehills Kramer New York LLP VIP Plan

1b Three-digit plan number (PN) 002

1c Effective date of plan 01/01/2019

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) Herbert Smith Freehills Kramer New York LLP

2b Employer Identification Number (EIN) 98-1062435

2c Sponsor's telephone number (917) 542-7600

1177 Avenue of the Americas 23rd Floor New York NY 10036

2d Business code (see instructions) 541110

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

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.

4b EIN

4d PN

a Sponsor's name c Plan Name

Table with 2 columns: Description and Value. Rows include 5a (95), 5b (89), 5c(1), 5c(2), 5d(1) (67), 5d(2) (66), 5e (3).

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature table with columns: SIGN HERE, Signature, Date, Name. Includes signatures of plan administrator and employer/plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 539763. (See instructions.)

Part III Financial Information			
7		(a) Beginning of Year	(b) End of Year
7	Plan Assets and Liabilities		
a	Total plan assets	7a 5,150,959	6,828,877
b	Total plan liabilities	7b	
c	Net plan assets (subtract line 7b from line 7a)	7c 5,150,959	6,828,877
8		(a) Amount	(b) Total
a	Contributions received or receivable from:		
	(1) Employers	8a(1) 1,225,710	
	(2) Participants.....	8a(2)	
	(3) Others (including rollovers).....	8a(3)	
b	Other income (loss)	8b 589,966	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	1,815,676
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d 137,758	
e	Certain deemed and/or corrective distributions (see instructions) .	8e	
f	Administrative service providers (salaries, fees, commissions).....	8f	
g	Other expenses	8g	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	137,758
i	Net income (loss) (subtract line 8h from line 8c)	8i	1,677,918
j	Transfers to (from) the plan (see instructions).....	8j	

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions		Yes	No	Amount
10	During the plan year:			
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	X	
c	Was the plan covered by a fidelity bond?	10c	X	200,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d	X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).....	10e	X	
f	Has the plan failed to provide any benefit when due under the plan?	10f	X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	X	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		

Part VI Pension Funding Compliance

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

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

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

Yes.

No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

No. Other. Provide explanation _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year

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

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

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

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

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter (MM/DD/YYYY) and the Opinion Letter serial number _____.

EFAST2 Filing Authorization
for the 2024 Form 5500-SF

Herbert Smith Freehills New York LLP VIP Plan
EIN / PN: 98-1062435 / 002
Herbert Smith Freehills New York LLP 401(k) Plan
EIN / PN: 98-1062435 / 001

Plan Year Ending: 12/31/2024

Authorization of Practitioner to Electronically Sign and File

I hereby authorize USI Consulting Group to electronically sign and file the above-named returns/reports through EFAST2.

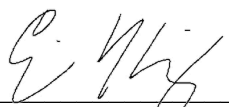
I understand that in granting this authority that:

- I must manually sign and date page 1 of the Form 5500-SF and provide a scanned copy of that signature page to USI Consulting Group before the electronic filing can be initiated;
- USI Consulting Group will retain a copy of this written authorization in its records;
- USI Consulting Group will notify the individual signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 1 of the Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- USI Consulting Group shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Eric Knigge

Print Name (Employer / Plan Sponsor)



Sign Name (Employer / Plan Sponsor)

9/11/2025

Date