

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 2em; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

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

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

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>WEIL, GOTSHAL &amp; MANGES EMPLOYEES' PENSION PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>WEIL, GOTSHAL &amp; MANGES LLP</u></p> <p><u>PAUL WESSEL</u> <u>767 FIFTH AVE</u> <u>NEW YORK, NY 10153-0119</u></p>	<p><b>1c</b> Effective date of plan <u>02/01/1969</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>13-1456110</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>212-310-8000</u></p> <p><b>2d</b> Business code (see instructions) <u>541110</u></p>

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/09/2025	PAUL WESSEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	2453
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	351
	<b>6a(2)</b>	329
	<b>6b</b>	827
	<b>6c</b>	759
	<b>6d</b>	1915
	<b>6e</b>	41
	<b>6f</b>	1956
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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)

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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

▶ **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.

<b>A</b> Name of plan <u>WEIL, GOTSHAL &amp; MANGES EMPLOYEES' PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>WEIL, GOTSHAL &amp; MANGES LLP</u>	<b>D</b> Employer Identification Number (EIN) <u>13-1456110</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	<u>141494224</u>	
<b>b</b> Actuarial value .....	<b>2b</b>	<u>141494224</u>	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>810</u>	<u>64729679</u>	<u>64729679</u>
<b>b</b> For terminated vested participants .....	<u>1292</u>	<u>43202815</u>	<u>43202815</u>
<b>c</b> For active participants .....	<u>351</u>	<u>33554726</u>	<u>33728178</u>
<b>d</b> Total .....	<u>2453</u>	<u>141487220</u>	<u>141660672</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</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 .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	<u>5.14 %</u>	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>340000</u>	
<b>c</b> Target normal cost .....	<b>6c</b>	<u>340000</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.

<b>SIGN HERE</b>		
	Signature of actuary	<u>09/24/2025</u> Date
	<u>MARY ANN DWORAK, ASA, MAAA, FCA</u> Type or print name of actuary	<u>23-05417</u> Most recent enrollment number
	<u>SEGAL</u> Firm name	<u>609-482-2300</u> Telephone number (including area code)
	<u>100 AMERICAN METRO BOULEVARD SUITE 110 HAMILTON, NJ 08619</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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	1704387
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	1667444
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	36943
<b>10</b>	Interest on line 9 using prior year's actual return of <u>9.07</u> % .....	0	3351
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> 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>5.06</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	40294

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	99.85 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	99.85 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	93.41 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(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		
04/15/2024	416861	0					
			<b>Totals ▶</b>	<b>18(b)</b>	416861	<b>18(c)</b>	0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	410910

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

**21** Discount rate:

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

**22** Weighted average retirement age ..... **22** 65

**23** Mortality table(s) (see instructions)     Prescribed - combined     Prescribed - separate     Substitute

**Part VI Miscellaneous Items**

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...  Yes  No

**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

**31** Target normal cost and excess assets (see instructions):

<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	340000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	206742	58793
<b>b</b> Waiver amortization installment.....	0	0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount..... **33**

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	398793
	Carryover balance	Prefunding balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	398793
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	410910

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

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	12117
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	0

<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0

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

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.     2019     2020     2021

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

<b>A</b> Name of plan <b>WEIL, GOTSHAL &amp; MANGES EMPLOYEES' PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>WEIL, GOTSHAL &amp; MANGES LLP</b>	<b>D</b> Employer Identification Number (EIN) <b>13-1456110</b>	

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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**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)

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19 50	NONE	60227	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"/>

(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.

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<b>A</b> Name of plan <u>WEIL, GOTSHAL &amp; MANGES EMPLOYEES' PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>WEIL, GOTSHAL &amp; MANGES LLP</u>	<b>D</b> Employer Identification Number (EIN) <u>13-1456110</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WGM MASTER TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>WEIL, GOTSHAL &amp; MANGES LLP</u>		
<b>c</b> EIN-PN <u>13-1456110-012</u>	<b>d</b> Entity code <u>M</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>120871907</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE SHORT TERM INVESTMENT</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>		
<b>c</b> EIN-PN <u>45-6138589-084</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>999694</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)





<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>WEIL, GOTSHAL &amp; MANGES EMPLOYEES' PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>WEIL, GOTSHAL &amp; MANGES LLP</b>	<b>D</b> Employer Identification Number (EIN) <b>13-1456110</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	1599326 999694
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	139894898 120871907
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	141494224	121871601
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	141494224	121871601

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	416861	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		416861
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	83123	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		83123
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		1264679
(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)		
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		1764663

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	21076920	
(2) To insurance carriers for the provision of benefits .....	2e(2)		
(3) Other .....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		21076920
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g		
<b>h</b> Interest expense .....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)		
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)		
(5) Investment advisory and investment management fees .....	2i(5)		
(6) Bank or trust company trustee/custodial fees .....	2i(6)	60227	
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses .....	2i(11)	250139	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		310366
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		21387286

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k		-19622623
<b>l</b> 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: **EISNERAMPER LLP**

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

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		15000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 549430.

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

<b>A</b> Name of plan <b>WEIL, GOTSHAL &amp; MANGES EMPLOYEES' PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN)	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>WEIL, GOTSHAL &amp; MANGES LLP</b>	<b>D</b> Employer Identification Number (EIN) <b>13-1456110</b>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<b>0</b>
<b>2</b> 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>36-3046063</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<b>479</b>

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

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

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

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

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

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

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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: 0.0 % Private Equity: 2.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 96.0 %  
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 1.0 % Other: 1.0 %

**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 \_\_\_\_\_.

**WEIL, GOTSHAL & MANGES  
EMPLOYEES' PENSION PLAN**

**FINANCIAL STATEMENTS**

**DECEMBER 31, 2024 and 2023  
(with supplemental information)**

**WEIL, GOTSHAL & MANGES  
EMPLOYEES' PENSION PLAN**

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## INDEPENDENT AUDITORS' REPORT

To the Plan Administrator, Participants and Beneficiaries  
of the Weil, Gotshal & Manges Employees' Pension Plan

### **Opinion**

We have audited the financial statements of Weil, Gotshal & Manges Employees' Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for each of the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for each of the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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. In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

## ***Auditors' Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with GAAS, we:

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

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

### ***Other Matter***

#### ***Supplemental Schedule Required by ERISA***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at the end of year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.



In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including the form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*EisnerAmper LLP*

EISNERAMPER LLP  
Iselin, New Jersey  
October 8, 2025

EISNERAMPER  
LLP



**WEIL, GOTSHAL & MANGES  
EMPLOYEES' PENSION PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

	<b>December 31,</b>	
	<b>2024</b>	<b>2023</b>
<b>ASSETS</b>		
Investments, at fair value:		
Investment in WGM MASTER TRUST	<b>\$ 120,871,907</b>	\$ 139,894,898
Collective Short-Term Investment Fund	<b>999,694</b>	1,599,326
	<b>121,871,601</b>	141,494,224
<b>Net assets available for benefits</b>	<b>\$ 121,871,601</b>	\$ 141,494,224

**WEIL, GOTSHAL & MANGES  
EMPLOYEES' PENSION PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

	<b>Year Ended December 31,</b>	
	<b>2024</b>	<b>2023</b>
<b>Additions to/(deductions from) net assets available for benefits:</b>		
Investment income:		
Net realized/unrealized (depreciation)/appreciation in fair value of WGM Master Trust	<b>\$ (5,037,544)</b>	\$ 5,988,680
Interest and dividends income allocated from WGM Master Trust	<b>6,587,339</b>	6,306,080
Interest and dividend income	<b>83,123</b>	78,402
Investment fees allocated from WGM Master Trust	<b>(285,116)</b>	(272,713)
Net investment income	<b>1,347,802</b>	12,100,449
Employer's contributions	<b>416,861</b>	-
Benefits paid to participants and beneficiaries	<b>(21,076,920)</b>	(7,260,700)
Pension Benefit Guaranty Corporation premiums	<b>(247,753)</b>	(635,652)
Administrative expenses	<b>(60,227)</b>	(70,576)
Income tax expense	<b>(2,386)</b>	(18,837)
NET CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	<b>(19,622,623)</b>	4,114,684
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	<b>141,494,224</b>	137,379,540
<b>NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR</b>	<b>\$ 121,871,601</b>	<b>\$ 141,494,224</b>

**WEIL, GOTSHAL & MANGES  
EMPLOYEES' PENSION PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 and 2023**

NOTE 1 – DESCRIPTION OF THE PLAN

The Weil, Gotshal & Manges Employees' Pension Plan (the "Plan") was established on February 1, 1969 as a defined benefit pension plan covering all employees employed in a nonlegal position by Weil, Gotshal & Manges LLP (the "Sponsor"). The Plan also includes all employees employed in legal positions who were members of the Plan prior to February 1, 1982, and who are not a partner of the Firm. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. The Plan meets the minimum funding requirements of ERISA.

The Plan's assets, except for the Collective Short-Term Investment Fund, are held in the WGM Master Trust (the "Master Trust"). See Note 3 for details of the Master Trust.

The Plan is funded through contributions received from the Sponsor. Effective December 31, 2011, the Plan was frozen for participation and benefit accrual. Specifically, the Plan was amended effective December 31, 2011 to provide that employees who were not Participants in the Plan prior to December 31, 2011 will not be eligible to participate in the Plan. The amendment further provided that for employees who were Participants in the Plan prior to December 31, 2011, except for Participants who incurred a disability prior to December 31, 2011, no year of benefit service and no change in average annual compensation will be taken into account under the Plan after December 31, 2011.

Prior to December 31, 2011, employees who reached the age of 21 and have 12 months of service with 1,000 hours in the first employment year were eligible to join the Plan on the next entry date. Entry dates were January 1st and July 1st each year.

The Plan provides for an annual benefit at normal retirement (defined to be the later of the first day of the month coincident with or following age 65 or the fifth anniversary in the Plan and, effective on or after January 1, 2002, not later than age 68) equal to 1% of average annual compensation, as defined, for each year of benefit service with a maximum of 42.5% of the average annual compensation, as defined. In addition, the Plan provides for early retirement, deferred retirement, disability and death benefits. A Participant is 100% vested after completing five years of service. The normal form of payment is a Life Annuity; other options are also available at retirement. Death benefit may be paid out as a lump-sum. The Plan also provides for a mandatory cash-out in a form of a lump-sum, if Participant's actuarial equivalent value of the benefit is \$5,000 or less, as defined.

The Plan was amended to allow for a special limited-time distribution window in 2024 where certain eligible participants can elect an immediate commencement of their benefits, including a full lump sum.

The foregoing description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

*(a) Basis of Accounting*

The financial statements have been presented on the accrual basis of accounting.

**WEIL, GOTSHAL & MANGES  
EMPLOYEES' PENSION PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 and 2023**

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (Continued)

*(b) Use of Estimates*

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

*(c) Valuation of Investments and Income Recognition*

Investments and investment holdings in the Master Trust are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for 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 (depreciation)/appreciation in fair value of WGM Master Trust includes the Plan's share of the Master Trust's gains and losses on investments bought and sold as well as held during each of the years ended December 31, 2024 and 2023.

*(d) Payment of Benefits*

Benefits are recorded when paid.

*(e) Administrative Expenses*

The Plan's expenses are paid either by the Plan or the Sponsor, as provided by the Plan document. Expenses that are paid directly by the Sponsor are excluded from the Plan's financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment-related expenses are included in net (depreciation)/appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

*(f) Actuarial Present Value of Accumulated Plan Benefits*

Accumulated plan benefits (Note 5) are those estimated future periodic payments that are attributable under the Plan's provisions to services rendered by the Participants to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated Participants or their beneficiaries and (b) beneficiaries of Participants who have died, and (c) present Participants or their beneficiaries. Benefits are determined by use of certain formula set forth in the Plan. Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included, to the extent they are deemed attributable to Participant service rendered to the valuation date.

**WEIL, GOTSHAL & MANGES  
EMPLOYEES' PENSION PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 and 2023**

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (Continued)

*(g) Subsequent Events*

The Plan has evaluated subsequent events through October 8, 2025, the date that the financial statements were available to be issued.

NOTE 3 – INVESTMENTS – MASTER TRUST

The Master Trust holds the investment assets of the Plan, the Weil, Gotshal & Manges Partners' Defined Benefit Plan, the Weil, Gotshal & Manges Partners' Target Pension Plan, the Weil, Gotshal & Manges Partners' Variable Defined Benefit Plan, the Weil, Gotshal & Manges Partners' Variable Annuity Plan, and the Weil, Gotshal & Manges LLP Cash Balance Plan. Each participating plan has an interest in specific assets in the Master Trust (a divided interest).

Investments and the income therefrom, are allocated to participating plans based on each plan's participation in the investment options within the Master Trust. Accordingly, the Plan's investment gain for the year ended December 31, 2024 includes its allocable share of the Master Trust's interest and dividends and net (depreciation)/appreciation in fair value of investments.

The following table represents the fair value of assets, including investments, held by the Master Trust at December 31, 2024 and 2023:

	2024		2023	
	Master Trust	Plan's Interest in Master Trust	Master Trust	Plan's Interest in Master Trust
Collective Short-Term Investment Fund	\$ 2,742,753	\$ 119,258	\$ 1,115,429	\$ 37,931
Mutual Funds	4,815,334	-	4,791,166	-
Collective Trusts	121,759,946	-	100,015,196	-
103-12 Investment Entities	14,110,948	-	13,073,476	-
Debt Instruments	584,792,310	115,498,217	595,921,431	131,492,255
Common Stocks	15,686,135	-	13,671,699	-
Pooled Separate Funds	7,804,285	-	7,594,928	-
Private Equity Funds	65,798,375	1,897,269	78,202,784	2,649,499
Hedge Funds	25,283,999	1,797,611	46,579,757	4,087,854
<b>Total Investments at Fair Value</b>	<b>842,794,085</b>	<b>119,312,355</b>	<b>860,965,866</b>	<b>138,267,539</b>
Plus:				
Due from broker for securities sold	31,351	2,501	936,785	907,092
Accrued interest and dividends	7,393,296	1,559,434	7,505,671	1,708,263
Less:				
Due to broker for securities purchased	(37,999)	(2,383)	(1,018,033)	(987,902)
Accrued expenses	(6,338)	-	(6,171)	(94)
<b>Total</b>	<b>\$ 850,174,395</b>	<b>\$ 120,871,907</b>	<b>\$ 868,384,118</b>	<b>\$ 139,894,898</b>

**WEIL, GOTSHAL & MANGES  
EMPLOYEES' PENSION PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 and 2023**

NOTE 3 – INVESTMENTS – MASTER TRUST (Continued)

The table below sets forth investment income of the Master Trust for the years ended December 31, 2024 and 2023:

	<b>December 31 2024</b>	<b>December 31 2023</b>
<b>Investment income:</b>		
Net appreciation in fair value of investments	\$ 3,261,204	\$ 43,456,089
Interest and dividend income	31,943,398	29,558,751
Management fees	(1,450,160)	(1,353,303)
<b>Net investment income</b>	<b>\$ 33,754,442</b>	<b>\$ 71,661,537</b>

NOTE 4 – FAIR VALUE OF FINANCIAL INSTRUMENTS

The Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The Plan utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Based on the observability of the inputs used in the valuation techniques, the Plan is required to provide the following information according to the fair value hierarchy. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1) and the lowest priority to unobservable inputs (Level 3). Financial assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

Level 1

Valuation is based upon quoted prices for identical instruments traded in active markets.

Level 2

Observable inputs other than Level 1 including quoted prices for similar assets or liabilities, quoted prices in less active markets, or other observable inputs that can be corroborated by observable market data.

Level 3

Unobservable inputs supported by little or no market activity for financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation.

**WEIL, GOTSHAL & MANGES  
EMPLOYEES' PENSION PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 and 2023**

NOTE 4 – FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Collective Short-Term Investment Funds

Valued at net asset value ("NAV"). The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV. Underlying investments are valued based upon the latest published market quotations, when available. When not available, fair values are determined by the fund manager by reference to quoted market values or other financial data pertaining to investments of similar nature, quality, and yield.

Admissions to and withdrawals from the fund are made daily. Interest is accrued daily and distributed monthly. The collective short-term investment fund held by the Plan at December 31, 2024 invests in high-grade money market instruments with short-term maturities to provide an investment vehicle for cash reserves while offering a competitive rate of return.

Mutual Funds

Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common Stocks

Valued at the closing price reported on the active market on which the individual securities are traded.

Debt Instruments

Debt instruments include corporate bonds and government securities. The fair value of corporate bonds is estimated using various techniques, which may consider recently executed transactions in securities of the issuer or comparable issuers, market price quotations (when observable), bond spreads, fundamental data relating to the issuer and credit default swap spreads adjusted for differences between cash and derivative instruments. Credit ratings range from AAA to B. Government securities are valued using a model that incorporates market observable data, such as reported sales of similar securities, broker quotes, yields, bids, offers, and reference data. Certain securities are valued principally using dealer quotations.

**WEIL, GOTSHAL & MANGES  
EMPLOYEES' PENSION PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 and 2023**

NOTE 4 – FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

Pooled Separate Account Funds

Valued at NAV, as a practical expedient, based on the market value of the underlying investments. The NAV is not a publicly-quoted price in an active market. The Pooled Separate Account Funds seek to achieve a long-term total return greater than public bond portfolios of comparable credit quality and duration primarily by investing in privately placed corporate debt securities, with credit qualities ranging from AAA to CCC.

Collective Trust Funds and 103-12 Investment Entities

Valued at NAV, as practical expedient, based on the fair value of the underlying investments. Underlying investments are valued based upon the latest published market quotations, when available. When not available, fair values are determined by the fund manager by reference to quoted market values or other financial data pertaining to investments of similar nature, quality, and yield.

Primary investment strategies of Collective Trust Funds held by the Master Trust are as follows:

- to invest in a diversified portfolio of common stocks of US and Non-US companies to seek long-term capital appreciation.
- to invest in S&P common stock to provide results that approximate returns of the S&P 500 Composite Stock Price Index.
- to invest in S&P common stock to provide results that approximate returns of the S&P 400 Composite Stock Price Index.
- to invest in growth-oriented small cap US companies to seek long-term capital growth using a bottom-up investment process.
- to approximate the risk and return characteristics of the MSCI All Country World ex-US Index. This index represents the large and medium cap segments of the Non-US equity developed and emerging markets. The Fund employs a replication technique which generally seeks to hold each index constituent in its proportional index weight. The Fund may make limited use of futures and/or options for the purpose of maintaining equity exposure.

103-12 Investment Entities held by the Master Trust have investment strategies as follows:

- to seek long-term capital by investing in equity securities without limitation among geographic regions and individual countries throughout the world based on analysis of global economic, political and financial conditions.

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**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 and 2023**

NOTE 4 – FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

Private Equity and Hedge Funds

Valued based on the NAV per unit as practical expedient, without further adjustment. NAV is based upon the fair value of the underlying investments as determined by the private equity and hedge funds.

Primary investment strategies of Private Equity Funds held by the Master Trust are as follows:

- to hold investments in partnerships that make investments as limited partners in the funds that hold investments in other limited partnerships and pooled investment vehicles and also hold direct investments such as common and preferred equity securities, debt, warrants, privately issued securities as well as investments in operating companies.
- to acquire, improve, lease, maintain, own, operate, manage, finance, refinance, mortgage, hold, divide, sell, reposition, exchange or otherwise deal in and with real estate investments, real estate assets, securities and instruments.
- to engage in the business of investing in portfolio companies that own, operate, develop, manage or support infrastructure assets.
- to generate current income and long-term capital appreciation through investments in a range of distressed and undervalued credit investments in North America and other parts of the world on an opportunistic basis.
- to generate current income and long-term capital appreciation through investments in technology companies located in North America.
- to generate attractive, risk-adjusted returns by investing primarily in residential and commercial whole loans, mortgage-backed securities and other credit sensitive financial instruments and by focusing on the acquisition and through its affiliates, the management and servicing of credit-sensitive loans and real estate owned, asset-backed securities and related derivative instruments.

Primary investment strategies of Hedge Funds held by the Master Trust are as follows:

- to invest in funds whose investment objective is to seek long-term capital appreciation and current income through investing in a combination of equity securities, fixed-income securities and derivatives including, but not limited to, options, credit default swaps, total return swaps, futures and forwards.
- to seek long-term capital appreciation through allocation of assets through various funds. Funds have exposure to a range of trading styles, including Long-term Trendfollowing (“Trendfollowing”), Short-term Systematic (“Short-term”), Value and Global Macro. Market exposure is broadly diversified with positions in global currency, financial and commodity markets.

**WEIL, GOTSHAL & MANGES  
EMPLOYEES' PENSION PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 and 2023**

NOTE 4 – FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

Private Equity and Hedge Funds (Continued)

- to achieve net of fee returns in excess of traditional high yield credit through high income and credit loss-avoidance. The strategy focuses on investing and trading primarily in structured finance securities including collateralized debt obligations, collateralized loan obligations, mortgage-backed securities, asset-backed securities, bank debt, special situations, high-yield bonds and special situation equity securities, credit loss-avoidance.

- seek to generate incremental, positive returns while actively managing risk exposure across trading teams, equities, statistical arbitrage/quantitative, fixed income and commodities.

- to achieve risk-adjusted total returns by buying and selling investments that are anticipated to have a primarily bank loan focus. Investments will be primarily in debt securities of midsize and large capitalizations.

The following tables summarize the Master Trust's and the Plan's investment assets at fair value as of December 31, 2024 and 2023, based on the inputs used to value them:

<b>Investment Assets at Fair Value at December 31, 2024</b>				
<b>Type of Security</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
<b>Held by Plan:</b>				
Collective Short-Term Investment Fund	\$ -	\$ -	\$ -	\$ 999,694
Total Investments Held By Plan	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 999,694</u>
<b>Held by Master Trust:</b>				
Mutual funds	\$ 4,815,334			\$ 4,815,334
Common stocks	15,686,135			15,686,135
Debt Instruments		584,792,310		584,792,310
Total Master Trust investments in the fair value hierarchy	<u>20,501,469</u>	<u>584,792,310</u>		<u>605,293,779</u>
Investments held by Master Trust measured at NAV (a):				
Collective Short-Term Investment Fund				2,742,753
Collective Trusts				121,759,946
103-12 investment entities				14,110,948
Pooled separate funds				7,804,285
Private equity funds				65,798,375
Hedge funds				<u>25,283,999</u>
Total investments held by Master Trust measured at NAV				<u>237,500,306</u>
Total investments Assets at Fair Value Held by Master Trust	<u>\$ 20,501,469</u>	<u>\$ 584,792,310</u>	<u>\$ -</u>	<u>\$ 842,794,085</u>

**WEIL, GOTSHAL & MANGES  
EMPLOYEES' PENSION PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 and 2023**

**NOTE 4 – FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)**

(a) Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in Note 3.

<b>Investment Assets at Fair Value at December 31, 2023</b>				
<b>Type of Security</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
<b>Held by Plan:</b>				
Collective Short-Term Investment Fund	\$ -	\$ -	\$ -	\$ 1,599,326
Total Investments Held By Plan	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,599,326</u>
<b>Held by Master Trust:</b>				
Mutual funds	\$ 4,791,166			\$ 4,791,166
Common stocks	13,671,699			13,671,699
Debt Instruments		595,921,431		595,921,431
Total Master Trust investments in the fair value hierarchy	<u>18,462,865</u>	<u>595,921,431</u>		<u>614,384,296</u>
Investments held by Master Trust measured at NAV (a):				
Collective Short-Term Investment Fund				1,115,429
Collective Trusts				100,015,196
103-12 investment entities				13,073,476
Pooled separate funds				7,594,928
Private equity funds				78,202,784
Hedge funds				<u>46,579,757</u>
Total investments held by Master Trust measured at NAV				<u>246,581,570</u>
Total investments Assets at Fair Value Held by Master Trust	<u>\$ 18,462,865</u>	<u>\$ 595,921,431</u>	<u>\$ -</u>	<u>\$ 860,965,866</u>

a) Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in Note 3.

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

**WEIL, GOTSHAL & MANGES  
EMPLOYEES' PENSION PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 and 2023**

**NOTE 4 – FAIR VALUE OF FINANCIAL INSTRUMENTS** (Continued)

**Changes in Fair Value Levels**

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

The following tables summarize investments measured at fair value based on NAVs per share as of December 31, 2024 and 2023:

	<b>December 31, 2024</b>			
	<b>Fair Value</b>	<b>Unfunded Commitments</b>	<b>Redemption Frequency</b>	<b>Redemption Notice Period</b>
Collective trusts	\$ 121,759,946		Daily	0-30 days
Hedge funds (a)	25,283,999		Monthly, Quarterly	30 -180 days
Private equity funds (b)	65,798,375	\$ 21,138,928 (c)	N/A	N/A
Pooled Separate Funds	7,804,285		Monthly	30 days
103-12 investment entities	14,110,948		Weekly	7 days
Collective Short-Term Investment Fund	2,742,753		Daily	0 days
	<u>\$ 237,500,306</u>	<u>\$ 21,138,928</u>		

	<b>December 31, 2023</b>			
	<b>Fair Value</b>	<b>Unfunded Commitments</b>	<b>Redemption Frequency</b>	<b>Redemption Notice Period</b>
Collective trusts	\$ 100,015,196		Daily	0-30 days
Hedge funds (a)	46,579,757		Daily, Monthly, quarterly, annual	5 -180 days
Private equity funds (b)	78,202,784	\$ 23,643,570 (c)	N/A	N/A
Pooled Separate Funds	7,594,928		Monthly	30 days
103-12 investment entities	13,073,476		Weekly	7 days
Collective Short-Term Investment Fund	1,115,429		Daily	0 days
	<u>\$ 246,581,570</u>	<u>\$ 23,643,570</u>		

**WEIL, GOTSHAL & MANGES  
EMPLOYEES' PENSION PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 and 2023**

NOTE 4 – FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

(a) Redemption restrictions are in place for the Master Trust's hedge fund investments with a fair value of \$22,673,863 and \$42,951,182 at December 31, 2024 and 2023, respectively, in which the Board of Directors may, at its sole discretion, limit the redemption in whole or in part. Based on the Plan's prior experience with restrictive redemption provisions, the Plan has been able to redeem these positions with sufficient notice at the NAV reported by the funds.

(b) The Master Trust's private equity fund investments with a fair value of \$65,798,375 and \$78,202,784 at December 31, 2024 and 2023, respectively, may not be redeemed prior to the liquidation of the fund investment, unless the Board of Directors of the funds, or the general partner, at its sole discretion, approves redemption.

(c) As of December 31, 2024 and 2023, the plans invested in the Master Trust have committed to invest \$132,850,000 and \$143,537,500, respectively, under subscription agreements. As of December 31, 2024 and 2023, approximately \$111,711,072 and \$119,893,930, respectively, has been invested by the plans invested in the Master Trust.

Certain collective trusts and hedge fund held by the Master Trust impose withdrawal fees as a percentage of withdrawal amount if amount withdrawn exceeds specified threshold, and occurs within a specified time after subscription date, respectively.

NOTE 5 – ACCUMULATED PLAN BENEFITS

Independent consulting actuaries estimate the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the Participants 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.

**WEIL, GOTSHAL & MANGES  
EMPLOYEES' PENSION PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 and 2023**

NOTE 5 – ACCUMULATED PLAN BENEFITS (Continued)

Significant assumptions underlying the actuarial computations as of December 31, 2023 were as follows:

Interest rate for determination of accumulated benefits under FASB ASC 960	5.50%
Mortality basis	RP-2014 Mortality Tables (adjusted back to 2006 - sex-specific) projected generationally with the MP-2021 projections scale.
Employee turnover	15.62% for age 20, 12.52% for age 25, 11.47% for age 30, 10.62% for age 35, 9.12% for age 40, 7.64% for age 45, 3.62% for age 50, 0.79% for age 55, 0% for age 60. The withdrawal rates are multiplied by 3.0 in the first year of employment, 2.5 in the second, 2.0 in the third, and 1.5 in the fourth.
Retirement	Age 65

These 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. Effective December 31, 2011, the Plan was frozen for participation and benefit accrual. See Note 1 for further discussion.

**WEIL, GOTSHAL & MANGES  
EMPLOYEES' PENSION PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 and 2023**

NOTE 5 – ACCUMULATED PLAN BENEFITS (Continued)

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

Accumulated plan benefits information, as estimated by consulting actuaries, as of December 31, 2023 is as follows:

Actuarial present value of accumulated plan benefits	
Vested benefits:	
Participants currently receiving benefits	\$ 64,051,540
Other participants	74,204,311
Total vested benefits	<u>138,255,851</u>
Nonvested benefits	-
Total actuarial present value of accumulated plan benefits	<u><u>\$ 138,255,851</u></u>

Changes in accumulated plan benefits for the year ended December 31, 2023 are as follows:

Actuarial present value of accumulated plan benefits as of December 31, 2022	\$ 137,720,552
Increase (decrease) during the year attributable to:	
Benefits accumulated and actuarial experience	221,369
Increase for interest due to the decrease in the discount period	7,574,630
Benefits paid	(7,260,700)
Changes in actuarial assumptions	-
Net increase / (decrease)	<u>535,299</u>
Actuarial present value of accumulated plan benefits as of December 31, 2023	<u>\$ 138,255,851</u>

The Plan's funding policy is for the Sponsor to contribute an amount that will meet or exceed the annual ERISA minimum funding requirement. The Sponsor made contributions of \$416,861 and \$0 for the years ended December 31, 2024 and 2023, respectively. The Sponsor's contribution for 2024 exceeded the minimum funding requirements of ERISA and the Sponsor elected to use the prefunding balance to meet the minimum funding requirements of ERISA for 2023.

**WEIL, GOTSHAL & MANGES  
EMPLOYEES' PENSION PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 and 2023**

NOTE 6 – 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 the actuaries are required to certify to the 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 99.85%.

NOTE 7 – RELATED-PARTY AND PARTY IN INTEREST TRANSACTIONS

Northern Trust Corporation ("Northern Trust") is the custodian of the Plan's investments; therefore, transactions related to these investments qualify as party-in-interest transactions. Administrative expenses paid to Northern Trust and charged to the Plan for the years ended December 31, 2024 and 2023 were \$60,227 and \$70,576, respectively.

NOTE 8 – INCOME TAX STATUS

The Plan obtained its latest determination letter on December 20, 2016, in which the Internal Revenue Service ("IRS") stated that the Plan is qualified under the Internal Revenue Code ("IRC"), and therefore, the related trust is exempt from taxation. The Plan has been amended since receiving the tax determination letter. However, the Plan administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and therefore, believe the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by a government authority. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan holds certain investments subject to IRS filings. To date, all filings have been made. The Plan is subject to routine examinations by taxing jurisdictions; however, there are currently no examinations for any tax periods in progress.

NOTE 9 – PLAN TERMINATION

Although it has not expressed any intention to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions as set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Benefits attributable to employee contributions, taking into account those paid out before termination.

**WEIL, GOTSHAL & MANGES  
EMPLOYEES' PENSION PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 and 2023**

NOTE 9 – PLAN TERMINATION (Continued)

b. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

c. Other vested benefits insured by the Pension Benefit Guaranty Corporation (the "PBGC") (a U.S. government agency) up to the applicable limitations (discussed subsequently).

d. All other vested benefits (that is, vested benefits not insured by the PBGC).

e. 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 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 Plan Sponsor and the level of benefits guaranteed by the PBGC.

NOTE 10 – INVESTMENTS WITH OFF-BALANCE-SHEET RISK OR CONCENTRATION OF CREDIT RISK

The Plan and Master Trust invest in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Plan contributions are made 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, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

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

**WEIL, GOTSHAL & MANGES  
EMPLOYEES' PENSION PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 and 2023**

NOTE 10 – INVESTMENTS WITH OFF-BALANCE-SHEET RISK OR CONCENTRATION OF CREDIT RISK (Continued)

The Master Trust invests in foreign currency and foreign securities investments through some of its investments in private equity and hedge funds. The securities exchanges of certain foreign markets are substantially smaller, less liquid and more volatile than the major securities markets in the United States of America. Consequently, acquisition and disposition of securities by the private equity or hedge funds may be inhibited. This may limit the number of shares available for acquisition or disposition by the private equity or hedge funds. Some countries in which the private equity and hedge funds may invest require governmental approval for the repatriation of investment income, capital or the proceeds of sales of securities by foreign investors. In addition, if there is deterioration in a country's balance of payments or for other reasons, a country may impose temporary restrictions on foreign capital remittances abroad.

The Master Trust invests in emerging markets investments through some of its investments in private equity funds. Investing in emerging markets may involve special risks and considerations not typically associated with investing in the United States of America. These risks include revaluation of currencies, high rates of inflation, repatriation restrictions on income and capital, and future adverse political, social and economic developments. Moreover, securities issued in these markets may be less liquid, subject to government ownership control, delayed settlements and their prices more volatile than those of comparable securities in the United States of America.

The Master Trust's investments in some of its private equity funds are also subject to the risk of restrictions being imposed by foreign governments on the repatriation of cash and to political or economic uncertainties.

**SUPPLEMENTAL INFORMATION**

**WEIL, GOTSHAL & MANGES  
EMPLOYEES' PENSION PLAN**

**Employer Identification #13-1456110, Plan No. 001  
Schedule H of Form 5500  
Schedule of Assets (Held at End of Year)  
December 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
*	Northern Trust	Collective Short-Term Investment Fund	\$ 999,694	\$ 999,694

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

**Schedule SB, line 26a – Schedule of Active Participant Data  
 Weil, Gotshal & Manges Employees' Pension Plan  
 EIN: 13-1456110  
 PN: 001**

**Years of Credited Service**

<b>Attained Age</b>	<b>Under 1</b>	<b>1 - 4</b>	<b>5 - 9</b>	<b>10 - 14</b>	<b>15 - 19</b>	<b>20 - 24</b>	<b>25 - 29</b>	<b>30 - 34</b>	<b>35 - 39</b>	<b>40 &amp; up</b>
Under 25	--	--	--	--	--	--	--	--	--	--
25 - 29	--	--	--	--	--	--	--	--	--	--
30 - 34	--	--	--	--	--	--	--	--	--	--
35 - 39	--	3	1	--	--	--	--	--	--	--
40 - 44	--	11	9	2	--	--	--	--	--	--
45 - 49	--	20	21	13	1	--	--	--	--	--
50 - 54	--	14	20	16	8	4	--	--	--	--
55 - 59	--	14	27	15	6	8	3	2	1	--
60 - 64	--	4	14	16	7	17	9	7	--	--
65 - 69	--	7	13	6	3	10	5	1	--	--
70 & up	--	--	5	4	1	1	1	--	1	--

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods  
Weil, Gotshal & Manges Employees’ Pension Plan  
EIN: 13-1456110  
PN: 001

## **ACTUARIAL ASSUMPTIONS AND METHODOLOGIES**

Certain assumptions are prescribed as noted below. The other assumptions are estimates derived from historical and recent experience as well as market observations, combined with professional judgment about future expectations.

### **Interest for IRS funding purposes**

The interest rates used for the 2024 plan year are the corporate bond yield curve for January coinciding with the valuation date. These discount rates translate to an effective interest rate of 5.14%. Previously, the interest rates used for the 2023 plan year were the corporate bond yield curve for January coinciding with the valuation date. Those discount rates translated to an effective interest rate of 5.06%.

### **Interest for PBGC premium purposes**

Under the Alternative Method, the interest rates used to determine the PBGC variable-rate premium for the 2024 plan year are the same as those used for funding. These interest rates are based on the plan sponsor’s election for the 2020 plan year (an election that can next be changed for the 2025 plan year) and are subject to the constraints established by law.

### **Mortality Rates**

Pri-2012 separate employee and annuitant healthy mortality tables, projected generationally using the Adjusted MP-2021 scale as described in the final IRS mortality regulations released in October 2023 (previously, RP-2006 separate employee and annuitant healthy mortality tables, projected generationally using scale MP-2021).

This assumption is required by the regulations. This reflects an update to the mandated mortality projection assumption.

### **Salary Increases**

Not applicable.

**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**  
**Weil, Gotshal & Manges Employees’ Pension Plan**  
**EIN: 13-1456110**  
**PN: 001**

## **Benefit Election**

The life annuity form of payment is valued for unmarried active and terminated vested participants and the unreduced qualified joint and survivor annuity (50% survivor annuity) is valued for married active and terminated vested participants in accordance with the percent married assumption. Retired participants are valued using the form of payment elected.

This assumption is based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

## **Termination Rates**

<b>Age</b>	<b>Rates</b>
20	15.62%
25	12.52%
30	11.47%
35	10.62%
40	9.12%
45	7.64%
50	3.62%
55	0.79%
60	0.00%

The withdrawal rates are multiplied by 3.0 in the first year of employment, 2.5 in the second, 2.0 in the third, and 1.5 in the fourth.

This assumption is based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

## **Disability Rates**

No assumption; recognized as experience.

## **Retirement (From Active Status) Rates**

100% at age 65

This assumption is based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

## **Retirement From Inactive Status**

Age 65

## **Percent Married**

80% for males; 40% for females. Spouse is assumed to be the opposite gender.

For inactive participants for whom a spouse's date of birth was not provided, and for active participants, it was assumed that husbands were 4 years older than their wives.

## **Administrative Expenses**

An expense assumption is required under the funding rules. Plan-related expenses of \$340,000 are expected to be paid by the plan during the year (previously, \$785,000).

This assumption is based on recent historical data, adjusted to reflect PBGC premium changes, input from the plan sponsor, and estimated future experience and professional judgment.

## **Asset Method**

As selected by the plan sponsor, assets are valued at market value.

**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**  
**Weil, Gotshal & Manges Employees’ Pension Plan**  
**EIN: 13-1456110**  
**PN: 001**

## **Funding Method and Contribution Requirement**

Funding method is unit credit actuarial cost method, as prescribed by law. The liability is measured on an accrual-to-date basis using mandated mortality tables and interest rates with no salary projection past the end of the year.

Plan sponsors are required under Internal Revenue Code Section 430 to make a minimum level of contributions to qualified pension plans. Available credit balances can be used to satisfy this required contribution. In general, the minimum required contribution is the sum of the target normal cost and an installment that amortizes the plan’s funding shortfall, offset by any plan overfunding, if applicable. If all assumptions are met (including the investment earnings implicitly assumed by the interest rate), funding the plan at the minimum required contribution level is generally designed to achieve a 100% funded status within fifteen years. Once that is achieved, or for overfunded plans, the minimum required contribution will generally equal the target normal cost reduced by any overfunding.

## **Non-Prescribed Assumption Changes Since Prior Valuation**

- Assumption Type: Administrative Expenses
- Current Assumptions: \$340,000
- Prior Assumptions: \$785,000
- Reason for Change: Plan Experience

## **Actuarial Models**

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative and client requirements. Our Actuarial Technology and Systems unit, comprising both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuaries.

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


▶ **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.

<b>A</b> Name of plan WEIL, GOTSHAL & MANGES EMPLOYEES' PENSION PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WEIL GOTSHAL & MANGES LLP	<b>D</b> Employer Identification Number (EIN) 13-1456110	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> 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**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	141,494,224
	<b>b</b> Actuarial value .....	<b>2b</b>	141,494,224
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	810	64,729,679
	<b>b</b> For terminated vested participants .....	1,292	43,202,815
	<b>c</b> For active participants .....	351	33,554,726
	<b>d</b> Total .....	2,453	141,487,220
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b) .....		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</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 .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	5.14%
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	0
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	340,000
	<b>c</b> Target normal cost .....	<b>6c</b>	340,000

**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.

<b>SIGN HERE</b>	MARY ANN DWORAK  Signature of actuary	09/24/2025 Date
	MARY ANN DWORAK, ASA, MAAA, FCA Type or print name of actuary	2305417 Most recent enrollment number
	SEGAL Firm name	609-482-2300 Telephone number (including area code)
	100 AMERICAN METRO BOULEVARD SUITE 110 HAMILTON NJ 08619 Address of the firm	

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



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

**21** Discount rate:

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

**22** Weighted average retirement age ..... **22** 65

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  Substitute

**Part VI Miscellaneous Items**

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....  Yes  No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...  Yes  No

**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

**31** Target normal cost and excess assets (see instructions):

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	340,000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	206,742	58,793
<b>b</b> Waiver amortization installment .....	0	0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33**

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>	398,793
	Carryover balance	Prefunding balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	398,793
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	410,910

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

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	12,117
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0

<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0

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

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

Schedule SB, line 22 – Description of Weighted Average Retirement Age  
Weil, Gotshal & Manges Employees' Pension Plan  
EIN: 13-1456110  
PN: 001

## **Weighted Average Retirement Age**

Participants of the Weil, Gotshal & Manges Employees' Pension Plan are assumed to retire at "Normal Retirement Age," which is defined by the Plan to mean "If hired before 2002: the later of age 65 and the fifth anniversary of participation in the plan. If hired in 2002 and later: the earliest of age 68 and the later of age 65 and 5 years of participation."

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

Weil, Gotshal & Manges Employees' Pension Plan

EIN / PN: 13-1456110 / 001

<b>Schedule SB, line 26b - Schedule of Projection of Expected Benefit Payments</b>				
<b>Plan Year</b>	<b>Active Participants</b>	<b>Terminated Vested Participants</b>	<b>Retired Participants and Beneficiaries Receiving Payments</b>	<b>Total</b>
2024	810,072	523,909	6,404,030	7,738,011
2025	934,079	703,045	6,249,070	7,886,194
2026	1,102,783	1,113,798	6,069,290	8,285,872
2027	1,319,451	1,541,257	5,889,788	8,750,496
2028	1,647,733	1,860,108	5,718,049	9,225,890
2029	1,786,092	2,103,440	5,518,047	9,407,579
2030	1,958,441	2,363,532	5,336,749	9,658,722
2031	2,039,964	2,561,682	5,086,600	9,688,246
2032	2,251,346	2,778,690	4,875,979	9,906,014
2033	2,307,454	2,945,651	4,637,236	9,890,340
2034	2,453,967	3,130,506	4,282,401	9,866,873
2035	2,588,293	3,349,716	4,064,409	10,002,419
2036	2,623,217	3,508,127	3,837,460	9,968,805
2037	2,680,216	3,571,303	3,608,910	9,860,430
2038	2,678,498	3,675,145	3,350,305	9,703,947
2039	2,691,638	3,722,194	3,115,887	9,529,719
2040	2,731,976	3,725,098	2,880,785	9,337,859
2041	2,703,474	3,705,399	2,646,694	9,055,568
2042	2,704,516	3,692,149	2,415,403	8,812,068
2043	2,655,734	3,651,767	2,188,741	8,496,243
2044	2,636,464	3,580,347	1,968,504	8,185,315
2045	2,575,019	3,517,764	1,756,432	7,849,215
2046	2,496,123	3,429,057	1,554,173	7,479,353
2047	2,402,823	3,328,618	1,363,273	7,094,714
2048	2,309,617	3,220,130	1,185,111	6,714,858
2049	2,202,633	3,099,265	1,020,842	6,322,740
2050	2,095,088	2,962,701	871,343	5,929,132

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

Weil, Gotshal & Manges Employees' Pension Plan

EIN / PN: 13-1456110 / 001

<b>Schedule SB, line 26b - Schedule of Projection of Expected Benefit Payments</b>				
<b>Plan Year</b>	<b>Active Participants</b>	<b>Terminated Vested Participants</b>	<b>Retired Participants and Beneficiaries Receiving Payments</b>	<b>Total</b>
2051	1,982,551	2,822,679	737,095	5,542,325
2052	1,866,128	2,669,269	618,200	5,153,597
2053	1,749,016	2,510,386	514,368	4,773,770
2054	1,630,098	2,348,161	424,940	4,403,200
2055	1,511,348	2,184,046	348,975	4,044,370
2056	1,393,741	2,019,598	285,305	3,698,644
2057	1,278,238	1,856,406	232,620	3,367,264
2058	1,165,750	1,696,015	189,541	3,051,305
2059	1,057,122	1,539,866	154,689	2,751,678
2060	953,090	1,389,268	126,747	2,469,104
2061	854,280	1,245,377	104,494	2,204,151
2062	761,180	1,109,166	86,841	1,957,187
2063	674,131	981,395	72,842	1,728,368
2064	593,358	862,617	61,701	1,517,677
2065	518,953	753,176	52,772	1,324,901
2066	450,917	653,200	45,542	1,149,660
2067	389,151	562,645	39,614	991,410
2068	333,473	481,304	34,685	849,461
2069	283,648	408,832	30,524	723,004
2070	239,396	344,787	26,960	611,143
2071	200,408	288,642	23,862	512,911
2072	166,338	239,817	21,135	427,290
2073	136,820	197,698	18,709	353,228

Schedule SB, Part V – Summary of Plan Provisions  
Weil, Gotshal & Manges Employees' Pension Plan  
EIN: 13-1456110  
PN: 001

## **SUMMARY OF PLAN PROVISIONS**

This subsection summarizes the major provisions of the Plan as included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

### **Plan Status**

BENEFITS FROZEN EFFECTIVE 12/31/2011 EXCEPT FOR PARTICIPANTS WHO WERE DISABLED PRIOR TO 12/31/2011

### **Normal Retirement**

- Eligibility: If hired before 2002: the later of age 65 and the fifth anniversary of participation in the plan.  
If hired in 2002 and later: the earliest of age 68 and the later of age 65 and 5 years of participation.
- Amount: Greater of the accrued benefit and the minimum accrued benefit (if applicable).

### **Accrued Benefit**

- Amount: The greater of:
  1. 1% of average compensation, multiplied by credited service (up to 42.5 years), and
  2. The participant's accrued benefit as of December 31, 1993, plus 1% of average compensation, multiplied by credited service after 1993.

No benefits will accrue after December 31, 2011 for participants who were not disabled prior to December 31, 2011.

### **Minimum Accrued Benefit**

- Eligibility: For participants on December 31, 1988 who then satisfied any of the following conditions:
  - a) 10 years of service
  - b) Age 50 and 5 years of service
  - c) Age 55

**Schedule SB, Part V – Summary of Plan Provisions  
Weil, Gotshal & Manges Employees' Pension Plan  
EIN: 13-1456110  
PN: 001**

- Amount: 50% of average compensation reduced by 46% of the primary Social Security benefit, all reduced proportionately for less than 25 years of service at normal retirement reduced by the Actuarial Equivalent value of the participant's account balance attributable to Employer defined contributions. No benefits will accrue after December 31, 2011 for participants who were not disabled prior to December 31, 2011.
- Average Compensation: Annual compensation for the highest 5 consecutive full calendar years of employment in the last 10 years of employment.

### **Early Retirement**

- Eligibility: Age 55 with 10 years of service or age 62 with 6 years of service
- Amount: Accrued benefit reduced by 5/9% for each of the first 60 months and 5/18% for each of the next 60 months that payment commences prior to Normal Retirement Date.

### **Disability**

- Eligibility: If receiving Social Security disability benefits and disabled prior to December 31, 2011.
- Amount: Continued receipt of benefit accrual credit while disabled, until participant elects to retire if disabled prior to December 31, 2011. Then the accrued benefit is paid (with a reduction if payment begins before Normal Retirement Date).

### **Vesting**

- Age Requirement: None
- Service Requirement: 100% after 5 years of vesting service, if service began after 1994; otherwise, 20% after 2 years of vesting service, increasing by 20% for each additional year, until 100% vested.
- Amount: The vested portion of the accrued benefit, payable at Normal Retirement Date; or a reduced amount beginning at age 55. The reduction is an actuarial equivalent reduction using the 1983 Table "a" for male lives for Individual Annuity Valuation as published by the Society of Actuaries and an interest rate of 8.0%.

**Schedule SB, Part V – Summary of Plan Provisions  
Weil, Gotshal & Manges Employees' Pension Plan  
EIN: 13-1456110  
PN: 001**

## **Pre-Retirement Death Benefits**

- Age Requirement: None
- Service Requirement: 5 years of service, if service began after 1994; otherwise, 20% after 2 years of vesting service, increasing 20% for each additional year, until 100% vested.
- Amount: The present value of the participant's vested accrued benefit. If a surviving spouse so elects the lump sum may be converted to a life annuity commencing at early retirement age.

## **Deferred Retirement**

- Additional accruals to actual retirement date. No accruals after December 31, 2011 will be provided to participants who were not disabled prior to December 31, 2011.

## **Participation**

- Age Requirement: 21 years
- Service Requirement: 1 year. Employee becomes a participant on the January 1 or July 1 coincident with or next following completion of the age and service requirements. No employees are allowed to become participants after December 31, 2011.

## **Service**

- Benefit Credit: Based on the completion of 1,000 hours of service within a plan year from service commencement until date of determination. No benefit credit after December 31, 2011 will be provided to participants who were not disabled prior to December 31, 2011.
- Vesting Credit: Based on the time elapsed from service commencement until date of determination, excluding service before 5 consecutive breaks in service.

**Schedule SB, Part V – Summary of Plan Provisions  
Weil, Gotshal & Manges Employees' Pension Plan  
EIN: 13-1456110  
PN: 001**

## **Forms of Benefit**

- Normal Form: For single participants, a life annuity is payable. For married participants, an unreduced Joint and 50% Survivor form of benefit is automatic.
- Optional Forms: Available with spouse's consent.
  - Life annuity
  - Life and 5-Year Certain Annuity
  - Life and 10-Year Certain Annuity
  - 50% Joint and Survivor Annuity
  - 75% Joint and Survivor Annuity
  - 100% Joint and Survivor Annuity
  - 50% Joint and Survivor Annuity with a Guaranteed Period of 10 Years Certain
  - 75% Joint and Survivor Annuity with a Guaranteed Period of 10 Years Certain
  - 100% Joint and Survivor Annuity with a Guaranteed Period of 10 Years Certain
  - 10 annual installments
  - 15 annual installments

- Actuarial basis for optional benefit forms: For the 10 or 15 annual installments option, the actuarial basis is the yield curve segment rates for the month before the previous calendar quarter and the Applicable Mortality Table required by the IRS.  
For all other optional forms of benefit, the actuarial basis is the 1951 Group Annuity Mortality Table (Male) projected to 1990 set back 4 years and a 9% interest rate.

**Schedule SB, Part V – Summary of Plan Provisions  
Weil, Gotshal & Manges Employees' Pension Plan  
EIN: 13-1456110  
PN: 001**

## **Recent Plan Amendments**

- Plan Amendment: Plan Restatement
- Effective Date: 01/01/2015
- Reflected in 2024 Actuarial Valuation: Yes
- Plan Amendment: Allow Participant to commence benefits if not accruing benefits or is not expected to earn 1,000 hours in the year of separation from service
- Effective Date: 01/01/2016
- Reflected in 2024 Actuarial Valuation: Yes

**WEIL, GOTSHAL & MANGES  
EMPLOYEES' PENSION PLAN**

**Employer Identification #13-1456110, Plan No. 001  
Schedule H of Form 5500  
Schedule of Assets (Held at End of Year)  
December 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
*	Northern Trust	Collective Short-Term Investment Fund	\$ 999,694	\$ 999,694

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

Schedule SB, line 32 – Schedule of Amortization Bases  
 Weil, Gotshal & Manges Employees' Pension Plan  
 EIN: 13-1456110  
 PN: 001

Schedule of Shortfall Amortization Bases as of January 1, 2024

Year Established	Original Base	Present Value of Remaining Installments	Years Remaining	Shortfall Amortization Installment
2024	(\$8,944,026)	(\$8,944,026)	15	(\$823,651)
2023	9,566,577	9,150,768	14	882,444
<b>Total</b>		<b>\$206,742</b>		<b>\$58,793</b>

Schedule SB, line 24 – Change in Actuarial Assumptions  
Weil, Gotshal & Manges Employees' Pension Plan  
EIN: 13-1456110  
PN: 001

## Non-Prescribed Assumption Changes Since Prior Valuation

- Assumption Type: Administrative Expenses
- Current Assumptions: \$340,000
- Prior Assumptions: \$785,000
- Reason for Change: Plan Experience

*The above change was based on review of administrative expenses paid by the plan to better reflect anticipated plan experience and PBGC variable-rate premium changes. The assumption change did not result in a decrease in the ERISA funding shortfall for the current plan year that would require IRS approval.*