

<p style="text-align: center;"><b>Form 5500</b></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><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: 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>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; 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><b>1a</b> Name of plan <u>SCHULTE ROTH &amp; ZABEL LLP THRIFT PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>030</u></p>
<p><b>2a</b> 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>MCDERMOTT WILL &amp; SCHULTE LLP</u></p> <p><u>444 WEST LAKE STREET</u> <u>SUITE 4000</u> <u>CHICAGO, IL 60606-0029</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/2002</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>36-1453176</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>312-372-2000</u></p> <p><b>2d</b> 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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/06/2025	DAVID COHEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  EMPLOYEE BENEFITS COMMITTEE  SCHULTE ROTH AND ZABEL LLP 919 THIRD AVENUE NEW YORK, NY 10022	<b>3b</b> Administrator's EIN 13-3527762  <b>3c</b> Administrator's telephone number 212-756-2000
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<b>4</b> 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: <b>a</b> Sponsor's name SCHULTE ROTH AND ZABEL LLP <b>c</b> Plan Name SCHULTE ROTH & ZABEL LLP THRIFT PLAN	<b>4b</b> EIN 13-2633996  <b>4d</b> PN 030
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	336
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<b>6</b> 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).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	269
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	252
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	0
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	67
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c .....	<b>6d</b>	319
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	3
<b>f</b> Total. Add lines 6d and 6e .....	<b>6f</b>	322
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	291
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	304
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	0

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	
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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:  
 2E 2F 2G 2J 2R 2T 3B 3F

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

<b>9a</b> 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	<b>9b</b> 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)

<p><b>a Pension Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)</p>	<p><b>b General Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)</p> <p>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u></p> <p>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)</p>
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>SCHULTE ROTH &amp; ZABEL LLP THRIFT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>030</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MCDERMOTT WILL &amp; SCHULTE LLP</b>	<b>D</b> Employer Identification Number (EIN) <b>36-1453176</b>	

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

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**(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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 50 19 64 37	CUSTODIAN	56722	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MORNINGSTAR INVESTMENT MANAGEMENT

36-4317381

(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?
26 70	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" 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
MORNINGSTAR INVESTMENT MANAGEMENT	26 70	0

(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.	
PRINCIPAL LIFE INSURANCE COMPANY  42-0127290	14 BASIS POINTS ON ASSETS MANAGED BY MORNINGSTAR INVESTMENT MANagements LLC	

(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.

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>SCHULTE ROTH &amp; ZABEL LLP THRIFT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>030</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MCDERMOTT WILL &amp; SCHULTE LLP</u>	<b>D</b> Employer Identification Number (EIN) <u>36-1453176</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>GALLIARD STABLE RETURN FUND C</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>52-2250946-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2894961</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PUTNAM LC VAL TRUST II MSG CL</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>86-1899009-676</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2355247</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>SCHULTE ROTH &amp; ZABEL LLP THRIFT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>030</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MCDERMOTT WILL &amp; SCHULTE LLP</b>	<b>D</b> Employer Identification Number (EIN) <b>36-1453176</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	1077607
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	3564046
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	103543851
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	
<b>(15)</b> Other.....	<b>1c(15)</b>	21128747
		899644
		5250208
		111224534
		24095563

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	129314251	141469949
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	129314251	141469949

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	3060176	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	4063713	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	2141566	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		9265455
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	88187	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		88187
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	2294181	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		2294181
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		-47302
(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)		11030233
<b>c</b> Other income .....	2c		2390100
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		25020854

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	13244200	
(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)		13244200
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g		
<b>h</b> Interest expense .....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)	57347	
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)		
(5) Investment advisory and investment management fees .....	2i(5)		
(6) Bank or trust company trustee/custodial fees .....	2i(6)		
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses .....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		57347
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		13301547

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k		11719307
<b>l</b> Transfers of assets:			
(1) To this plan .....	2l(1)		436391
(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: **EISNERAMPER LLP**

(2) EIN: **87-1363769**

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		50000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>SCHULTE ROTH &amp; ZABEL LLP THRIFT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>030</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>MCDERMOTT WILL &amp; SCHULTE LLP</u>	<b>D</b> Employer Identification Number (EIN) <u>36-1453176</u>	

<b>Part I</b>	<b>Distributions</b>
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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
---	--	---

**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): 42-0127290

**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	
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<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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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

<b>Part IV</b>	<b>ESOPs</b> (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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero?  Yes  No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

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

SCHULTE ROTH & ZABEL LLP  
THRIFT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2024 and 2023  
(with supplemental information)

# SCHULTE ROTH & ZABEL LLP THRIFT PLAN

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## **INDEPENDENT AUDITORS' REPORT**

To the Plan Administrator, Participants and Beneficiaries of the  
Schulte Roth & Zabel LLP Thrift Plan

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

We have performed audits of the financial statements of Schulte Roth & Zabel LLP Thrift 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 statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the 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 year ended December 31, 2024, stating that the certified investment information, as described in Note F to the financial statements, is complete and accurate.

### ***Opinion***

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

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

### ***Basis for Opinion***

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

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 that the financial statements are available to be issued.

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

### ***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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.



- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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 Schedule Required by ERISA***

The supplemental schedule of assets (held at end of year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including the form and content, is 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 schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is 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 schedule 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).

*EisnerAmper LLP*

EISNERAMPER LLP  
New York, New York  
October 6, 2025

EISNERAMPER  
LLP



**SCHULTE ROTH & ZABEL LLP THRIFT PLAN**

**Statements of Net Assets Available for Benefits**

	<u>December 31,</u>	
	<u>2024</u>	<u>2023</u>
<b>ASSETS</b>		
Investments at fair value:		
Mutual funds and other investments	\$ 119,724,448	\$ 109,774,295
SRZ Alternative Investment Account	<u>20,845,857</u>	<u>18,462,349</u>
	<u>140,570,305</u>	<u>128,236,644</u>
Contribution receivable - employer	1,865,510	1,880,613
Notes receivable from participants	<u>899,644</u>	<u>1,077,607</u>
<b>Net assets available for benefits</b>	<u>\$ 143,335,459</u>	<u>\$ 131,194,864</u>

## SCHULTE ROTH & ZABEL LLP THRIFT PLAN

### Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2024

#### Additions :

##### Investment income:

Net realized/unrealized appreciation in the fair value of investments, excluding the SRZ Alternative Investment Account	\$ 8,931,119
Net realized/unrealized appreciation in the fair value of the SRZ Alternative Investment Account	2,106,483
Interest and dividend income	<u>4,629,610</u>

15,667,212

Interest income, notes receivable from participants	<u>88,187</u>
---	---------------

##### Contributions:

Employer	3,045,073
Participant (inclusive of rollovers of \$2,141,566)	<u>6,205,279</u>

9,250,352

Total additions	<u>25,005,751</u>
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#### Deductions:

Benefits paid to participants	13,244,200
Administrative expenses	<u>57,347</u>

Total deductions	<u>13,301,547</u>
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Net increase prior to transfer	11,704,204
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Net transfers from related plans	<u>436,391</u>
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<b>Net increase in net assets</b>	<b>12,140,595</b>
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Net assets available for benefits – December 31, 2023	<u>131,194,864</u>
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<b>Net assets available for benefits – December 31, 2024</b>	<b><u>\$ 143,335,459</u></b>
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# SCHULTE ROTH & ZABEL LLP THRIFT PLAN

## Notes to Financial Statements December 31, 2024 and 2023

### NOTE A - THE PLAN

The Schulte Roth & Zabel LLP Thrift Plan (the "Plan") is a defined contribution plan. The Plan was amended and restated effective January 1, 2024, and included certain administrative and conforming amendments with earlier effective dates. The Plan is sponsored by Schulte Roth & Zabel LLP (the "Employer"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective August 1, 2025, the Employer merged with another firm and became McDermott Will & Schulte LLP (refer to Note D[6]).

### NOTE B - ELIGIBILITY

Eligible partners and employees of the Employer, who are not special counsel, associates, legal assistants, secretaries, non-legal staff (all as defined in the Plan), nonresident aliens with no source income, leased employees, and certain others (as defined in the Plan), are entitled to become participants of the Plan on the first day of the month coincident with or next following the date on which they are employed and attained age 21. Eligibility to become a participant was amended effective August 1, 2025 (refer to Note D[6]).

### NOTE C - CONTRIBUTIONS AND VESTING

The Employer's contribution to the Plan on behalf of participants is based upon a discretionary percentage of compensation, as defined, determined by the Employer's executive committee.

For the years ended December 31, 2024 and 2023, the Employer contributed to the Plan the sum of 5.0% of the participants' first \$345,000 and \$330,000, respectively, of compensation, as defined. The maximum employer contribution on behalf of the participants may not exceed 15% of the participants' total compensation for any Plan year.

Subject to Internal Revenue Service ("IRS") regulations, a Plan participant may elect to contribute up to the maximum limit permitted of \$23,000 in 2024. If a Plan participant is age 50 or over by the end of the calendar year, the Plan participant may elect to contribute up to an additional \$7,500 for 2024. In addition, partners and employees (as defined in the Plan) may make a qualified rollover contribution to the Plan. A participant may elect to make "Roth" (after-tax) contributions to the Plan.

No employer contribution is to be made for any participant who has not completed a year of service, as defined in the Plan. Notwithstanding the foregoing, any partner who is a participant in a qualified defined benefit pension plan sponsored by the Employer during such Plan year, is eligible to receive an employer contribution. No employer contribution is to be made for any participant who is not an employee of the Employer as of the last day of the Plan year, except that an employer contribution is made with respect to any participant who retires on or after his normal retirement date. All participant and employer contributions and earnings and losses thereon are immediately fully vested and non-forfeitable.

### NOTE D - SUMMARY OF ACCOUNTING POLICIES

#### [1] Basis of accounting:

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

# SCHULTE ROTH & ZABEL LLP THRIFT PLAN

## Notes to Financial Statements December 31, 2024 and 2023

### NOTE D - SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

#### [2] Investment valuation and income recognition:

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Shares of mutual funds are valued at the daily closing price as reported by the funds. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The fair values of collective trust funds are based on their unit value, which is based on the market value of the underlying assets held by the fund, less its liabilities and represents the NAV at year-end. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. The Plan invests in the Galliard Stable Return Fund C ("Stable Return C") collective trust fund and the Putnam Large Cap Value Trust II ("Putnam") collective investment trust. Stable Return C invests all its assets in the Galliard Stable Return Fund Core . Stable Return C is trustee by SEI Trust Company and managed by Galliard Capital Management, LLC. Stable Return C seeks to provide investors with a moderate level of stable income without principal volatility. Putnam is maintained by Great Gray Trust Company as the fund's trustee and seeks to provide investors with capital growth and current income and is benchmarked to the Russell 2000 Growth Index. Were the Plan to initiate a full redemption of the collective trusts, the investment advisor reserves the right to temporarily delay withdrawal from the trusts in circumstances that make securities liquidation not reasonably practicable. Participant transactions (purchases and sales) may occur daily. The collective trust funds contain several redemption restrictions to withdraw, including the right to require up to a 12-month advance notice period for fund withdrawals initiated by the Plan sponsor. As of December 31, 2024 and 2023, there were no unfunded commitments; the redemption frequency for participant transactions in the collective trust funds is daily upon receipt of an authorized request on or prior to the valuation date

For the Plan's investments in the SRZ Alternative Investment Account (the "Fund"), which invests in the Schulte Roth & Zabel LLP Group Trust ("Group Trust"), the Plan administrator's policy is to consider the valuation provided by the third-party managers of the underlying investments of the Group Trust, which is based on the computed NAV of the underlying investments. The underlying investments of the Group Trust include a variety of security and financial instruments, including interest-bearing cash, mutual funds and also limited partnership and limited liability company interests, which are classified within Level 3 of the fair value hierarchy. The underlying investments trade infrequently and do not have readily available market prices or observable inputs. Factors considered in valuing investments include, without limitations, the type of security, cost, the price activity of similar instruments and financial conditions of the investee. Investments in the Fund are recorded at the NAV at year-end, which represents fair value based upon financial information supplied by each underlying Group Trust investment holding or from its investment manager. The values assigned to the Fund and any unrealized gains or losses are based on available information and do not necessarily represent amounts that might be realized if a ready market existed, and such differences could be material. Furthermore, the ultimate realization of such amounts depends on future events and circumstances, and, therefore, valuation estimates may differ from the value realized upon disposition. The liquidity for the private investment entities within the Group Trust range from monthly to quarterly, and in some cases, annually, with advance notice and are subject to liquidity of the underlying funds. In some cases, there may be side-pockets for non-liquid assets. At December 31, 2024 and 2023, there were no unfunded Fund commitments. Participants may invest in the Fund on a quarterly basis. Due to the liquidity limitations of the private investment entities within the Group Trust, participant withdrawals from the Fund (and the underlying Group Trust) may be requested effective as of the end of the second quarter of the calendar year and as of the end of the calendar year, after giving 120-days prior notice. Withdrawals are generally processed initially at approximately 90% of the estimated value and the remainder is processed upon completion of the applicable period's Group Trust valuation. As a result, there were Fund withdrawals of approximately \$485,500 unpaid at December 31, 2024.

# SCHULTE ROTH & ZABEL LLP THRIFT PLAN

## Notes to Financial Statements December 31, 2024 and 2023

### NOTE D - SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

#### [2] Investment valuation and income recognition: (continued)

The methods described above may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values. Furthermore, while 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 dates.

Purchases and sales of securities are recorded on a trade-date basis. Dividends, which are recorded on the ex-dividend date, and interest are recorded as earned. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

#### [3] Payment of benefits:

Benefits are recorded when paid.

#### [4] Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and changes therein, during the reporting period and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

#### [5] Administrative expenses:

Administrative expenses include asset-based fees on investment options excluding the Fund, managed accounts and self-directed brokerage accounts ("managed accounts"). Except for fees related to the managed accounts, costs are paid by the Employer or paid pursuant to revenue sharing agreements (see Note O).

Investments in mutual funds are subject to sales charges in the form of front-end loads, back-end loads, or 12b-1 fees. 12b-1 fees, which are ongoing fees allowable under Section 12b-1 of the Investment Company Act of 1940, are annual fees deducted to pay for marketing and distribution costs of the funds. These fees are deducted prior to the allocation of the Plan's investment earnings activity, and thus not separately identifiable as an expense.

#### [6] Subsequent events:

The Plan has evaluated subsequent events through October 6, 2025, the date the financial statements were available to be issued.

Effective August 1, 2025, the Employer merged with another firm and became McDermott Will & Schulte LLP. A Plan amendment was executed July 31, 2025, effective August 1, 2025, and included the following:

- Participants in the Plan on July 31, 2025 shall continue to be a participant in accordance with the terms of Plan
- No employee or partner with a date of hire after July 31, 2025 is eligible to participate in the Plan
- No person who is not an employee or partner prior to August 1, 2025, shall become a participant of the Plan

## SCHULTE ROTH & ZABEL LLP THRIFT PLAN

### Notes to Financial Statements December 31, 2024 and 2023

#### NOTE E - INVESTMENT OPTIONS

In accordance with the Plan, participants are to have a minimum of three investment fund options available providing a broad range of investment alternatives. Each participant may designate, in any percentage or flat dollar amount, the investment funds in which to participate. Investment options include a money market fund, various mutual funds, collective trust fund, target retirement funds, self-directed brokerage accounts, the Fund, and the managed account program. The Fund invests in the Schulte Roth & Zabel LLP Group Trust, which invests in mutual funds and private investment entities. Transfers may be made to the Fund on a quarterly basis (see Note D[2]).

The managed account program offers independent professional investment management and personalized asset allocation, with automatic rebalancing and reallocation of account assets.

#### NOTE F - INVESTMENT CERTIFICATION

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company ("Principal Trust Company"), the custodian of the Plan, has certified the completeness and accuracy of all investments and related investment activity and notes receivable from participants and related activity, excluding the Fund, in the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023, the statement of changes in net assets available for benefits for the year ended December 31, 2024 and the accompanying supplemental schedule of assets (held at end of year) as of December 31, 2024.

The Plan's investments include self-directed brokerage accounts. The types of investments within these accounts are limited to certain investments, as defined, in accordance with ERISA.

The Plan's investment income and interest and dividend income certified by the custodian during the year ended December 31, 2024 were as follows (excluding activity of the Fund):

Net realized/unrealized appreciation in the fair value of mutual funds, collective trust, and self-directed brokerage accounts	\$ 8,931,119
Interest and dividend income	<u>4,629,610</u>
	<u>\$ 13,560,729</u>

Investments at December 31, 2024 and 2023, certified by the custodian, are as follows:

Description	December 31,	
	2024	2023
<b>Mutual Funds:</b>		
Allspring Special Mid Cap Value Inst	\$ 2,042,227	\$ 1,744,593
Allspring Special Small Cap Value Inst	2,139,775	2,053,514
American Funds Bond Fund of AM R6	2,422,283	2,292,368
American Funds New World R6	710,661	591,060
BlackRock Mid-Cap Growth Equity Portfolio I	2,682,662	3,194,426
BNY Mellon Mid Cap Index Fund	2,706,027	2,195,914
BNY Mellon Small Cap Stock Index Fund	2,047,909	2,078,152

# SCHULTE ROTH & ZABEL LLP THRIFT PLAN

## Notes to Financial Statements December 31, 2024 and 2023

### NOTE F - INVESTMENT CERTIFICATION (CONTINUED)

Description	December 31,	
	2024	2023
<b>Mutual Funds:</b>		
Cohen & Steers Real Estate Sec Z Fund	\$ 96,250	\$ 24,843
Fidelity Advisor Balanced Fund	3,339,410	2,574,755
Fidelity International Index	3,095,699	3,188,976
JP Morgan US Equity R6	1,325,827	1,118,962
MFS International Diversification Fund	3,094,745	2,731,075
Neuberger Berman Large Cap Value Fund	-	2,213,616
T. Rowe Price U.S. Treasury Money Fund	6,865,753	7,722,213
Vanguard 500 Index/Admiral	22,957,465	18,434,777
Vanguard Explorer Fund	3,800,303	2,209,870
Vanguard LT Inv-Grade Bond Adm Fund	1,059,314	1,210,291
Vanguard PRIMECAP Adm Fund	11,723,937	14,380,849
Vanguard Target Retirement 2020 Inv Fund	256,607	235,781
Vanguard Target Retirement 2025 Inv Fund	4,742,119	4,745,224
Vanguard Target Retirement 2030 Inv Fund	7,661,838	6,868,891
Vanguard Target Retirement 2035 Inv Fund	7,630,725	6,076,441
Vanguard Target Retirement 2040 Inv Fund	8,367,050	7,229,104
Vanguard Target Retirement 2045 Inv Fund	4,082,889	3,122,826
Vanguard Target Retirement 2050 Inv Fund	1,829,205	1,322,406
Vanguard Target Retirement 2055 Inv Fund	914,490	552,226
Vanguard Target Retirement 2060 Inv Fund	302,635	207,156
Vanguard Target Retirement 2065 Inv Fund	69,686	28,083
Vanguard Target Retirement 2070 Inv Fund	16,287	9,722
Vanguard Target Retirement Income Fund	1,260,135	1,246,375
Vanguard Total Bond Mkt Index Adm Fund	1,980,621	1,939,362
Vanguard Treasury MM Inv Fund - AIA Pending	-	-
<b>Common/Collective Trust Funds:</b>		
Galliard Stable Return Fund C	2,894,961	3,564,046
Putnam Large Cap Value Trust II MSG Class	2,355,247	-
<b>Other Investments:</b>		
Participant-directed brokerage accounts	3,249,706	2,666,398
Total	<u>\$ 119,724,448</u>	<u>\$ 109,774,295</u>

## SCHULTE ROTH & ZABEL LLP THRIFT PLAN

### Notes to Financial Statements December 31, 2024 and 2023

#### NOTE G - FAIR VALUE MEASUREMENTS

Accounting guidance under the Financial Accounting Standards Board's Accounting Standards Codification 820, *Fair Value Measurements*, establishes a framework for fair value and 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 are described below.

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; or inputs that are derived principally from, or corroborated by, observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset's 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.

The valuation methodologies used for assets measured at fair value are described in Note D[2]. There have been no changes in methodologies used at December 31, 2024 and 2023.

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

	Investments at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 111,224,534	\$ -	\$ -	\$ 111,224,534
Self-directed brokerage accounts	3,249,706	-	-	3,249,706
The Fund	-	-	20,845,857	20,845,857
Total investment assets in the fair value hierarchy	<u>\$ 114,474,240</u>	<u>\$ -</u>	<u>\$ 20,845,857</u>	<u>135,320,097</u>
Investments measured at NAV (A):				
Common/collective trust				<u>5,250,208</u>
<b>Investments at fair value</b>				<u><b>\$ 140,570,305</b></u>

The purchases and sales of the Fund for the year ended December 31, 2024 were \$2,207,119 and \$1,930,094, respectively. There were no investment classification movements into or out of Level 3 for the year ended December 31, 2024.

## SCHULTE ROTH & ZABEL LLP THRIFT PLAN

### Notes to Financial Statements December 31, 2024 and 2023

#### NOTE G - FAIR VALUE MEASUREMENTS (CONTINUED)

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

	Investments at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 103,543,851	\$ -	\$ -	\$ 103,543,851
Self-directed brokerage accounts	2,666,398	-	-	2,666,398
The Fund	-	-	18,462,349	18,462,349
Total investment assets in the fair value hierarchy	<u>\$ 106,210,249</u>	<u>\$ -</u>	<u>\$ 18,462,349</u>	124,672,598
Investments measured at NAV (A):				
Common/collective trust				<u>3,564,046</u>
<b>Investments at fair value</b>				<u><b>\$ 128,236,644</b></u>

(A) Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

#### Changes in Fair Value 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.

#### NOTE H - PARTICIPANT ACCOUNTS

Each participant's account is credited with his or her contributions, the Employer's contribution to the Plan on behalf of the participant (see Note C), allocations of the Plan's earnings or losses, and an allocation of administrative expenses. Allocations are based upon participants' account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

#### NOTE I - NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. Participants may borrow from their Plan accounts a minimum of \$1,000, up to a maximum equal to the lesser of \$50,000, reduced by the highest outstanding balance of loans from the Plan during the one-year period ending on the day before the loan is made, or 50% of their account balance. The loans are secured by the balances in the participants' accounts and bear interest at 2% above the prime rate. Interest rates on outstanding loan balances range from 5.25% to 10.50% and 5.25% to 10.50% at December 31, 2024 and 2023, respectively. Principal and interest are paid ratably through payroll deductions or another approved manner, with payments made not less frequently than quarterly. With the exception of loans used to acquire a principal residence, loans are to be repaid over a period of time not to exceed five years. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

## SCHULTE ROTH & ZABEL LLP THRIFT PLAN

### Notes to Financial Statements December 31, 2024 and 2023

#### NOTE J - BENEFITS

The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may receive a full distribution of their benefits upon retirement, in the event of death or disability, upon termination of employment or upon attaining the age of 59½. Participants may receive a full distribution of their rollover contribution account. Participants of the Plan for at least five (5) years may receive a full in-service distribution of their employer contribution. Participants in the Plan for less than five (5) years may receive an in-service distribution limited to the amount of employer contributions that have been in their account for at least two (2) full Plan years, measured from the date such contributions were allocated into the Plan. Participants may receive a full in-service distribution of their pre-tax 401(k) contributions or Roth contributions (excluding earnings) on account of "hardships" subject to the Plan's provisions.

Benefits payable under the Plan shall be in one lump-sum payment, except as defined by the Plan. The entire interest of a participant must be distributed, or begin to be distributed, no later than the April 1 of the calendar year following the calendar year in which the participant attains the age of 72 if the participant is a 5% owner of the Employer, as defined by the Internal Revenue Code (the "Code"). For all other participants that attain the age of 72½ while still an employee, the distribution date is the date service is terminated.

If the value of a terminated participant's account is \$1,000 or less, the Plan shall immediately distribute the participant's entire vested account balance.

#### NOTE K - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500:

	<b>December 31,</b>	
	<b>2024</b>	<b>2023</b>
Net assets available for benefits per the financial statements	<b>\$ 143,335,459</b>	\$ 131,194,864
Less: contribution receivable	<b>(1,865,510)</b>	(1,880,613)
Net assets available for benefits per Form 5500	<b>\$ 141,469,949</b>	\$ 129,314,251

The following is a reconciliation of contributions per the financial statements and Form 5500:

	<b>Year Ended December 31, 2024</b>
Contributions per the financial statements	\$ 9,250,352
Add: employer contribution receivable at beginning of year	1,880,613
Less: employer contribution receivable at end of year	<b>(1,865,510)</b>
Contributions per Form 5500	<b>\$ 9,265,455</b>

#### NOTE L - PLAN TERMINATION

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

## **SCHULTE ROTH & ZABEL LLP THRIFT PLAN**

### **Notes to Financial Statements December 31, 2024 and 2023**

#### **NOTE M - RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, credit, liquidity and market perception 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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

Volatility in the financial markets may significantly impact the subsequent valuation of the Plan's investments. Accordingly, the valuation of investments at December 31, 2024 may not necessarily be indicative of amounts that could be realized in a current market exchange.

#### **NOTE N - TAX STATUS**

The Plan was amended and restated effective January 1, 2024, and received a determination letter dated December 11, 2017. The Plan, as adopted, is intended to meet the requirements of Code Sections 401(a) and 401(k), therefore, its related trust is exempt from federal income tax under Code Section 501(a). The Plan has been amended since receiving the tax determination letter; however, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code and therefore, believes that the Plan is qualified, and the related trust is tax-exempt. The Plan is subject to the provisions of ERISA.

Accounting principles generally accepted in the United States of America require the Plan administrator 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 a government authority. The Plan administrator has analyzed the tax positions taken 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 examinations by taxing jurisdictions; however, there are currently no examinations for any tax periods in progress.

#### **NOTE O - RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS**

The Plan pays administrative and investment advisory fees to Principal Trust Company, Principal Life Insurance Company, the recordkeeper, and other service providers. These transactions qualify as party-in-interest transactions. Fees paid by the Plan to these service providers were \$57,347 for the year ended December 31, 2024.

The Plan invests in the Fund, which invests in the Group Trust, which is managed by the Employer.

The recordkeeper receives revenue from mutual fund providers for services it provides to the Plan's mutual fund investments. This revenue is used to offset certain amounts owed to the recordkeeper for their administrative services to the Plan. If the revenue received by the recordkeeper from such mutual fund service providers exceeds the amounts owed, the excess is made available to the Plan pursuant to the service agreement. Such amounts may be applied to pay Plan administrative expenses or allocated to the accounts of the participants. During 2024, \$51,177 was received from the custodian, exclusive of dividends of \$471, and is reflected in net realized/unrealized appreciation in the statement of changes in net assets available for benefits and \$53,000 was used to pay Plan expenses. The account balance as of December 31, 2024 and 2023, is \$9,157 and \$10,509, respectively.

#### **NOTE P - TRANSFERS FROM RELATED PLAN**

During 2024, \$364,272, net, was transferred to the Plan from the Schulte Roth & Zabel LLP Savings Plan and \$72,119 was transferred to the Plan from the Schulte Roth & Zabel LLP Associates Plan, on behalf of participants, based upon changes in Plan eligibility.

**SUPPLEMENTAL INFORMATION**

# SCHULTE ROTH & ZABEL LLP THRIFT PLAN

Employer Identification No. 36-1453176, Plan No. 030  
 Schedule H, Line 4(i) of Form 5500  
 Schedule of Assets (Held at End of Year)  
 December 31, 2024

(a)	(b)	(c)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Current Value	
*	Participant notes receivable	Loans - interest rates ranging from 5.25% 10.50%, maturing through 2036	\$ 899,644
<b>Mutual funds:</b>			
	Allspring Global Investments	Allspring Special Mid Cap Value Inst Fund	2,042,227
	Allspring Global Investments	Allspring Special Small Cap Value Inst Fund	2,139,775
	BlackRock Advisors, LLC	BlackRock Mid-Cap Growth Equity Portfolio	2,682,662
	BNY Mellon	BNY Mellon Midcap Index Investor Fund	2,706,027
	BNY Mellon	BNY Mellon SmallCap Stock Index Inv Fund	2,047,909
	Capital Research and Mgmt Co	American Funds Bond Fund of Am R6	2,422,283
	Capital Research and Mgmt Co	American Funds New World R6 Fund	710,661
	Cohen & Steers Capital Mgmt	Cohen & Steers Real Estate Sec Z Fund	96,250
	Fidelity Management & Research	Fidelity Adv Balanced I Fund	3,339,410
	Fidelity Management & Research	Fidelity International Index Fund	3,095,699
	JP Morgan Investment Mgmt Inc.	JP Morgan US Equity R6 Fund	1,325,827
	MFS Investment Management	MFS International Diversification R4 Fund	3,094,745
	T. Rowe Price Associates, Inc.	T. Rowe Price US Treasury Money Fund	6,865,753
	Vanguard Group	Vanguard 500 Index Adm Fund	22,957,465
	Vanguard Group	Vanguard Explorer Adm Fund	3,800,303
	Vanguard Group	Vanguard LT Inv-Grade Bond Adm Fund	1,059,314
	Vanguard Group	Vanguard PRIMECAP Adm Fund	11,723,937
	Vanguard Group	Vanguard Target Retirement 2020 Inv Fund	256,607
	Vanguard Group	Vanguard Target Retirement 2025 Inv Fund	4,742,119
	Vanguard Group	Vanguard Target Retirement 2030 Inv Fund	7,661,838
	Vanguard Group	Vanguard Target Retirement 2035 Inv Fund	7,630,725
	Vanguard Group	Vanguard Target Retirement 2040 Inv Fund	8,367,050
	Vanguard Group	Vanguard Target Retirement 2045 Inv Fund	4,082,889
	Vanguard Group	Vanguard Target Retirement 2050 Inv Fund	1,829,205
	Vanguard Group	Vanguard Target Retirement 2055 Inv Fund	914,490
	Vanguard Group	Vanguard Target Retirement 2060 Inv Fund	302,635
	Vanguard Group	Vanguard Target Retirement 2065 Inv Fund	69,686
	Vanguard Group	Vanguard Target Retirement 2070 Inv Fund	16,287
	Vanguard Group	Vanguard Target Retirement Inc Inv Fund	1,260,135
	Vanguard Group	Vanguard Total Bond Mkt Index Adm Fund	1,980,621
<b>Common/Collective Trusts:</b>			
	Galliard Capital Management	Galliard Stable Return C Fund	2,894,961
	Putnam Investment Mgmt Co.	Putnam Large Cap Value Trust II MSG Class	2,355,247
<b>Other:</b>			
*	SRZ Alternative Investment Account	Schulte Roth & Zabel LLP Group Trust	20,845,857
	Participant-directed brokerage accounts	Marketable securities	3,249,706
			\$ 141,469,949

\* Party-in-interest, as defined by ERISA.

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