

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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).

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan: WHITE & CASE LLP RETIREMENT INCOME PLAN
1b Three-digit plan number (PN): 006
1c Effective date of plan: 07/01/1985
2a Plan sponsor's name (employer, if for a single-employer plan): WHITE & CASE LLP
2b Employer Identification Number (EIN): 13-5605970
2c Plan Sponsor's telephone number: 212-819-8200
2d Business code (see instructions): 541110

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for Karen Sicignano and fields for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1033
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	129
	6a(2)	129
	6b	267
	6c	225
	6d	621
	6e	12
	6f	633
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 3F

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>WHITE & CASE LLP RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶	<u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>WHITE & CASE LLP</u>	D Employer Identification Number (EIN) <u>13-5605970</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>204109264</u>
	b Actuarial value	2b	<u>215210570</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>568</u>	<u>186352210</u>
	b For terminated vested participants	<u>343</u>	<u>30881405</u>
	c For active participants	<u>129</u>	<u>33268734</u>
	d Total	<u>1040</u>	<u>250502349</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.16 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>1067455</u>
	b Expected plan-related expenses	6b	<u>1297971</u>
	c Target normal cost	6c	<u>2365426</u>

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

SIGN HERE			
	Signature of actuary	<u>10/03/2025</u>	Date
	<u>CHRISTOPHER R. NORCINI</u>	<u>23-09028</u>	Most recent enrollment number
	<u>PWC US TAX LLP</u>	<u>718-844-2566</u>	Telephone number (including area code)
	<u>300 MADISON AVENUE NEW YORK, NY 10017</u>		
	Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	17913196
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		6151327
9	Amount remaining (line 7 minus line 8)	0	11761869
10	Interest on line 9 using prior year's actual return of <u>13.87</u> %	0	1631371
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.24</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	13393240

Part III Funding Percentages			
14	Funding target attainment percentage	14	80.56 %
15	Adjusted funding target attainment percentage	15	80.56 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	85.22 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
12/24/2024	5000000	0					
			Totals ▶	18(b)	5000000	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 4759891
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 66
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	2365426	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	48685019	4593654	
b Waiver amortization installment.....			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	6959080	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		6959080	6959080
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	4759891	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	4759891	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	4759891	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021
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SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan WHITE & CASE LLP RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 WHITE & CASE LLP	D Employer Identification Number (EIN) 13-5605970	

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

PRUDENTIAL INSURANCE CO

22-1211670

(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)

PRICEWATERHOUSECOOPERS LLP

13-4008324

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	287540	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NEW ENGLAND PENSION CONSULTANTS

04-2927339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	123116	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOHNSTON INTERNATIONAL EQUITY

26-6493485

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	119667	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PRUDENTIAL INSURANCE COMPANY

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	52203	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BLACKROCK INSTITUTIONAL TRUST CO NA

94-3112180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	47039	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COLCHESTER

26-3891733

(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?
27 28	NONE	37210	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

STATE STREET BANK & TRUST CO.

04-1867445

(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?
19 21 25	TRUSTEE	35437	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)

EISNERAMPER LLP

87-1363769

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	31500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	EISNERAMPER	b EIN:	87-1363769
c Position:	ACCOUNTANT		
d Address:	111 WOOD AVENUE SOUTH ISELIN, NJ 08830	e Telephone:	732-243-7000

Explanation: CHANGE IN ACCOUNTANT FOR BUSINESS REASONS

a Name:	SHEDONNE LAWRENCE	b EIN:	13-4008324
c Position:	ACTUARY		
d Address:	300 MADISON AVE NEW YORK, NY 10017	e Telephone:	718-844-2566

Explanation: THERE HAS BEEN A CHANGE IN THE ENROLLED ACTUARY FOR THE PLAN BUT THE BUSINESS ORGANIZATION PROVIDING ACTUARIAL SERVICES TO THE PLAN REMAINS THE SAME

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

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

A Name of plan <u>WHITE & CASE LLP RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN)	<u>006</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>WHITE & CASE LLP</u>	D Employer Identification Number (EIN) <u>13-5605970</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WHITE & CASE LLP MASTER RET. TRUST</u>		
b Name of sponsor of entity listed in (a): <u>WHITE & CASE LLP</u>		
c EIN-PN <u>13-5605970-300</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>163409729</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan WHITE & CASE LLP RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 WHITE & CASE LLP	D Employer Identification Number (EIN) 13-5605970

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	163409729
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	203682302	163409729
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	203682302	163409729

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	5000000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		5000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		11590446
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		16590446

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	21507617	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)	33808668	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		55316285
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	31500	
(5) Investment advisory and investment management fees	2i(5)	379235	
(6) Bank or trust company trustee/custodial fees	2i(6)	35437	
(7) Actuarial fees	2i(7)	287540	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	813022	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1546734
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		56863019

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-40272573
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: GRANT THORNTON

(2) EIN: 36-6055558

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 555983.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>WHITE & CASE LLP RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶	<u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WHITE & CASE LLP</u>	D Employer Identification Number (EIN) <u>13-5605970</u>	

Part I	Distributions
---------------	----------------------

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	<u>0</u>
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): <u>04-3581074</u>		
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	<u>92</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 49.0 % Private Equity: 3.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 27.0 %
 High-Yield Debt: 6.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 2.0 % Other: 13.0 %

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

Financial Statements and Report of
Independent Certified Public
Accountants

White & Case LLP Retirement Income Plan

December 31, 2024 and 2023

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Plan Administrator, Participants and Beneficiaries
White & Case Retirement Income Plan

Scope and nature of the ERISA Section 103(a)(3)(C) audit

We have performed an audit of the financial statements of White & Case Retirement Income 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 statement of net assets available for benefits as of December 31, 2024, the related statement of changes in net assets available for benefits for the year then ended, and the statement of accumulated plan benefits as of December 31, 2023, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditor's 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 audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditor's 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 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.

Auditor's 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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Auditor's report on the 2023 financial statements

Predecessor auditors performed an audit of the 2023 financial statements of the Plan. 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, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated October 14, 2024, indicated that (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2023 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).

Grant Thornton LLP

Philadelphia, Pennsylvania
October 7, 2025

White & Case LLP Retirement Income Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	<u>2024</u>	<u>2023</u>
ASSETS		
Plan interest in White & Case LLP Master Retirement Trust assets	<u>\$ 163,409,729</u>	<u>\$ 203,682,302</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 163,409,729</u></u>	<u><u>\$ 203,682,302</u></u>

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

White & Case LLP Retirement Income Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the years ended December 31,

	2024	2023
Additions to (deductions from) net assets available for benefits		
Change in plan interest in White & Case LLP		
Master Retirement Trust	\$ 10,043,712	\$ 23,557,500
Employer contributions	5,000,000	-
	15,043,712	23,557,500
Deductions from net assets available for benefits		
Annuity buyout	(33,808,668)	-
Benefits paid to participants	(21,507,617)	(13,940,420)
	(55,316,285)	(13,940,420)
NET (DECREASE) INCREASE	(40,272,573)	9,617,080
Net assets available for benefits - beginning	203,682,302	194,065,222
Net assets available for benefits - ending	\$ 163,409,729	\$ 203,682,302

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

White & Case LLP Retirement Income Plan

STATEMENT OF ACCUMULATED PLAN BENEFITS

December 31, 2023

Actuarial present value of accumulated plan benefits	
Present value of vested benefits	
Participants currently receiving benefits	\$ 189,756,652
Participants entitled to deferred benefits	32,108,955
Other participants	<u>32,214,844</u>
	254,080,451
Nonvested benefits	<u>1,808,669</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 255,889,120</u></u>

The accompanying notes are an integral part of this financial statement.

White & Case LLP Retirement Income Plan

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

For the year ended December 31, 2023

Actuarial present value of accumulated plan benefits - December 31, 2022	\$ 227,301,073
Increase (decrease) during the Plan year attributable to	
Change in actuarial assumptions (discount rate)	6,223,058
Net benefits accumulated (including actuarial gains and losses)	3,526,987
Plan amendment	20,544,836
Decrease in interest due to decrease in discount period	12,233,586
Benefits paid	<u>(13,940,420)</u>
NET INCREASE	<u>28,588,047</u>
Actuarial present value of accumulated plan benefits - December 31, 2023	<u><u>\$ 255,889,120</u></u>

The accompanying notes are an integral part of this financial statement.

White & Case LLP Retirement Income Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 1 - DESCRIPTION OF THE PLAN

General

The following brief description of the White & Case LLP Retirement Income Plan (the "Plan" or the "RIP") is provided for general information purposes only. Plan members should refer to the Plan document for more complete information.

The Plan is a defined benefit plan covering partners and eligible non-legal staff employees of White & Case LLP (the "Firm" or the "Plan administrator"), which provides benefits to participants upon retirement at normal retirement age. The Plan contains provisions for early retirement.

Eligibility and Vesting

An eligible employee became a participant upon the completion of one year of service and attainment of age 21. Effective December 31, 2004, the Plan was frozen for partners. Staff employees hired after December 1, 2003 are not eligible to participate.

Effective April 17, 2006, the Plan was amended to provide that, on and after such date, all participants shall be fully and immediately (100%) vested in their accrued benefits. Prior to April 17, 2006, participants became fully vested upon completion of five years of service (0% in years 1 through 4).

Pursuant to a Plan amendment, effective May 11, 2023, certain participants who attained age 58 as of December 31, 2022, as defined, were offered a Voluntary Early Retirement Program ("ERW") during a specified window of time with termination generally on July 31, 2023.

In addition, the Firm offered a one-time opportunity to certain terminated vested participants to receive a distribution of the actuarial present value of their accrued benefit in the form of a single lump-sum payment with a Pension Commencement Date of December 1, 2024.

Funding Policy

The Firm contributes amounts deemed necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to Plan participants. The contributions for 2024 and 2023 met the minimum funding requirements under the Employee Retirement Income Security Act of 1974 ("ERISA").

Annuity Buyout

On May 10, 2024, the Firm purchased a single premium non-participating group annuity contract from Metropolitan Life Insurance Company (directly or through its affiliates, "MetLife"), a direct, wholly-owned subsidiary of MetLife, Inc., to satisfy the remaining pension benefits under the RIP, as defined, for approximately 300 retirees. The premium paid by the Firm amounted to approximately \$33,961,000, prior to true ups, which were approximately \$160,000.

Benefits

The annual normal retirement pension payments are calculated to be equal to 2.25% of total compensation received after June 30, 1985 for participating employees and after December 31, 1988 for participating partners. Any partner compensation after December 31, 2004 will not be taken into account.

White & Case LLP Retirement Income Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

A participant's interest in the Plan's assets may be distributable upon retirement, disability, termination of service, or death. If married on the date their benefit commences, the normal form of benefit will be a joint and 50% survivor pension. If unmarried on the date their benefit commences, the normal form of benefit will be a single life annuity. The Plan may also provide for lump-sum payments and other optional forms of benefits.

The Plan was frozen for partners on December 31, 2004, and all benefits accrued through December 31, 2004, will be payable to partners upon their retirement, in accordance with the provisions of the RIP. The Firm previously offered certain staff participants in the RIP to have a one-time choice between continuing in the RIP or, alternatively, receive an enhanced Firm contribution in the Savings and Investment 401(k) Plan of White Case LLP (the "SIP") on and after January 1, 2005, with no further RIP benefit accruals and no further compensation taken into account after that date. As a result, only certain staff employee participants are continuing to accrue benefits under the Plan.

Plan Termination

While the Firm has not expressed any intent to terminate the Plan, it is free to do so at any time. In the event the Plan terminates, the net assets of the Plan will be allocated among the participants and beneficiaries of the Plan in the order provided for in ERISA as follows:

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

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP").

White & Case LLP Retirement Income Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

Investment Valuation and Income Recognition

All investments of the Plan are held by State Street Bank and Trust Company (the "trustee") through November 2024 and as custodian subsequent thereto in the White & Case LLP Master Retirement Trust (the "Master Trust"), as more fully described in Note 5. In November of 2024, Russell Investment became the trustee with State Street Bank and Trust Company still serving as the custodian of the assets.

The Plan's investments are reported at fair value. Fair value is the amount 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. The Plan administrator determines the Plan's valuation policies, utilizing information provided by the investment advisors, third-party administrator and custodian. See Note 5 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's proportionate share of gains and losses on investments bought and sold, as well as held during the year.

Administrative and Investment Expenses

Certain expenses relating to the administration of the Plan and fees paid to the trustee, investment managers and the Firm's investment advisor are currently paid by the Plan and are included in the Plan's interest in the Master Trust investment income in the statements of changes in net assets available for benefits.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires the Plan administrator to make significant estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and when applicable, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties

Plan contributions and the actuarial present value of accumulated plan benefits are prepared based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimates and assumptions process, changes in these estimates and assumptions in the near term could have a material impact on the Plan's financial statements.

Through the Master Trust, the Plan provides for investments in investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks, as well as the financial strength of the insurance company. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect the amounts reported in the statements of net assets available for benefits. Volatility in the financial market 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.

White & Case LLP Retirement Income Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

NOTE 3 - FAIR VALUE OF FINANCIAL INSTRUMENTS

As required by the Fair Value Measurements and Disclosure Topic of the FASB Accounting Standards Codification, fair value is to be determined based on the exchange price that would be received for an asset or paid to transfer a liability (exit price) in the principal or most advantageous market, in an orderly transaction between market participants. Such is a market-based measurement, not an entity-specific measurement.

This Topic establishes a three-level valuation hierarchy based upon observable and non-observable inputs. 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). Observable inputs reflect market data obtained from independent sources, while unobservable inputs reflect the Plan's market assumptions. The fair value hierarchy consists of three levels of inputs that may be used to measure fair value as follows:

- Level 1 - Quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan has the ability to access at the measurement date.
- Level 2 - Inputs other than quoted prices included in Level 1 that are observable either directly or indirectly; quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in markets that are not active; or other inputs that are observable or can be corroborated by observable market data, for substantially the full term of the assets or liabilities.
- Level 3 - Significant inputs to the valuation model that are unobservable, typically based on a Plan's own assumptions, as there is little, if any, related market activity.

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

Mutual funds: Investments in mutual funds are valued at the quoted net asset value ("NAV") for each fund on the valuation date. Mutual funds that are held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. The mutual funds held by the Plan are deemed to be actively traded.

Short-term investment funds: Investments in short-term investment funds are valued based on the principal investment plus accrued interest.

Insurance company separate accounts: Investments in the insurance company separate account are based on the daily unit value, as a practical expedient to measure fair value. The unit value is equal to the value of the insurance company separate account at the end of the day divided by the number of its units at the beginning of the day. The value of the insurance company separate account is the sum of its cash and the value of its other assets minus its outstanding indebtedness and expenses.

Limited partnerships, statutory trusts and collective trusts: Investments in limited partnerships, the Delaware statutory trust and collective trusts are valued at net asset value of units held. It is based on the fair value of the underlying investments and are derived from the capital account. The NAV 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.

Limited partnerships, the insurance company separate account, and the Delaware statutory trust may be subject to redemption restrictions (see Note 5).

White & Case LLP Retirement Income Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

In instances where the determination of the fair value measurement is based on inputs from different levels of the fair value hierarchy, the level in the fair value hierarchy within which the entire fair value measurement falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

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

NOTE 4 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service plan members have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated members or their beneficiaries, (b) beneficiaries of members who have died, and (c) present members or their beneficiaries. Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included to the extent they are deemed attributable to a member's service rendered to the valuation date.

The actuarial present value of accumulated plan benefits was calculated by the Plan's independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant assumptions underlying the actuarial computations at December 31, 2023 are as follows:

Interest (discount) rate	5.31% compounded annually, at December 31, 2023 (5.55% compounded annually, at December 31, 2022)
Mortality table	PRI-2012 White Collar Mortality Table projected forward generationally using the MP-2021 Improvement Rates Scale, at December 31, 2023 and 2022
Employee turnover	A scale consistent with the Firm's experience
Expected retirement age	Graded retirement between ages 60 and 70
Asset valuation	Smoothed value method

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2024. Had the valuation been performed as of December 31, 2023 there would be no material differences.

White & Case LLP Retirement Income Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

NOTE 5 - INVESTMENTS

The Plan's assets are held by State Street Bank and Trust Company, as custodian, together with certain assets of the Firm's other qualified plans in a Master Trust. Investments made for the Plan in the Master Trust may be comingled with certain investments of the White & Case LLP Pension Plan. The trustee maintains books and records that show the assets of the Master Trust attributable to each participating plan. Each participating plan has a separate and divided interest in any pooled investment account established under the Master Trust. Investment results of pooled funds within the Master Trust are allocated to each plan monthly based on the proportionate share of each plan's net assets invested in each such fund of the Master Trust as of the relevant valuation date.

The following are the fair value of investments for the Master Trust at December 31, 2024:

	Master Trust Balances	Plan's Interest in Master Trust Balances
Collective trusts	\$ 373,829,956	\$ 146,487,922
Limited partnerships	51,828,997	10,832,898
Short-term investment funds	1,071,861	496,546
	<hr/>	<hr/>
Total investments, at fair value	426,730,814	157,817,366
Cash	4,625,736	4,503,574
Pending trades	1,108,116	1,086,796
Dividends receivable	4,296	1,993
	<hr/>	<hr/>
Total	<u>\$ 432,468,962</u>	<u>\$ 163,409,729</u>

The following are the fair value of investments for the Master Trust at December 31, 2023:

	Master Trust Balances	Plan's Interest in Master Trust Balances
Common collective trust	\$ 11,982,718	\$ -
Collective trust	83,905,088	38,567,211
Insurance company separate account	34,241,485	16,165,549
Limited partnerships	60,207,568	17,642,786
Mutual funds	248,890,623	117,906,545
Delaware statutory trust	23,615,068	10,644,351
Short-term investment funds	19,111,137	2,755,830
	<hr/>	<hr/>
Total investments, at fair value	481,953,687	203,682,272
US currency	77,246	-
Foreign currency	132	30
	<hr/>	<hr/>
Total	<u>\$ 482,031,065</u>	<u>\$ 203,682,302</u>

White & Case LLP Retirement Income Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

The following is the investment income for the Master trust for the years ended December 31:

	2024	2023
Interest and dividends	\$ 6,208,876	\$ 9,627,164
Realized/unrealized appreciation on investments	26,617,516	41,734,073
Total	\$ 32,826,392	\$ 51,361,237

Fair Value Measurements

The following table presents the fair value hierarchy for the balances of the assets of the Master Trust measured at fair value as of December 31, 2024.

Master Trust Investment Assets at Fair Value as of December 31, 2024				
	Level 1	Level 2	Level 3	Total
Short-term investment funds	\$ 1,071,861	\$ -	\$ -	\$ 1,071,861
Total master trust investment assets in the fair value hierarchy	\$ 1,071,861	\$ -	\$ -	1,071,861
Collective trusts ^(A)				373,829,956
Limited partnerships ^(A)				51,828,997
Total master trust investments measured at NAV ^(A)				425,658,953
Total master trust investments, at fair value				\$426,730,814

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

White & Case LLP Retirement Income Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

The following table presents the fair value hierarchy for the balances of the assets of the Master Trust measured at fair value as of December 31, 2023.

Master Trust Investment Assets at Fair Value as of December 31, 2023				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$248,890,623	\$ -	\$ -	\$248,890,623
Short-term investment funds	-	19,111,137	-	19,111,137
Total master trust investment assets in the fair value hierarchy	<u>\$248,890,623</u>	<u>\$ 19,111,137</u>	<u>\$ -</u>	<u>268,001,760</u>
Common collective trusts (A)				11,982,718
Collective trust (A)				83,905,088
Delaware statutory trust (A)				23,615,068
Insurance company separate account (A)				34,241,485
Limited partnerships (A)				60,207,568
Total master trust investments measured at NAV (A)				213,951,927
Total master trust investments, at fair value				481,953,687
Plus:				
US currency				77,246
Foreign currency				132
Total				<u>\$482,031,065</u>

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

White & Case LLP Retirement Income Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

The following table summarizes the Trust's investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2024 and 2023. The redemption notice period is applicable only to the Trust.

Categories	Fair Value as of December 31, 2024	Fair Value as of December 31, 2023	Redemption Frequency	Redemption Notice Period
Fixed income ^(a)	\$ 123,967,809	\$ 11,982,718	Daily	0-15 days
Domestic equity ^(c)	129,175,387	34,241,485	Daily	0-15 days
International equity ^(b)	42,672,971	83,905,088	Daily	0-15 days
Emerging fixed income ^(d)	-	23,615,068	Daily	15 days
Other international equity ^(f)	78,013,789	-	Daily	0-15 days
Private equities ^(e)	51,828,997	60,207,568	*	*
Total	<u>\$ 425,658,953</u>	<u>\$ 213,951,927</u>		

* See details of redemption restrictions of limited partnerships below:

- (a) Fixed Income - The primary investment strategy is to seek an investment return that approximates as closely as practicable, before expenses, the performance of the Russell 2000 Index over the long term.
- (b) International Equities - The primary investment strategy seeks to provide long-term capital growth by investing primarily in securities listed on the major developed equity markets of the U.S. Europe and Asia as well as within those listed on emerging country equity markets on tactical basis.
- (c) Domestic Equities - The primary investment strategy is to capture valuation, growth and quality exposures in diversified portfolios by investing in the U.S. Core equity strategies, which includes long-only Core, All Cap, Mid-Cap, and Small Cap Equity.
- (d) Emerging Fixed Income - The primary investment strategy is achieving a favorable income-oriented returns from a globally diversified portfolio of primarily debt or debt-like securities and the preservation and enhancement of principal.
- (e) Private Equity (including Private Real Estate) - The primary investment strategy is to enhance return, with the premiums earned over public investment options serving to compensate for liquidity risk, returns are largely sourced through income and capital appreciation. Private Equity and Real Estate Limited Partnerships allow for access to large investable universes and provide diversification to the portfolio.
- (f) Other International Equity - Provides broad participation in financial markets outside of the United States. These Funds invest in international financial markets, including the financial markets of developing economies in Asia, Latin America, Eastern Europe, the Middle East, and Africa. The Fund invests in funds which primarily invest in equity --- developed to primarily invest in equity securities, including common stocks and preferred stocks, issued by companies located in emerging markets or that derive a majority of their revenues from operations in such countries and in depositary receipts and other derivatives which represent economic ownership of securities of such companies.

White & Case LLP Retirement Income Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

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.

Redemption Restrictions and Unfunded Commitments

Certain investments contain significant redemption restrictions as follows:

In relation to the Limited Partnerships, investment decisions are typically made by the General Partner and the Master Trust is invested as a Limited Partner. The General Partner calls capital as they see opportunities to invest and distribute capital back to the investors when they exit portfolio companies and or the companies generate profit. For this reason, capital is "locked up" during the investment horizon and investors cannot put any redemption requests. Generally, no Limited Partner may withdraw from the Partnership or make a demand for or receive paid-in capital until the termination of the Partnerships, which are expected between 2025 and 2030. The Beach Point Loan Fund LP requires 90 days written notice subject 10% fund level gate.

Pursuant to the terms of the agreements, the Master Trust has outstanding commitments of additional capital with certain limited partnerships amounting to \$11,276,010 and \$13,118,301 at December 31, 2024 and December 31, 2023, respectively.

NOTE 6 - TAX STATUS

The Internal Revenue Service determined and informed the Firm by a letter dated December 5, 2016 that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (the "IRC"). The Plan has been amended since receiving the determination letter.

U.S. GAAP requires 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 may not be sustainable 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 and 2023, 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, currently there are no examinations in process.

NOTE 7 - RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Master Trust investments are held in custody by State Street Bank and Trust Company or managed by Russell Investments. State Street Bank and Trust Company and Russell Investments are the trustees during the Plan year as defined by the Plan and, therefore, these transactions qualify as party-in-interest.

NOTE 8 - INVESTMENT CERTIFICATION

The Plan Administrator has elected the method of compliance permitted by 29 CFR2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, State Street Bank and Trust Company, the custodian of the Plan, and Russell Investments, the trustee of the plan effective November 1, 2024, have certified to the completeness and accuracy of all investments and related investment activity in the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023 and the statements of changes in net assets available for benefits for the years then ended.

White & Case LLP Retirement Income Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

NOTE 9 - ADJUSTED FUNDING TARGET ATTAINMENT PERCENTAGE ("AFTAP")

The Pension Protection Act (the "Act") included many provisions and numerous revisions to rules surrounding defined benefit plans including rules that govern Plan funding. The Act established minimum funding standards for defined benefit plans and limited benefit increases and accruals for underfunded plans. Pursuant to the Act, each year actuaries are required to certify to a plan's funded percentage. The Plan received such certification for the 2024 Plan year for the AFTAP, which is one way of measuring the funded status of a Plan using actuarial assumptions mandated by the IRS, and the actuary determined that the 2024 AFTAP for the Plan is 80.56%.

NOTE 10 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 7, 2025, which is the date the financial statements were available to be issued.

WHITE & CASE LLP
 WHITE & CASE LLP RETIREMENT INCOME PLAN
 (EIN: 13-5605970; PLAN: 006)

Attachments to 2024 Form 5500 (Schedule SB)

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

Completed Years of Service on January 1, 2024¹

Attained Age	Under 5 years	5 to 9 years	10 to 14 years	15 to 19 years	20 to 24 years	25 to 29 years	30 to 34 years	35 to 39 years	Over 40 years	Total No.
	No.	No.	No.	No.	No.	No.	No.	No.	No.	
<25										
25-29										
30-34										
35-39				1						1
40-44				1	5					6
45-49				2	7	5	1			15
50-54				2	12	11	2			27
55-59				1	17	14	16	1		49
60-64					5	8	3	4	1	21
65-69					3	1	1	1	1	7
70&Up						2			1	3
Total				6	50	41	23	6	3	129

¹Credited Service

WHITE & CASE LLP
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 (EIN: 13-5605970; PLAN: 006)
 Attachments to 2024 Form 5500 (Schedule SB)
 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

A. Actuarial Assumptions for Funding Purposes

Mortality IRS 2024 Generational Mortality Table pursuant to IRS Regulations
1.430(h)(3)-1(b) as prescribed under the Pension Protection Act of 2006.

Withdrawal	Annual Rates of Withdrawal		
	Age	Staff	Partners
	25-39	0.00%	0.00%
	30-34	0.00%	0.00%
	35-39	0.00%	0.00%
	40-44	0.00%	0.00%
	45-49	2.00%	2.00%
	50-54	2.00%	2.00%
	55-59	0.00%	0.00%
	60-65	0.00%	0.00%
	65+	0.00%	0.00%

Retirement (Not-at-risk funding target)	Annual Rates of Retirement		
	Age	Early	Normal
	55	0.00%	
	56	0.00%	
	57	0.00%	
	58	0.00%	
	59	0.00%	
	60	2.00%	10.00%
	61	2.00%	5.00%
	62	3.00%	10.00%
	63	4.00%	5.00%
	64	5.00%	5.00%
	65		20.00%
	66		20.00%
	67		20.00%
	68		30.00%
	69		30.00%
	70		100.00%

Valuation Interest Rate Valuation interest rates are based on the applicable segment rates for January 2024 pursuant to IRC 430(h)(2), taking into account the corridor around the 25-year average segment rates in accordance with MAP-21, HATFA/BBA and ARPA.

	<u>January Segment Rates</u>	<u>Reflecting Corridor</u>
1st segment rate	4.37%	4.75%
2nd segment rate	4.96%	4.96%
3rd segment rate	4.95%	5.59%

Lump Sum Rates (ASC 960) Lump sum conversion rates are based on the segmented yield curve rates for the month three months prior to the valuation date (October 2023):

First Segment Rate	5.77%
Second Segment Rate	6.14%
Third Segment Rate	6.19%

Administrative Expenses Administrative expenses are assumed to be equal to prior year actual expenses paid from the pension trust rounded up to the nearest \$5,000.

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Attachments to 2024 Form 5500 (Schedule SB)
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Marital Status:

Percentage Married	85% of males and 50% of females are assumed to be married.
Age Difference	Wives assumed to be five years younger than their husbands.

Form of Payment

100% Joint and Survivor Annuity	100% of active participants eligible for a Normal Retirement Benefit and retiring with at least 20 years of service.
50% Joint and Survivor Annuity	75% of married active male participants and 25% of married active female participants NOT eligible for a Normal Retirement Benefit and retiring with at least 20 years of service, or eligible for retirement with less than 20 years of service or terminated or disabled.
Single Life Annuity	25% of married active male participants and 75% of married active female participants and 100% of unmarried participants NOT eligible for a Normal Retirement Benefit and retiring with at least 20 years of service or eligible for retirement with less than 20 years of service or terminated or disabled. Spouses of active married employees who die after becoming eligible for a Normal Retirement Benefit.
Lump Sum	Beneficiaries of all other active employees.

B. Actuarial Methods for Funding Purposes

1. Actuarial Cost Method

The actuarial cost method is the Unit Credit Actuarial Cost Method.

Under this cost method, the target liability is defined as the present value of the accrued benefits on the valuation date. The funding shortfall is the excess, if any, of the amount by which the target liability exceeds the actuarial value of Plan Assets.

The target normal cost, determined on the valuation date, is the amount required to fund the benefit expected to be earned in the current year plus expected expenses.

2. Asset Valuation Method

Smoothed value method. Under this method the Plan Assets are equal to the average of the fair market value on the valuation date and the adjusted fair market value on each of the preceding two valuation dates, but not less than 90% nor more than 110% of the Fair Value of Assets. The adjusted fair market value as of any preceding valuation date is equal to the fair market value as of such date increased for contributions reflected in the fair market value of assets on the current valuation that were not reflected in the fair market value of assets as of such preceding valuation date, decreased for benefits payments and expenses reflected in the fair market value of assets on the current valuation that were not reflected in the fair market value of assets as of such preceding valuation date, and adjusted for expected earnings (not in excess of the third segment rate, with no phase-in, applicable to the corresponding valuation date).

WHITE & CASE LLP
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(EIN: 13-5605970; PLAN: 006)
Attachments to 2024 Form 5500 (Schedule SB)
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

C. Actuarial Assumptions Rationale

Valuation Interest Rates	The interest rate assumption used is prescribed by IRC section 430(h) subject to specified elections by the plan sponsor.
Mortality	The mortality assumption used is prescribed by IRC section 1.430(h)(3)-1(b) subject to specified elections by the plan sponsor.
Retirement/Withdrawal	This assumption reflects the client's own analysis and projection of what the rates will be going forward. We will monitor this assumption for gains and losses going forward.
Form of Payment	This assumption was based on best expectations given plan provisions and based on historical experience of the plan.
Administrative Expenses	This assumption is set based on the plan sponsor's historical experience and expectations for future expenses to be paid from the trust.
Marital Status and Spouse Age Difference	This assumption is based on the plan sponsor's historical experience and expectations for future marriage patterns and spousal age differences. This assumption is not expected to generate material actuarial gains or losses.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.


A Name of plan WHITE & CASE LLP RETIREMENT INCOME PLAN		B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WHITE & CASE LLP		D Employer Identification Number (EIN) 13-5605970	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a		204,109,264
b Actuarial value	2b		215,210,570
3 Funding target/participant count breakdown			
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	568	186,352,210	186,352,210
b For terminated vested participants	343	30,881,405	30,881,405
c For active participants	129	33,268,734	33,268,734
d Total	1,040	250,502,349	250,502,349
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions			4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor			4b
5 Effective interest rate			5 5.16%
6 Target normal cost			
a Present value of current plan year accruals			6a 1,067,455
b Expected plan-related expenses			6b 1,297,971
c Target normal cost			6c 2,365,426

Statement by Enrolled Actuary

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

SIGN HERE	Christopher Norcini  Signature of actuary	10/03/2025 Date
	Christopher Norcini Type or print name of actuary	2309028 Most recent enrollment number
	PwC US Consulting LLP Firm name	+16464713000 Telephone number (including area code)
	300 MADISON AVENUE NEW YORK NY 10017 Address of the firm	

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

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

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 WHITE & CASE LLP RETIREMENT INCOME PLAN
 (EIN: 13-5605970; PLAN: 006)
 Attachments to 2024 Form 5500 (Schedule SB)
 Schedule SB, Line 22 - Description of Weighted Average Retirement Age

1	2	3	4	5
Age	Expected Active Headcount	Retirement Rate	Expected Retirements (2)*(3)	Weighted Age (1)*(4)
60	88.9874	0.0939	8.3544	501.2666
61	84.2751	0.0468	3.9445	240.6146
62	84.9086	0.0991	8.4118	521.5322
63	81.9971	0.0495	4.0591	255.7236
64	79.3513	0.0494	3.9236	251.1095
65	77.7155	0.1995	15.5076	1007.9966
66	63.8887	0.1995	12.7457	841.2158
67	51.8546	0.1995	10.3424	692.943
68	42.2558	0.2991	12.6385	859.4199
69	31.4007	0.299	9.3887	647.8186
70	23.8333	1	23.8333	1668.3309
71	0	1	0	0
72	1	1	1	72
73	0	1	0	0
74	0	1	0	0
75	1	1	1	75
76	1	1	1	76
Sum			116.1497	7710.9713
Average				66.39

WHITE & CASE LLP
 WHITE & CASE LLP RETIREMENT INCOME PLAN
 (EIN: 13-5605970; PLAN: 006)

Attachments to 2024 Form 5500 (Schedule SB)

Schedule SB, Line 26b - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired	Total
			Participants and Beneficiaries Receiving Payments	
2024	349,513	580,527	16,145,760	17,075,800
2025	518,266	840,545	15,946,096	17,304,907
2026	683,890	1,047,671	15,718,334	17,449,895
2027	863,440	1,247,250	15,460,880	17,571,570
2028	1,063,086	1,414,373	15,172,510	17,649,968
2029	1,267,291	1,556,405	14,852,397	17,676,093
2030	1,462,776	1,822,113	14,500,096	17,784,985
2031	1,700,937	1,958,377	14,115,617	17,774,931
2032	1,900,660	2,109,182	13,699,471	17,709,312
2033	2,096,244	2,235,813	13,252,698	17,584,755
2034	2,268,419	2,382,699	12,776,947	17,428,065
2035	2,425,806	2,466,024	12,274,535	17,166,365
2036	2,605,477	2,513,343	11,748,396	16,867,216
2037	2,724,567	2,572,203	11,201,959	16,498,729
2038	2,873,159	2,568,921	10,639,045	16,081,125
2039	2,928,856	2,587,283	10,063,682	15,579,820
2040	2,977,869	2,610,043	9,479,896	15,067,808
2041	3,017,687	2,632,790	8,891,655	14,542,132
2042	3,026,738	2,619,674	8,302,727	13,949,138
2043	3,051,545	2,591,261	7,716,655	13,359,461
2044	3,024,519	2,527,370	7,136,844	12,688,733
2045	2,987,719	2,474,639	6,566,536	12,028,893
2046	2,957,545	2,390,988	6,008,840	11,357,372
2047	2,913,269	2,313,083	5,466,733	10,693,085
2048	2,861,232	2,241,261	4,943,106	10,045,600
2049	2,786,759	2,137,669	4,440,678	9,365,106
2050	2,692,900	2,026,278	3,961,863	8,681,042
2051	2,596,935	1,911,452	3,508,719	8,017,106
2052	2,491,610	1,794,032	3,082,982	7,368,623
2053	2,376,165	1,674,984	2,686,158	6,737,307
2054	2,257,498	1,555,348	2,319,520	6,132,367
2055	2,130,116	1,436,190	1,984,033	5,550,339
2056	1,998,874	1,318,552	1,680,276	4,997,702
2057	1,864,798	1,203,436	1,408,391	4,476,625
2058	1,729,080	1,091,770	1,168,055	3,988,905
2059	1,592,969	984,402	958,447	3,535,819
2060	1,457,763	882,066	778,147	3,117,976
2061	1,324,745	785,359	625,239	2,735,343
2062	1,195,180	694,765	497,396	2,387,342
2063	1,070,279	610,612	391,995	2,072,886
2064	951,118	533,085	306,306	1,790,509
2065	838,596	462,229	237,593	1,538,417
2066	733,388	397,978	183,201	1,314,567
2067	636,017	340,179	140,650	1,116,846
2068	546,838	288,600	107,706	943,143
2069	466,019	242,954	82,408	791,381
2070	393,559	202,893	63,102	659,554
2071	329,245	168,025	48,440	545,710
2072	272,755	137,937	37,332	448,024
2073	223,671	112,203	28,918	364,792

WHITE & CASE LLP
WHITE & CASE LLP RETIREMENT INCOME PLAN
(EIN: 13-5605970; PLAN: 006)
Attachments to 2024 Form 5500 (Schedule SB)
Schedule SB, Part V - Summary of Plan Provisions

The Retirement Income Plan for Eligible Employees of White & Case became effective on July 1, 1985. As of December 31, 1997, the Retirement Income Plan for Eligible Partners of White & Case was merged into the Retirement Income Plan for Eligible Employees of White & Case and the combined plan is called the White & Case LLP Retirement Income Plan. As of January 1, 2005, the Plan was amended to "freeze" all future participation in the Plan and to "freeze" all future benefit accruals for partners and eligible employees who have elected to receive enhanced Firm contributions to the White & Case LLP Savings and Investment 401(k) Plan.

1 - DEFINITIONS

"Compensation" means the U.S. source fixed salary or wage received by an employee, plus any fixed salary or wage voluntarily deferred by the employee pursuant to the Savings and Investment Plan, including bonuses and overtime pay. The annual compensation is not to exceed the limit of \$210,000, as set by the Plan.

"Service" means the period of time beginning on the commencement date of employment and ending on the date of termination of employment.

2 - PARTICIPATION IN PLAN

As of January 1, 2005, participation in the Plan was frozen.

3 - BENEFITS

Normal Retirement

Condition for Retirement	Earliest of: (a) Attained age 65 and completed 5 years of service. (b) Attained age 62 and completed 20 years of service. (c) Attained age 60 and completed 25 years of service.
Amount of Pension	2-1/4% of compensation received while a participant in the Plan. If the participant has completed at least 20 years of service at normal retirement, the pension will be paid as an unreduced joint and 100% survivor annuity with the spouse as the beneficiary. The minimum annual pension is \$3,800.

Early Retirement

Condition for Retirement	Attained age 55 and completed 5 years of service.
Amount of Pension	A deferred pension commencing on the normal retirement date equal to the normal retirement pension. In lieu of the deferred pension, a participant may elect to receive their pension prior to their normal retirement date, in which case the pension shall be reduced on an actuarially equivalent basis from age 60 if they have at least 25 years of service, from age 62 if they have at least 20 years of service, and from age 65 if they have less than 20 years of service on their early retirement date.

WHITE & CASE LLP
WHITE & CASE LLP RETIREMENT INCOME PLAN
(EIN: 13-5605970; PLAN: 006)
Attachments to 2024 Form 5500 (Schedule SB)
Schedule SB, Part V - Summary of Plan Provisions (Continued)

Disability Retirement

Condition for Retirement Totally disabled while an active participant for at least three years; did not elect to discontinue further benefit accruals under the Plan in favor of enhanced Firm contributions to the Savings and Investment 401(k) Plan.

Amount of Pension A deferred pension payable at age 65 computed as a normal retirement pension based on actual compensation received after becoming a participant in the Plan through date of disability; annual compensation from date of disability to age 65 based on rate of compensation at date of disability.

Vested Retirement

Condition for Retirement For terminations prior to April 17, 2006: Completion of five years of service.
For terminations on or subsequent to April 17, 2006: Immediate eligibility.

Amount of Pension A deferred pension commencing on normal retirement date, equal to the normal retirement pension computed based on compensation received after becoming a participant in the Plan and up to date of termination or the date benefit accruals are frozen.

Death Benefits

Before Retirement If a participant is eligible for a vested retirement benefit and dies in active service or while totally disabled, the beneficiary will receive a single sum equal to the actuarial equivalent value of the participant's accrued pension computed based on compensation received after becoming a participant of the Plan and up to their date of death or the date benefit accruals are frozen, whichever is earlier, reduced by the actuarial equivalent value of any spouse's pension otherwise payable to the participant's surviving spouse.

Spouse's Pension

Condition for Retirement The surviving spouse of a participant who (i) dies in active service after becoming eligible for a vested retirement benefit, or (ii) terminated or retired from the Firm but dies prior to the commencement of benefits, is entitled to a spouse's pension.

Amount of Pension The Spouse's Pension commences on the earliest date the participant would have been entitled to receive a pension and it is equal to the pension that would have been payable to the spouse if the participant had survived to the earliest date on which they are eligible to receive a pension, retired on that date and died immediately thereafter survived by the spouse, but based on the participant's service and accrued benefits at the date of termination or death, which ever is earlier.

4 - CONTRIBUTIONS

All contributions to support the Plan are made by the Firm.

WHITE & CASE LLP
WHITE & CASE LLP RETIREMENT INCOME PLAN
 (EIN: 13-5605970; PLAN: 006)
 Attachments to 2024 Form 5500 (Schedule SB)
 Schedule SB, Line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
	\$16,301,866	1/1/2024	15	\$1,489,925
	\$32,383,153	1/1/2023	14	\$3,103,729
Total	\$48,685,019			\$4,593,654