

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

1a Name of plan WEIL, GOTSHAL & MANGES PARTNERS' VARIABLE DEFINED BENEFIT PLAN
1b Three-digit plan number (PN) 011
1c Effective date of plan 01/01/2010
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) WEIL, GOTSHAL & MANGES LLP
PAUL WESSEL
767 FIFTH AVE
NEW YORK, NY 10153-0119
2b Employer Identification Number (EIN) 13-1456110
2c Plan Sponsor's telephone number 212-310-8000
2d Business code (see instructions) 541110

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	216
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	95
	6a(2)	86
	6b	0
	6c	119
	6d	205
	6e	0
	6f	205
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

- a Pension Schedules**
- (1) **R** (Retirement Plan Information)
 - (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 - (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
 - (4) **DCG** (Individual Plan Information) – Number Attached _____
 - (5) **MEP** (Multiple-Employer Retirement Plan Information)

- b General Schedules**
- (1) **H** (Financial Information)
 - (2) **I** (Financial Information – Small Plan)
 - (3) **A** (Insurance Information) – Number Attached 0
 - (4) **C** (Service Provider Information)
 - (5) **D** (DFE/Participating Plan Information)
 - (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

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

A Name of plan <u>WEIL, GOTSHAL & MANGES PARTNERS' VARIABLE DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶	<u>011</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>WEIL, GOTSHAL & MANGES LLP</u>	D Employer Identification Number (EIN) <u>13-1456110</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>28446423</u>
	b Actuarial value	2b	<u>28446423</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>
	b For terminated vested participants	<u>121</u>	<u>14865514</u>
	c For active participants	<u>95</u>	<u>12364057</u>
	d Total	<u>216</u>	<u>27229571</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.16 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>21816</u>
	c Target normal cost	6c	<u>21816</u>

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

SIGN HERE <u>EPHRAIM SUDWERTS</u> Signature of actuary <u>PWC US TAX LLP</u> Type or print name of actuary <u>300 MADISON AVENUE</u> <u>NEW YORK, NY 10017</u> Firm name Address of the firm	<u>09/09/2025</u> Date <u>23-06869</u> Most recent enrollment number <u>973-919-9229</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>11.43</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.09</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	104.46 %
15	Adjusted funding target attainment percentage	15	104.46 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	103.68 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: %	2nd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)			31a 21816
b Excess assets, if applicable, but not greater than line 31a			31b 21816
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	0		0
b Waiver amortization installment.....	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)			36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

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

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

A Name of plan WEIL, GOTSHAL & MANGES PARTNERS' VARIABLE DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶	011
C Plan sponsor's name as shown on line 2a of Form 5500 WEIL, GOTSHAL & MANGES LLP	D Employer Identification Number (EIN) 13-1456110	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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	10947	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.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>WEIL, GOTSHAL & MANGES PARTNERS' VARIABLE DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) <u>011</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>WEIL, GOTSHAL & MANGES LLP</u>	D Employer Identification Number (EIN) <u>13-1456110</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WGM MASTER TRUST</u>		
b Name of sponsor of entity listed in (a): <u>WEIL, GOTSHAL & MANGES LLP</u>		
c EIN-PN <u>13-1456110-012</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>25478390</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE SHORT TERM INVESTMENT</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>		
c EIN-PN <u>45-6138589-084</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1970958</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan WEIL, GOTSHAL & MANGES PARTNERS' VARIABLE DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶ 011
C Plan sponsor's name as shown on line 2a of Form 5500 WEIL, GOTSHAL & MANGES LLP	D Employer Identification Number (EIN) 13-1456110

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

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	1970958
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	25478390
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	28446424	27449348
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	28446424	27449348

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	74803	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		74803
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		2393642
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2468445

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3432758	
(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)		3432758
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	10947	
(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)	21816	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		32763
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3465521

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-997076
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 554472.

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

A Name of plan <u>WEIL, GOTSHAL & MANGES PARTNERS' VARIABLE DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶	<u>011</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WEIL, GOTSHAL & MANGES LLP</u>	D Employer Identification Number (EIN) <u>13-1456110</u>	

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

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-3046063</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>11</u>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

**WEIL, GOTSHAL & MANGES
PARTNERS' VARIABLE DEFINED
BENEFIT PLAN**

FINANCIAL STATEMENTS

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

**WEIL, GOTSHAL & MANGES PARTNERS’
VARIABLE DEFINED BENEFIT PLAN**

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator, Participants and Beneficiaries
of the Weil, Gotshal & Manges Partners' Variable Defined Benefit Plan

Opinion

We have audited the financial statements of Weil, Gotshal & Manges Partners' Variable Defined Benefit 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.

Emphasis of Matter – Subsequent Event

As discussed in Note 2 to the financial statements, subsequent to December 31, 2024, the Plan Sponsor adopted an amendment to terminate the Plan. Our opinion is not modified with respect to this matter.

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 PARTNERS'
VARIABLE DEFINED BENEFIT PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2024	2023
ASSETS		
Investments, at fair value:		
Investment in WGM MASTER TRUST	\$ 25,478,390	\$ 26,559,180
Collective Short-Term Investment Fund	1,970,958	1,887,244
Net assets available for benefits	<u>\$ 27,449,348</u>	<u>\$ 28,446,424</u>

**WEIL, GOTSHAL & MANGES PARTNERS'
VARIABLE DEFINED BENEFIT PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31,	
	2024	2023
Additions to/(deductions from) net assets available for benefits:		
Investment income:		
Net realized/unrealized appreciation in fair value of WGM Master Trust	\$ 2,067,575	\$ 2,548,314
Interest and dividends income allocated from WGM Master Trust	355,712	\$386,726
Interest and dividend income	74,803	\$73,450
Less: investment fees allocated from WGM Master Trust	(29,645)	(\$31,296)
Net investment income	2,468,445	2,977,194
Benefits paid to participants and beneficiaries	(3,432,758)	(890,303)
Pension Benefit Guaranty Corporation premiums	(21,816)	(21,408)
Administrative expenses	(10,947)	(11,751)
NET CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	(997,076)	2,053,732
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	28,446,424	26,392,692
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	\$ 27,449,348	\$ 28,446,424

**WEIL, GOTSHAL & MANGES PARTNERS’
VARIABLE DEFINED BENEFIT PLAN**

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

NOTE 1 – DESCRIPTION OF THE PLAN

The Weil, Gotshal & Manges Partners’ Variable Defined Benefit Plan (the “Plan”) was established on January 1, 2010 as a defined benefit pension plan covering eligible Weil, Gotshal & Manges LLP (the “Sponsor”) partners. 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. In general, an eligible employee becomes a Participant upon completion of one year of service and attainment of age 21. The entry date for the Plan is January 1st of each year. Eligible employees are (1) partners of the Firm, including nonresident aliens who are, from time to time, designated as eligible employees by the management committee of the firm, and (2) employees who are licensed to practice law in one or more states of Affiliated Employers that are Participating Employers.

The Plan provides for an annual benefit at the normal retirement age of 65 and at late retirement. The annual benefit is equal to the sum of the benefit calculated as of December 31st of the prior year (adjusted for the yield on assets for the plan year), divided by 1.075 and an actuarial adjustment for age greater than normal retirement age (if applicable), plus an accrual for the current plan year (determined under the formula subject to the maximum accrual margin). The formula for the annual accrual for the current plan year is determined as the 2010 Section 415(b)(1)(A) limitation under the Internal Revenue Code (the “Code”) projected to normal retirement age (or later age if applicable), less the projected normal retirement benefit payable under all other defined benefit plans, divided by the number of calendar years from the calendar year that includes the entry date through the calendar year that includes the attainment of normal retirement (or later age if applicable, but not less than 10), multiplied by one (if 1,000 hours of service as an active partner as of December 31st), multiplied by the group factor. The group factor for each Participant varies depending on the profit allocation percentage for the active partner for the prior plan year and if projected partner service to age 65 is less than 15. The accrual in the year the Participant separates from service will be multiplied by a fraction whose numerator is the number of full calendar months as an eligible employee, and the denominator is 12 (provided the Participant works 1,000 hours). In addition, the Plan provides for late retirement and death benefits. Participants are 100% vested upon completion of five years of service or normal retirement if earlier. At no time shall a Participant’s benefit payable in the form of a single life annuity commencing on his benefit commencement date exceed the lesser of the Participant’s dollar limit or compensation limit. In the event that a Participant’s benefit would exceed the lesser of the Participant’s dollar limit or compensation limit, such benefit shall automatically be reduced by the amount required in order to eliminate such excess. The normal form of payment is a Life Annuity; other options are also available at retirement.

The Plan was amended to change the rate at which benefits accrue effective June 1, 2015. The change in the annual benefit accrual formula may result in a reduction of benefits accrued after May 31, 2015. To accrue a benefit for a plan year, a Participant must be credited with at least 1,000 hours of service during that plan year. If a Participant has been credited with 1,000 or more hours of service for the 2015 plan year as of June 1, 2015, such Participant’s annual benefit accrual for the 2015 plan year will be determined under the terms of the Plan as in effect on May 31, 2015, and such Participant’s annual benefit accrual will reflect the change to the benefit accrual formula for plan years beginning after December 31, 2015.

**WEIL, GOTSHAL & MANGES PARTNERS'
VARIABLE DEFINED BENEFIT PLAN**

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

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Effective February 28, 2017, the Plan was frozen with respect to benefit accruals and eligibility to participate. As a result, the Plan is closed to new Participants, and those who already participate in the Plan will continue to have a benefit under the plan based on benefit accrued through February 28, 2017. This benefit will be recalculated as of December 31st of each year until normal retirement date, and at normal retirement date, to reflect the actual earnings of the assets of the Plan. Active Participants will continue to earn vesting service for their accrued benefit if not fully vested as of February 28, 2017.

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.

(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 appreciation/(depreciation) 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.

**WEIL, GOTSHAL & MANGES PARTNERS’
VARIABLE DEFINED BENEFIT PLAN**

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

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (Continued)

(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 appreciation/(depreciation) 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 a 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.

(g) Subsequent Events

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

Subsequent to December 31, 2024, the Plan Sponsor adopted an amendment to terminate the Plan effective August 4, 2025. All notices have been provided and filings have been submitted in accordance with ERISA requirements. Distributions are anticipated to commence beginning October 21, 2025 and the termination process is expected to be completed no later than April 20, 2026. As of December 31, 2024, the Plan remained active and continued to operate in accordance with its governing documents. The January 1, 2024 actuarial valuation does not reflect the impact of the termination amendment.

NOTE 3 – INVESTMENTS – MASTER TRUST

The Master Trust holds the investment assets of the Plan, the Weil, Gotshal & Manges Employees’ Pension Plan, the Weil, Gotshal & Manges Partners’ Target Pension Plan, the Weil, Gotshal & Manges Partners’ Defined Benefit Plan, the Weil, Gotshal & Manges 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 appreciation/(depreciation) in fair value of investments.

**WEIL, GOTSHAL & MANGES PARTNERS'
VARIABLE DEFINED BENEFIT PLAN**

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

NOTE 3 – INVESTMENTS – MASTER TRUST (Continued)

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	\$ 112,628	\$ 1,115,429	\$ 96,733
Mutual Funds	4,815,334	424,999	4,791,166	422,866
Collective Trusts	121,759,946	11,853,206	100,015,196	11,724,748
103-12 Investment Entities	14,110,948	1,403,926	13,073,476	1,300,706
Debt Instruments	584,792,310	6,374,420	595,921,431	6,337,365
Common Stocks	15,686,135	1,784,103	13,671,699	1,600,445
Pooled Separate Funds	7,804,285	814,321	7,594,928	792,476
Private Equity Funds	65,798,375	-	78,202,784	-
Hedge Funds	25,283,999	2,661,653	46,579,757	4,231,869
Total Investments at Fair Value	842,794,085	25,429,256	860,965,866	26,507,208
Plus:				
Due from broker for securities sold	31,351	661	936,785	3,316
Accrued interest and dividends	7,393,296	50,384	7,505,671	51,642
Less:				
Due to broker for securities purchased	(37,999)	(1,250)	(1,018,033)	(2,351)
Accrued expenses	(6,338)	(661)	(6,171)	(635)
Total	\$ 850,174,395	\$ 25,478,390	\$ 868,384,118	\$ 26,559,180

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

	December 31 2024	December 31 2023
Investment income:		
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)
Net investment income	\$ 33,754,442	\$ 71,661,537

**WEIL, GOTSHAL & MANGES PARTNERS’
VARIABLE DEFINED BENEFIT PLAN**

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

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.

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.

**WEIL, GOTSHAL & MANGES PARTNERS'
VARIABLE DEFINED BENEFIT PLAN**

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

NOTE 4 – FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

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.

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.

**WEIL, GOTSHAL & MANGES PARTNERS'
VARIABLE DEFINED BENEFIT PLAN**

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

NOTE 4 – FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

Collective Trust Funds and 103-12 Investment Entities (Continued)

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.

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.

**WEIL, GOTSHAL & MANGES PARTNERS'
VARIABLE DEFINED BENEFIT 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 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.
- 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.

**WEIL, GOTSHAL & MANGES PARTNERS’
VARIABLE DEFINED BENEFIT PLAN**

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

NOTE 4 – FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

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:

Investment Assets at Fair Value at December 31, 2024				
Type of Security	Level 1	Level 2	Level 3	Total
Held by Plan:				
Collective Short-Term Investment Fund	\$ -	\$ -	\$ -	\$ 1,970,958
Total Investments Held By Plan	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,970,958</u>
Held by Master Trust:				
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				237,500,306
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>

(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.

**WEIL, GOTSHAL & MANGES PARTNERS’
VARIABLE DEFINED BENEFIT PLAN**

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

NOTE 4 – FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

Investment Assets at Fair Value at December 31, 2023				
Type of Security	Level 1	Level 2	Level 3	Total
Held by Plan:				
Collective Short-Term Investment Fund	\$ -	\$ -	\$ -	\$ 1,887,244
Total Investments Held By Plan	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,887,244</u>
Held by Master Trust:				
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.

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.

**WEIL, GOTSHAL & MANGES PARTNERS’
VARIABLE DEFINED BENEFIT PLAN**

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

NOTE 4 – FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

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

December 31, 2024				
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
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>		

December 31, 2023				
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
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>		

N/A – Not applicable

(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.

**WEIL, GOTSHAL & MANGES PARTNERS’
VARIABLE DEFINED BENEFIT PLAN**

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

NOTE 4 – FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

(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.

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	7.5%
Mortality basis	As of December 31, 2023: Pri-2012 white collar mortality table and the MP2021 mortality improvement scale. The mortality table used for determining lump sums is the IRS Applicable Mortality Table for 2024 or solely if you earned an accrual for any Plan year beginning in 2013 or later, the applicable mortality table under IRC section 417(e)(3)(B) for 2033 as derived from the mortality tables used under IRC Section 430(h)(3)(A) following the procedures described in Revenue Ruling 2007-67, whichever results in the largest payment. As of December 31, 2022: Pri-2012 white collar mortality table and the MP2021 mortality improvement scale. The mortality table used for determining lump sums is the IRS Applicable Mortality Table for 2023.
Employee turnover	0% for age 20-29, 6% for age 30-39, 4% for age 40-49, 2% for age 50-59 and 0% for age 60 and over.
Retirement	Age 65.
Form of Payment	Lump sum option.

**WEIL, GOTSHAL & MANGES PARTNERS'
VARIABLE DEFINED BENEFIT PLAN**

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

NOTE 5 – ACCUMULATED PLAN BENEFITS (Continued)

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.

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	\$ -
Other participants	27,229,571
Total vested benefits	<u>27,229,571</u>
Nonvested benefits	-
Total actuarial present value of accumulated plan benefits	<u><u>\$27,229,571</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	\$25,454,158
Increase (decrease) during the year attributable to:	
Net benefits accumulated (including actuarial gains and losses)	974,439
Increase for interest due to the decrease in the discount period	1,876,279
Benefits paid	(890,303)
Changes in actuarial assumptions	<u>(185,002)</u>
Net increase/ (decrease)	<u>1,775,413</u>
Actuarial present value of accumulated plan benefits as of December 31, 2023	<u><u>\$27,229,571</u></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. During 2024 and 2023, the Sponsor made contributions of \$0, which met the minimum funding requirements of ERISA. Effective February 28, 2017, the Plan was frozen for participation and benefit accrual. See Note 1 for further discussion.

**WEIL, GOTSHAL & MANGES PARTNERS’
VARIABLE DEFINED BENEFIT 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 104.46%.

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 \$10,947 and \$11,751, respectively.

NOTE 8 – INCOME TAX STATUS

The Plan obtained its latest determination letter on August 24, 2017, 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 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 – 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.

**WEIL, GOTSHAL & MANGES PARTNERS'
VARIABLE DEFINED BENEFIT PLAN**

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

NOTE 9 – INVESTMENTS WITH OFF-BALANCE-SHEET RISK OR CONCENTRATION OF CREDIT RISK (Continued)

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 Participant 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.

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 PARTNERS'
VARIABLE DEFINED BENEFIT PLAN**

**Employer Identification #13-1456110, Plan No. 011
Schedule H of Form 5500
Schedule of Assets (Held at End of Year)
December 31, 2024**

(a)	(b)	(c)	(d)	(e)
<u>Identity of Issue, Borrower, Lessor or Similar Party</u>	<u>Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>	
*	Northern Trust	Collective Short-Term Investment Fund	\$ 1,970,958	\$ 1,970,958

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

Attachment to 2024 Form 5500

Schedule SB, line 26(a) - Schedule of Active Participant Data

Plan Name: Weil, Gotshal & Manges Partners' Variable Defined Benefit Plan
 Plan Sponsor's Name: Weil, Gotshal & Manges LLP

EIN: 13-1456110
 PN: 011

Age and Service Distribution of Active Members

Completed Years of Service on January 1, 2024¹

<u>Age</u>	<u>Under 1</u>	<u>1-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40+</u>	<u>Total</u>
<25											
25 – 29											
30 – 34											
35 – 39											
40 – 44		6									6
45 – 49		8	9								17
50 – 54		6	24								30
55 – 59		2	14								16
60 – 64		3	15								18
65 – 69			8								8
70 +											
Total		25	70								95

¹ Credited Service

Attachment to 2024 Form 5500

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

Plan Name: Weil, Gotshal & Manges Partners' Variable Defined Benefit Plan
Plan Sponsor's Name: Weil, Gotshal & Manges LLP

EIN: 13-1456110
PN: 011

A. Actuarial Assumptions for Funding Purposes

Valuation Date	January 1, 2024												
Valuation Interest Rate	The funding target was determined using the rates based on the corporate bond yield curve, as prescribed under the Pension Protection Act of 2006.												
Mortality	2024 Generational Mortality Table pursuant to Treasury Regulation 1.430(h)(3)-1.												
Salary Scale	Not applicable.												
Withdrawal	<table><thead><tr><th><u>Age</u></th><th><u>Rates</u></th></tr></thead><tbody><tr><td>20-29</td><td>0.0%</td></tr><tr><td>30-39</td><td>6.0%</td></tr><tr><td>40-49</td><td>4.0%</td></tr><tr><td>50-59</td><td>2.0%</td></tr><tr><td>60 and Over</td><td>0.0%</td></tr></tbody></table>	<u>Age</u>	<u>Rates</u>	20-29	0.0%	30-39	6.0%	40-49	4.0%	50-59	2.0%	60 and Over	0.0%
<u>Age</u>	<u>Rates</u>												
20-29	0.0%												
30-39	6.0%												
40-49	4.0%												
50-59	2.0%												
60 and Over	0.0%												
Retirement	Age 65.												
Disability	No decrement.												
IRC Section 415(b) Limit	\$275,000 for 2024.												
Form of Payment	It is assumed 100% of participants will elect the lump sum option upon retirement.												
Provisions for expenses	PBGC premiums expected to be paid from the Trust.												
Future Yield	In any calculation where an estimate of future yield is necessary, the interest rate applicable for that calculation will be used.												
Asset Valuation Method	Fair market value of assets.												
Percent Married	Not applicable.												

Attachment to 2024 Form 5500

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods, cont'd

Plan Name: Weil, Gotshal & Manges Partners' Variable Defined Benefit Plan

EIN: 13-1456110

Plan Sponsor's Name: Weil, Gotshal & Manges LLP

PN: 011

B. Actuarial Methods for Funding Purposes

Actuarial Cost Method

The actuarial cost method used in this valuation is the Unit Credit Cost Method, as required under the Pension Protection Act of 2006.

The target liability is the present value of accrued benefits. The target liability is funded over time. Each year's funding shortfall is spread over 15 years. This shortfall is the result of gains or losses when actual experience differs from expectations based on actuarial assumptions, plan changes, assumption changes or changes in the asset valuation method.

The target normal cost, determined as of the valuation date, is the amount required to fund the benefits expected to be earned in the current year.

Attachment to 2024 Form 5500

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods, cont'd

Plan Name: Weil, Gotshal & Manges Partners' Variable Defined Benefit Plan
Plan Sponsor's Name: Weil, Gotshal & Manges LLP

EIN: 13-1456110
PN: 011

C. Actuarial Assumptions Rationale

Valuation Interest Rates (Funding)	The interest rate assumption used is prescribed by IRC section 430(h) subject to specified elections by the plan sponsor.
Mortality (Funding)	The mortality assumption used is prescribed by IRS section 430(h) subject to specified elections by the plan sponsor. The mortality table used for determining lump sums is consistent with the table defined in the plan document.
Retirement/Withdrawal	Retirement rates and withdrawal rates are based on the plan sponsor's historical experience and expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.
Form of Payment	This assumption was based on best expectations given plan provisions, based on historical experience of the plan.
Provisions for expenses	This assumption is set based on the plan sponsor's historical experience and expectations for future expenses to be paid from the trust.
Investment Yield	This rate is intended to represent the net yield after investment expenses over an extended period of time in the future.

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

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

A Name of plan Weil, Gotshal & Manges Partners' Variable Defined Benefit Plan	B Three-digit plan number (PN) ▶	011
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WEIL GOTSHAL & MANGES LLP	D Employer Identification Number (EIN) 13-1456110	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	28,446,423	
b Actuarial value	2b	28,446,423	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0		
b For terminated vested participants	121	14,865,514	14,865,514
c For active participants	95	12,364,057	12,364,057
d Total	216	27,229,571	27,229,571
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.16%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	21,816	
c Target normal cost	6c	21,816	

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

SIGN HERE	Ephraim Sudwerts	09/09/2025
	Signature of actuary	Date
	EPHRAIM SUDWERTS	2306869
	Type or print name of actuary	Most recent enrollment number
	PwC US Tax LLP	973-919-9229
	Firm name	Telephone number (including area code)
	300 Madison Avenue	
	New York NY 10017	
	Address of the firm	

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

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

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 65

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

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)..... **31a** 21,816

b Excess assets, if applicable, but not greater than line 31a **31b** 21,816

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

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

a Total (excess, if any, of line 37 over line 36) **38a** 0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b**

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years **40** 0

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

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

Attachment to 2024 Form 5500

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

Plan Name: Weil, Gotshal & Manges Partners' Variable Defined Benefit Plan

EIN: 13-1456110

Plan Sponsor's Name: Weil, Gotshal & Manges LLP

PN: 011

The weighted average retirement age is equal to the normal retirement age of 65.

Attachment to 2024 Form 5500

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Weil, Gotshal & Manges Partners' Variable Defined Benefit Plan
Plan Sponsor's Name: Weil, Gotshal & Manges LLP

EIN: 13-1456110
PN: 011

Plan Name	Weil, Gotshal & Manges Partners' Variable Defined Benefit Plan
Entry Dates	<p><u>Prior to February 28, 2017</u> The first day of January during a Plan year that includes the date on which an Eligible Employee is credited with one (1) Year of Eligibility Service and attains age twenty-one (21).</p> <p><u>Effective February 28, 2017</u> The Plan is closed to new participants.</p>
Eligible Employees	<p><u>Prior to February 28, 2017</u> Employees who are Partners of the Firm and who are licensed to practice law in one or more states of Affiliated Employers that are Participating Employers. No other Employees shall be Eligible Employees. An individual shall not be treated as an Eligible Employee for any period during which the Employer did not originally classify him as an Employee even if he is later retroactively reclassified as an Employee.</p> <p><u>Effective February 28, 2017</u> The Plan is closed to new participants.</p>
Effective Date	January 1, 2010
Retirement Dates:	<p>Normal: Age 65</p> <p>Late: The first day of the first calendar month, that coincides with the date on which a Participant terminates employment from all Affiliated Employers after his Normal Retirement Date.</p>
Annuity Ratio Factor	<p>For participants whose age as of the end of the plan year does not exceed normal retirement age or who have commenced payment of their benefit, the factor is one (1).</p> <p>For participants whose age as of the end of the plan year exceeds normal retirement age, the Annuity Ratio Factor is the product of (a) 1.075 and (b) the ratio of the present value of a monthly annuity for life computed as of the age of the Participant as of the last day of the immediately preceding Plan Year to the present value of such annuity computed as of the last day of the current Plan Year.</p>
Group Factor	<p>The Group Factor for Group 1 is 10%, for Group 2 is 35%, for Group 3 is 85%, and for Group 4 is 100%, where:</p> <p><u>Prior to June 1, 2015</u></p> <ol style="list-style-type: none">1. Group 1 consists of Participants whose Profit Allocation Percentage for the prior Plan Year (including the Plan Year before the Effective Date) is less than 0.17%.2. Group 2 consists of (a) Participants whose Profit Allocation Percentage for the prior Plan Year (including the Plan Year before the Effective Date) equals or exceeds 0.17% but is less than 0.23% and (b) Participants for the first Plan Year during which they are Participants, provided that prior to becoming Participants they were Employees of the Employer other than by reason of being Partners.3. Group 3 consists of Participants whose Profit Allocation Percentage for the prior Plan Year (including the Plan Year before the Effective Date) equals or exceeds 0.23% but is less than 0.33%.

Attachment to 2024 Form 5500

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Weil, Gotshal & Manges Partners' Variable Defined Benefit Plan
Plan Sponsor's Name: Weil, Gotshal & Manges LLP

EIN: 13-1456110
PN: 011

4. Group 4 consists of Participants whose Profit Allocation Percentage for the prior Plan Year (including the Plan Year before the Effective Date) equals or exceeds 0.33%.

Effective June 1, 2015

1. Group 1 consists of Participants whose Profit Allocation Percentage for the Plan Year as of November 30 of such Plan Year is less than 0.18%.

2. Group 2 consists of (a) Participants whose Profit Allocation Percentage for the Plan Year as of November 30 of such plan year equals or exceeds 0.18% but is less than 0.24% and (b) Participants for the first Plan Year during which they are Participants, provided that prior to becoming Participants they were Employees of the Employer other than by reason of being Partners.

3. Group 3 consists of Participants whose Profit Allocation Percentage for the Plan Year as of November 30 of such Plan Year equals or exceeds 0.24% but is less than 0.36%.

4. Group 4 consists of Participants whose Profit Allocation Percentage for the Plan Year as of November 30 of such Plan Year equals or exceeds 0.36%.

Effective February 28, 2017

The Plan was frozen to new accruals

NDI Factor

Prior to June 1, 2015

The NDI Factor is 1.

Effective June 1, 2015

The NDI Factor is the lesser of 1 and (a)/(b), where:

(a) is the Participant's Profit Allocation Percentage for the Plan Year

(b) is the result of $[(A/0.0475)/B]$, where:

A is the lump sum present value of Incremental TB for the Plan Year assuming a NDI Factor of 1, using the mortality table and interest rate defined for purposes of computing a distribution of a Benefit in the form of a single lump sum payment.

B is the adjusted NDI for all Partners with a share of pension expense for the Plan Year, where adjusted NDI is the amount of Partnership profits after expenses for a fiscal year determined for each Partner including guaranteed payments paid to any active Partner.

Effective February 28, 2017

The Plan was frozen to new accruals.

Accrued Benefit

A Participant's Accrued Benefit (AB) as of any Plan Year is an amount determined by the formula: $AB = ADJ AB' + \text{Incremental AB}$, where:

ADJ AB' is the Participant's adjusted accrued benefit as of the last day of the preceding Plan Year increased to the last day of the current Plan Year, and is equal to AB' (the Accrued Benefit as of the last day of the preceding Plan Year) multiplied by the Annuity Ratio Factor at 7.50% and $(1 + \text{Yield for the period from the last day of the preceding Plan Year to the last day of the current Plan Year})/1.075$. The 1.075 shall be prorated based upon the number of calendar months from the last day of the preceding Plan Year to the last day of the current Plan Year.

Attachment to 2024 Form 5500

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Weil, Gotshal & Manges Partners' Variable Defined Benefit Plan
Plan Sponsor's Name: Weil, Gotshal & Manges LLP

EIN: 13-1456110
PN: 011

Incremental AB is the lesser of Incremental TB or Maximum Accrual Margin actuarially adjusted for late retirement. Effective February 28, 2017, Incremental AB is \$0.

Incremental TB is $[(W - X)/Y] \times Z \times \text{Group Factor}$, but not less than \$0, where:

- i. W is the limit under section 415(b)(1)(A) of the Code for the 2010 calendar year projected (at a compound rate of increase of 2.5% per calendar year) through the calendar year that includes a Participant's attainment of Normal Retirement Age unless a later age is specified for the Participant,
- ii. X is the Participant's benefit under any, and all, other defined benefit pension plans maintained by an Affiliated Employer (including the Employer), projected to his attainment of Normal Retirement Age, unless a later age is specified for the Participant, on the assumption that applicable limitations for a 2010 calendar-year plan year increase at a compound rate of 2.5% per plan year,
- iii. Y is the number of calendar years from the calendar year that includes the Participant's Entry Date through the calendar year that includes his attainment of Normal Retirement Age unless a later age is specified for the Participant; provided that Y shall not be less than 10,
- iv. Z is one (1) for any Participant with 1,000 or more Hours of Service for the Plan Year that includes the last day of the current Plan Year and Z is zero (0) for any Participant with less than 1,000 Hours of Service for such Plan Year; provided that, if during the Plan Year during which a Participant terminates employment from the Employer he has 1,000 or more Hours of Service, for such Plan Year Z is a fraction, the numerator of which is the number of calendar months during such Plan Year for which the Participant is credited with at least one (1) Hour of Service on the last day of such month and the denominator of which is 12, and

v. Prior to June 1, 2015

The Group Factor is one-half (0.5) the otherwise applicable Group Factor for a Participant whose years (measured as anniversaries) of being a Partner projected to age 65 are fewer than fifteen (15).

Effective June 1, 2015

The Group Factor is three-tenths (0.3) the otherwise applicable Group Factor for a Participant whose years (measured as anniversaries) of being a Partner projected to age 65 are fewer than fifteen (15).

Attachment to 2024 Form 5500

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Weil, Gotshal & Manges Partners' Variable Defined Benefit Plan
Plan Sponsor's Name: Weil, Gotshal & Manges LLP

EIN: 13-1456110
PN: 011

Maximum Accrual Margin is the excess, if any, of (1) the lesser of the IRC Section 415(b) annual benefit limit, including any required adjustments for fewer than ten (10) years of service or participation, expressed as an annuity commencing at the later of Normal Retirement Age or the Participant's attained age over (2) the sum of ADJ AB' and any other benefit paid, or payable, from any other defined benefit pension plan maintained by an Affiliated Employer (including the Employer), also expressed as an annuity; provided that any limitation resulting from the IRC Section 415(b) annual benefit limit shall result in a limitation of Incremental AB under this Plan.

Normal Form of Benefit

The normal form of benefit is a life annuity for single participants. The normal form of benefit is a 50% Joint and Survivor annuity for married participants.

Optional Form of Benefit

Single lump sum or Life Annuity for married participants. 75% Joint and Survivor annuity is also available.

Preretirement Death Benefit

For the beneficiary of a deceased participant, an annuity for the life of the surviving spouse.

Termination Benefit

Accrued benefit payable at normal retirement age.

**WEIL, GOTSHAL & MANGES PARTNERS'
VARIABLE DEFINED BENEFIT PLAN**

**Employer Identification #13-1456110, Plan No. 011
Schedule H of Form 5500
Schedule of Assets (Held at End of Year)
December 31, 2024**

(a)	(b)	(c)	(d)	(e)
<u>Identity of Issue, Borrower, Lessor or Similar Party</u>	<u>Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>	
*	Northern Trust	Collective Short-Term Investment Fund	\$ 1,970,958	\$ 1,970,958

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