

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>SIMPSON THACHER & BARTLETT LLP CASH BALANCE PLAN II</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>053</u></p>
<p>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) <u>SIMPSON THACHER & BARTLETT LLP</u></p> <p><u>425 LEXINGTON AVENUE</u> <u>NEW YORK, NY 10017-3954</u></p>	<p>1c Effective date of plan <u>12/01/2023</u></p> <p>2b Employer Identification Number (EIN) <u>13-5395280</u></p> <p>2c Plan Sponsor's telephone number <u>212-455-2000</u></p> <p>2d Business code (see instructions) <u>541110</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	ELIZABETH GROENERT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	ELIZABETH GROENERT
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>SIMPSON THACHER & BARTLETT</p> <p>425 LEXINGTON AVENUE NEW YORK, NY 10017-3954</p>	<p>3b Administrator's EIN 13-5395280</p> <p>3c Administrator's telephone number 212-455-2000</p>
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<p>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:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
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5 Total number of participants at the beginning of the plan year	5	163
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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	6a(1)	160
a(2) Total number of active participants at the end of the plan year	6a(2)	155
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits	6c	17
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	172
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0
f Total. Add lines 6d and 6e	6f	172
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1C 3B

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

<p>9a Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p>9b Plan benefit arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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 _____
- (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>SIMPSON THACHER & BARTLETT LLP CASH BALANCE PLAN II</u>	B Three-digit plan number (PN) ▶	<u>053</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SIMPSON THACHER & BARTLETT LLP</u>	D Employer Identification Number (EIN) <u>13-5395280</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>25949858</u>	
b Actuarial value	2b	<u>25949858</u>	
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	<u>0</u>	<u>0</u>	<u>0</u>
b For terminated vested participants	<u>4</u>	<u>482624</u>	<u>482624</u>
c For active participants	<u>160</u>	<u>25331827</u>	<u>25331827</u>
d Total	<u>164</u>	<u>25814451</u>	<u>25814451</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>5.04 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>21836297</u>	
b Expected plan-related expenses	6b	<u>0</u>	
c Target normal cost	6c	<u>21836297</u>	

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

SIGN HERE Signature of actuary <u>PHILIP DEITCH</u> Type or print name of actuary <u>PWC US CONSULTING LLP</u> Firm name <u>300 MADISON AVENUE</u> <u>NEW YORK, NY 10017</u> Address of the firm	<u>10/09/2025</u> Date <u>23-06028</u> Most recent enrollment number <u>646-471-3000</u> Telephone number (including area code)
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Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 21836297
b Excess assets, if applicable, but not greater than line 31a				31b 135407
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 21700890
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement			0	
36 Additional cash requirement (line 34 minus line 35)				36 21700890
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 22956086
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 1255196
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 SIMPSON THACHER & BARTLETT LLP CASH BALANCE PLAN II	B Three-digit plan number (PN) ▶	053
C Plan sponsor's name as shown on line 2a of Form 5500 SIMPSON THACHER & BARTLETT LLP	D Employer Identification Number (EIN) 13-5395280	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

(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"/>

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SIMPSON THACHER & BARTLETT LLP CASH BALANCE PLAN II	B Three-digit plan number (PN) ▶ 053
C Plan sponsor's name as shown on line 2a of Form 5500 SIMPSON THACHER & BARTLETT LLP	D Employer Identification Number (EIN) 13-5395280

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

		(a) Beginning of Year	(b) End of Year
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)	14858	8240
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	25935000	52206597

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	25949858	52214837
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	25949858	52214837

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)	24106595	
(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)		24106595
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	156281	
(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)		156281
(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)	741804	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		741804
(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)	1472646	
(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)		
(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		25485
d Total income. Add all income amounts in column (b) and enter total.....	2d		26502811

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	115000	
(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)		115000
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)	41336	
(6) Bank or trust company trustee/custodial fees	2i(6)	11250	
(7) Actuarial fees	2i(7)	53884	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	16362	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		122832
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		237832

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		26264979
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: ANCHIN, BLOCK & ANCHIN LLP

(2) EIN: 13-0436940

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		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 557739.

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

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

A Name of plan <u>SIMPSON THACHER & BARTLETT LLP CASH BALANCE PLAN II</u>	B Three-digit plan number (PN)	<u>053</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SIMPSON THACHER & BARTLETT LLP</u>	D Employer Identification Number (EIN) <u>13-5395280</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

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): _____

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 1

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 _____.



SIMPSON THACHER & BARTLETT LLP
CASH BALANCE PLAN II

FINANCIAL STATEMENTS

FOR THE PERIOD FROM DECEMBER 1, 2023
(COMMENCEMENT OF OPERATIONS)
THROUGH DECEMBER 31, 2024

**SIMPSON THACHER & BARTLETT LLP
CASH BALANCE PLAN II**

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DECEMBER 31, 2024

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INDEPENDENT AUDITORS' REPORT

To Simpson Thacher & Bartlett LLP:

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

We have performed an audit of the financial statements of the Simpson Thacher & Bartlett LLP Cash Balance Plan II, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the period from December 1, 2023 (commencement of operations) through December 31, 2023 and for the period from January 1, 2024 through December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the period from December 1, 2023 (commencement of operations) through December 31, 2023 and for the period from January 1, 2024 through December 31, 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audit 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 Simpson Thacher & Bartlett LLP Cash Balance Plan II and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Simpson Thacher & Bartlett LLP Cash Balance Plan II, ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Simpson Thacher & Bartlett LLP Cash Balance Plan II'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 Simpson Thacher & Bartlett LLP Cash Balance Plan II's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules as listed in the accompanying index as of or for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In Our Opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Anchin, Block & Anchin LLP

New York, New York
October 7, 2025

**SIMPSON THACHER & BARTLETT LLP
CASH BALANCE PLAN II**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	<u>2024</u>	<u>2023</u>
Assets:		
Investments at Fair Value:		
Exchange traded funds	\$ 27,307,619	\$ -
Money market funds	<u>24,898,978</u>	<u>25,935,000</u>
Total Investments	<u>52,206,597</u>	<u>25,935,000</u>
Other Assets:		
Accrued interest and dividends	<u>8,240</u>	<u>14,858</u>
Net Assets Available for Benefits	<u><u>\$ 52,214,837</u></u>	<u><u>\$ 25,949,858</u></u>

See accompanying Notes to the Financial Statements.

**SIMPSON THACHER & BARTLETT LLP
CASH BALANCE PLAN II**

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

	For the Period January 1, 2024 Through December 31, <u>2024</u>	For the Period from December 1, 2023 (Commencement of Operations) Through December 31, <u>2023</u>
Additions to (Deductions from) Net Assets Attributed to:		
Investment Income:		
Net appreciation in fair value of investments	\$ 1,498,131	\$ -
Dividend and interest income	<u>898,085</u>	<u>14,858</u>
Total Investment Income	2,396,216	14,858
Employer contributions	24,106,595	25,935,000
Benefits paid	(115,000)	-
Administrative expenses	<u>(122,832)</u>	<u>-</u>
Net Increase in Net Assets for the Year	26,264,979	25,949,858
Net Assets Available for Benefits:		
Beginning of year	<u>25,949,858</u>	<u>-</u>
End of year	<u><u>\$ 52,214,837</u></u>	<u><u>\$ 25,949,858</u></u>

See accompanying Notes to the Financial Statements.

**SIMPSON THACHER & BARTLETT LLP
CASH BALANCE PLAN II**

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF THE PLAN

The following brief description of the Simpson Thacher & Bartlett LLP Cash Balance Plan II (the “Plan”) is intended to give a general summary of its principal provisions. Participants should refer to the Plan document dated and effective December 1, 2023, for a more complete description of the Plan’s provisions.

General

The Plan is a non-contributory defined benefit plan that provides pension benefits that are determined based on a participant’s earnings, years of participation in the Plan and annual interest credits to the participant’s account. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). Principal Custody Solutions (the “trustee”) is the Plan’s trustee. The Plan is sponsored by Simpson Thacher & Bartlett LLP (the “Firm”) and is administered with oversight by the Investment & Pension Committee of Simpson Thacher & Bartlett LLP (the “Plan Administrator”). The Plan Administrator determines the appropriateness of the Plan’s investments and monitors investment performance.

Funding Policy

The Firm has established a funding policy and method consistent with the objectives of the Plan and the applicable requirements of ERISA.

Eligibility and Vesting

Substantially all partners (as defined in the Firm’s partnership agreement) and designated senior staff are eligible to participate in the Plan upon completing one year of service and attaining age 21. Eligible employees and partners shall become active participants on the first day of the month coincident with or following the completion of one year of service. A participant’s interest in his or her accrued benefit shall be 100% vested and non-forfeitable at all times.

**SIMPSON THACHER & BARTLETT LLP
CASH BALANCE PLAN II**

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

Benefits

The Plan provides for partner benefits to accrue annually at a pay credit of the lesser of (a) the amount determined from the Participant Point-Based Formula table based on his or her Points for the Plan Year, and (b) the excess of (a) the maximum annual Retirement Benefit that may be paid to a Participant under Section 8, including any required adjustments for fewer than 10 years of participation or service, over (b) the annual benefits payable under all other defined benefit plans (as defined in Section 414(j) of the Internal Revenue Code (“IRC”) of the Controlled Group, expressed as a lump sum as determined under Section 415 of the IRC and its related regulation. The pay credit for a participant who is not a partner shall be the lesser of (A) \$200,000, and (B) the Section 415 Maximum; provided that if the Participant is eligible to receive an annual bonus for the plan year, the pay Credit shall not exceed the amount of such participant’s annual bonus for such plan year.

If a terminated participant’s vested accrued benefit is \$1,000 or less, his or her vested benefit will be distributed in a single lump sum payment. Otherwise, unless a lump sum payment is selected, benefits will be paid in one of the following forms:

Unmarried participants: If a participant is not married when benefits begin, and has not elected a lump sum payment, benefits will be paid as a single life annuity. A single life annuity provides equal monthly payments for life, and no benefit payments will be payable after death.

Married participants: If a participant is married when benefits begin, and has not elected a lump sum payment, benefits will be paid as a qualified joint and survivor annuity. A qualified joint and survivor annuity provides equal monthly payments during a participant’s life and, upon the participant’s death, his or her spouse, if still alive, will receive a monthly benefit for his or her lifetime.

**SIMPSON THACHER & BARTLETT LLP
CASH BALANCE PLAN II**

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

Retirement

The normal retirement date of a participant shall be the January 1st coincident with or nearest a participant's attainment of age 62. A terminated participant may elect early retirement effective any January 1st prior to reaching his or her normal retirement date regardless of age or length of service. The benefit under the Plan will be based on the Cash Balance Account as of the benefit start date (based on Pay Credits and Annual Interest Credits through the last day of the preceding Plan Year). If the cumulative Annual Interest Credits as of the benefit start date are negative, the benefit will be based on the sum of the Pay Credits (the "Minimum Cash Balance Account"). The retirement benefit payable as an annuity shall be the actuarial equivalent of the Participant's Cash Balance Account.

Plan Termination

Upon termination or partial termination of the Plan, the trustee may distribute cash, securities, or other assets in kind and may purchase nontransferable annuity contracts on either an individual or group basis.

Should the Plan terminate, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a) Annuity benefits that terminated participants or their beneficiaries have been receiving for at least three years or that participants eligible to retire during the three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable or would have been payable during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding the Plan termination.
- b) Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") up to applicable limitations as discussed below.
- c) All other vested benefits.

SIMPSON THACHER & BARTLETT LLP
CASH BALANCE PLAN II

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

Plan Termination (Continued)

Certain benefits are insured by the PBGC. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the amount of benefit protection is subject to certain limitations.

While the Firm intends that the Plan will be permanent, it has assumed no contractual obligation to continue the Plan. The Firm has reserved the right to terminate the Plan at any time or to suspend or discontinue contributions or accruals of benefits. The Firm, by action of the Firm Representative, as defined by the Plan document, may terminate the Plan in its entirety.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared under the accrual basis of accounting.

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value as described in Note 5. 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. The Plan's Administrator determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See Note 5 for discussion of fair value measurements.

SIMPSON THACHER & BARTLETT LLP
CASH BALANCE PLAN II

NOTES TO THE FINANCIAL STATEMENTS

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition (Continued)

Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Effective January 1, 2024, substantially all of the Plan's expenses are paid by the Plan. In prior year, substantially all expenses related to the administration of the Plan and fees due to the trustee were paid by the Firm, at its option.

In addition, certain investment related expenses are included in net appreciation (depreciation) in fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

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

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

**SIMPSON THACHER & BARTLETT LLP
CASH BALANCE PLAN II**

NOTES TO THE FINANCIAL STATEMENTS

**NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS
(CONTINUED)**

The significant assumptions underlying the actuarial computations used in the January 1, 2024 valuation are as follows:

Discount rate:	5.00%
Mortality basis:	PRI-2012 sex-distinct white-collar table projected generationally from 2012 using the Society of Actuaries' MP-2021 Mortality Improvement Scale
Salary scale:	Not applicable - all participants are assumed to earn compensation in excess of the IRC 401(a)(17) limit
Employee turnover:	Moderate scale consistent with the employer's experience
Retirement age assumptions:	Age 62

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

The statement of accumulated plan benefits and the related statement of changes in accumulated plan benefits as of January 1, 2024, and for the year then ended, are as follows:

Vested Benefits:	
Active members (vested)	\$ 25,455,000
Retirees and beneficiaries	-
Terminated vested members	<u>480,000</u>
	25,935,000
Nonvested benefits	<u>-</u>
Total Actuarial Present Value of Accumulated Benefits	<u>\$ 25,935,000</u>

SIMPSON THACHER & BARTLETT LLP
CASH BALANCE PLAN II

NOTES TO THE FINANCIAL STATEMENTS

**NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS
(CONTINUED)**

	For the Year Ended January 1, <u>2024</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ <u>-</u>
Interest due to the shortening of the discount period	-
Benefits paid	-
Plan amendment	-
Changes in actuarial assumptions	-
Other (including benefits accumulated and actuarial experience gains and losses)	<u>25,935,000</u>
Net increase	<u>25,935,000</u>
Actuarial Present Value of Accumulated Plan Benefits at End of Year	\$ <u>25,935,000</u>

NOTE 4 - CERTIFIED INVESTMENT INFORMATION

Principal Custody Solutions, the trustee, holds the Plan's investment assets and executes transactions related to money market funds and exchange traded funds. Financial information relating to these assets is included in the accompanying financial statements and supplemental schedules based on information provided by the trustee, which was certified as complete and accurate.

NOTE 5 - FAIR VALUE MEASUREMENTS (UNAUDITED)

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

SIMPSON THACHER & BARTLETT LLP
CASH BALANCE PLAN II

NOTES TO THE FINANCIAL STATEMENTS

NOTE 5 - FAIR VALUE MEASUREMENTS (UNAUDITED) (CONTINUED)

The Plan also utilizes the authoritative guidance under GAAP for estimating the fair value of investments that have calculated net asset value (“NAV”) per share in accordance with the specialized accounting guidance for investment companies. Accordingly, the Plan estimates the fair value of an investment in an investment fund using the NAV of the investment (or its equivalent) without further adjustment unless the Plan determines that the NAV is deemed to be not reflective of fair value.

The three levels of the fair value hierarchy are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset or liability’s fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. In evaluating the level at which the Plan’s investments have been classified, the Plan has assessed factors including, but not limited to price transparency, the ability to redeem at NAV at the year-end and the existence or absence of certain restrictions at year-end.

SIMPSON THACHER & BARTLETT LLP
CASH BALANCE PLAN II

NOTES TO THE FINANCIAL STATEMENTS

NOTE 5 - FAIR VALUE MEASUREMENTS (UNAUDITED) (CONTINUED)

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

Money Market Funds: Valued at the daily closing price as reported by the fund. These funds are required to publish their daily NAV and to transact at that price.

Exchange Traded Funds: Valued at the closing price reported on the active market on which the individual securities are traded.

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, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The Plan's assets at fair value as of December 31, 2024 and 2023, are all deemed Level 1.

NOTE 6 - RISK AND UNCERTAINTIES

The Plan invests 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 investment securities will occur in the near term and that such change could materially affect the amounts reported in the statement of net assets available for benefits.

NOTE 7 - RELATED PARTY TRANSACTIONS

Certain of the Plan's investments were managed by Principal Custody Solutions, the trustee, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for administrative expenses amount to \$11,250 for the year ended December 31, 2024.

SIMPSON THACHER & BARTLETT LLP
CASH BALANCE PLAN II

NOTES TO THE FINANCIAL STATEMENTS

NOTE 8 - TAX STATUS

The Internal Revenue Service (“IRS”) has determined and informed the Firm by a letter dated July 1, 2025, that the Plan and related trust are designed in accordance with the applicable sections of the IRC.

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 (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. 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 adjustment to or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 9 - SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 7, 2025, which is the date the financial statements were available to be issued.

SIMPSON THACHER & BARTLETT LLP
CASH BALANCE PLAN II
PN 053
EIN 13-5395280
FORM 5500 - SCHEDULE H, LINE ITEM 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

<u>Face Value or No. of Shares</u>	<u>Identity of Issue</u>	<u>Cost</u>	<u>Current Value</u>
	EXCHANGE TRADED FUNDS:		
18,080	VANGUARD INDEX FD ETF	\$ 8,144,433	\$ 9,741,685
73,564	VANGUARD FTSE DEVELOPED MARKETS ETF	3,506,060	3,517,830
32,942	VANGUARD FTSE EMERGING MARKETS ETF	1,312,080	1,450,766
175,182	VANGUARD TOTAL BOND MARKET ETF	<u>12,872,399</u>	<u>12,597,338</u>
	TOTAL EXCHANGE TRADED FUNDS	<u>25,834,972</u>	<u>27,307,619</u>
	MONEY MARKET FUNDS:		
24,898,978	ALLSPRING GOVERNMENT MONEY MARKET FUND	<u>24,898,978</u>	<u>24,898,978</u>
	TOTAL INVESTMENTS	<u>\$ 50,733,950</u>	<u>\$ 52,206,597</u>

See Independent Auditor's Report.

FD493
 SCHEDULE H (FORM 5500 - 4J-1)
 SCHEDULE OF REPORTABLE TRANSACTIONS
 SINGLE TRANSACTIONS

SIMPSON THACHER & BARLETT LLP
 CASH BALANCE PLAN II

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 DECEMBER 31, 2023
 THROUGH DECEMBER 31, 2024

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF		25,949,858	5% VALUE OF	1,297,492			
		PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)			
VP4560000 BROKER 1	ALLSPRING GOVERNMENT MONEY MARKET FUND CASH SWEEP TRADES	25,308,904	02/02/24	21	1.0000	0	25,308,904	25,308,904	0
VP4560000 BROKER 1	ALLSPRING GOVERNMENT MONEY MARKET FUND CASH SWEEP TRADES	24,106,595	12/30/24	150	1.0000	0	24,106,595	24,106,595	0
921943858 BROKER 20174	VANGUARD FTSE DEVELOPED MARKETS ETF JANE STREET	75,550	01/31/24	18	47.6500	756	3,600,713	3,599,958	0
922042858 BROKER 10188	VANGUARD FTSE EMERGING MARKETS ETF DIRECT TRADING INSTITUTIONAL I	35,184	01/31/24	19	39.8200	352	1,401,379	1,401,027	0
922908363 BROKER 24820	VANGUARD INDEX FD ETF MISCHLER FINANCIAL GROUP INC	17,510	01/31/24	20	447.5800	175	7,837,301	7,837,126	0
921937835 BROKER 36888	VANGUARD TOTAL BOND MARKET ETF WALLACHBETH CAPITAL, LLC	169,584	01/31/24	17	73.5200	1,696	12,469,512	12,467,816	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET		BASED ON MARKET VALUE OF		25,949,858	5% VALUE OF	1,297,492
			PURCHASE PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
			SELLING PRICE				
VP4560000	ALLSPRING GOVERNMENT MONEY MARKET FUND						
BROKER 1	CASH SWEEP TRADES						
	14,858 01/02/24 B BUY	5	1.0000	0	14,858	14,858	0
	115,000 01/31/24 S SELL	7	1.0000	0	115,000	115,000	0
	10 02/01/24 B BUY	9	1.0000	0	10	10	0
	114,718 02/01/24 B BUY	10	1.0000	0	114,718	114,718	0
25,308,904	02/02/24 S SELL	21	1.0000	0	25,308,904	25,308,904	0
	35,931 02/06/24 B BUY	22	1.0000	0	35,931	35,931	0
	6,360 03/01/24 B BUY	24	1.0000	0	6,360	6,360	0
	34,310 03/06/24 B BUY	30	1.0000	0	34,310	34,310	0
	23,000 03/20/24 B BUY	32	1.0000	0	23,000	23,000	0
	27,016 03/27/24 B BUY	35	1.0000	0	27,016	27,016	0
	3,188 04/01/24 B BUY	37	1.0000	0	3,188	3,188	0
	36,681 04/04/24 B BUY	43	1.0000	0	36,681	36,681	0
	3,410 05/01/24 B BUY	45	1.0000	0	3,410	3,410	0
	36,259 05/06/24 B BUY	51	1.0000	0	36,259	36,259	0
199,919	05/21/24 S SELL	54	1.0000	0	199,919	199,919	0
	3,382 06/03/24 B BUY	57	1.0000	0	3,382	3,382	0
	38,359 06/05/24 B BUY	63	1.0000	0	38,359	38,359	0
	39,886 06/25/24 B BUY	65	1.0000	0	39,886	39,886	0
	2,943 07/01/24 B BUY	68	1.0000	0	2,943	2,943	0
	30,856 07/02/24 B BUY	74	1.0000	0	30,856	30,856	0
	38,663 07/03/24 B BUY	76	1.0000	0	38,663	38,663	0
	3,507 08/01/24 B BUY	78	1.0000	0	3,507	3,507	0
	7,500 08/02/24 S SELL	82	1.0000	0	7,500	7,500	0
	39,225 08/05/24 B BUY	87	1.0000	0	39,225	39,225	0
13,884	08/22/24 S SELL	89	1.0000	0	13,884	13,884	0
297,037	09/03/24 S SELL	95	1.0000	0	297,037	297,037	0
	39,507 09/05/24 B BUY	99	1.0000	0	39,507	39,507	0
	26,985 09/23/24 S SELL	101	1.0000	0	26,985	26,985	0
	15,050 09/24/24 B BUY	104	1.0000	0	15,050	15,050	0
	40,000 09/24/24 S SELL	107	1.0000	0	40,000	40,000	0
	2,336 10/01/24 B BUY	109	1.0000	0	2,336	2,336	0
	29,626 10/01/24 B BUY	110	1.0000	0	29,626	29,626	0
	38,664 10/03/24 B BUY	117	1.0000	0	38,664	38,664	0
	16,362 10/15/24 S SELL	119	1.0000	0	16,362	16,362	0
	3,750 10/30/24 S SELL	121	1.0000	0	3,750	3,750	0
	2,305 11/01/24 B BUY	125	1.0000	0	2,305	2,305	0
	39,877 11/05/24 B BUY	131	1.0000	0	39,877	39,877	0
	2,256 12/02/24 B BUY	133	1.0000	0	2,256	2,256	0
	39,053 12/04/24 B BUY	139	1.0000	0	39,053	39,053	0
	14,351 12/05/24 S SELL	141	1.0000	0	14,351	14,351	0
	87,525 12/24/24 B BUY	143	1.0000	0	87,525	87,525	0
	31,432 12/26/24 B BUY	146	1.0000	0	31,432	31,432	0
	40,884 12/27/24 B BUY	148	1.0000	0	40,884	40,884	0
24,106,595	12/30/24 B BUY	150	1.0000	0	24,106,595	24,106,595	0
25,007,672	33 TOTAL BUYS			0	25,007,672	25,007,672	0

FD496
 SCHEDULE H (FORM 5500 - 4J-4)
 SCHEDULE OF REPORTABLE TRANSACTIONS
 TRANSACTIONS WITH SAME PARTY

SIMPSON THACHER & BARLETT LLP
 CASH BALANCE PLAN II

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IDENTITY OF PARTY INVOLVED DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF		25,949,858	5% VALUE OF	1,297,492
	PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
BROKER 10188 DIRECT TRADING INSTITUTIONAL I -----					
922042858 VANGUARD FTSE EMERGING MARKETS ETF 35,184 01/31/24 BUY 19	39.8200	352	1,401,379	1,401,027	0
----- 35,184 BROKER TOTAL		352	1,401,379	1,401,027	0

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 SCHEDULE H (FORM 5500 - 4J-4)
 SCHEDULE OF REPORTABLE TRANSACTIONS
 TRANSACTIONS WITH SAME PARTY

SIMPSON THACHER & BARLETT LLP
 CASH BALANCE PLAN II

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IDENTITY OF PARTY INVOLVED DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF		25,949,858	5% VALUE OF	1,297,492
	PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
BROKER 20174 JANE STREET -----					
921943858 VANGUARD FTSE DEVELOPED MARKETS ETF 75,550 01/31/24 BUY 18	47.6500	756	3,600,713	3,599,958	0
----- 75,550 BROKER TOTAL		756	3,600,713	3,599,958	0

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 SCHEDULE H (FORM 5500 - 4J-4)
 SCHEDULE OF REPORTABLE TRANSACTIONS
 TRANSACTIONS WITH SAME PARTY

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 CASH BALANCE PLAN II

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IDENTITY OF PARTY INVOLVED DESCRIPTION OF ASSET		BASED ON MARKET VALUE OF		25,949,858	5% VALUE OF	1,297,492
		PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
BROKER 24820 MISCHLER FINANCIAL GROUP INC						

922908363	VANGUARD INDEX FD ETF					
17,510	01/31/24 BUY 20	447.5800	175	7,837,301	7,837,126	0

17,510	BROKER TOTAL		175	7,837,301	7,837,126	0

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 SCHEDULE H (FORM 5500 - 4J-4)
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IDENTITY OF PARTY INVOLVED DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF		25,949,858	5% VALUE OF	1,297,492
	PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
BROKER 36888 WALLACHBETH CAPITAL, LLC -----					
921937835 VANGUARD TOTAL BOND MARKET ETF 169,584 01/31/24 BUY 17 -----	73.5200	1,696	12,469,512	12,467,816	0
169,584 BROKER TOTAL		1,696	12,469,512	12,467,816	0

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.	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


▶ 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 Simpson Thacher & Bartlett LLP Cash Balance Plan II	B Three-digit plan number (PN) ▶	053
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Simpson Thacher & Bartlett Llp	D Employer Identification Number (EIN) 13-5395280	
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	25,949,858
	b Actuarial value	2b	25,949,858
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	0	0
	b For terminated vested participants	4	482,624
	c For active participants.....	160	25,331,827
	d Total	164	25,814,451
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	5.04%
6	Target normal cost		
	a Present value of current plan year accruals	6a	21,836,297
	b Expected plan-related expenses	6b	0
	c Target normal cost	6c	21,836,297

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

SIGN HERE	 Signature of actuary	<u>9/30/25</u> Date
	Philip Deitch Type or print name of actuary	2306028 Most recent enrollment number
	PwC US Consulting LLP Firm name	646-471-3000 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: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 21,836,297
b Excess assets, if applicable, but not greater than line 31a				31b 135,407
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 21,700,890
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement			0	
36 Additional cash requirement (line 34 minus line 35).....				36 21,700,890
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 22,956,086
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 1,255,196
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				

Attachment to 2024 Schedule SB of Form 5500

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Simpson Thacher & Bartlett LLP Cash Balance Plan II

Plan Sponsor's Name: Simpson Thacher & Bartlett LLP

EIN: 13-5395280 / PN: 053

A. Summary of Plan Provisions

Plan Sponsor	Simpson Thacher & Bartlett LLP
Participation	
Age requirement	21 years
Service requirement	One year of service for lateral hires. Plan entry date is on the first of the month coincident with or next following the one year of service.
Employee Group Covered	Partners and senior staff employees of Simpson Thacher & Bartlett LLP
Normal Retirement	
Age requirement	62
Service requirement	None
Amount	A cash balance amount, which expressed as a single sum is equal to the accumulation of employer pay credits and interest credits.
Pay Credits	
Partners	\$70,000, plus \$15,000 for each quarter point of equity ownership above one point. Pay credits are capped at \$205,000.
Non-Partners	The lesser of \$200,000 and annual bonus for the plan year.
Interest Credits	The actual investment return percentage on plan assets.
Early Retirement	
Age requirement	None
Service requirement	None
Amount	The participant's Cash Balance account as of the retirement date
Deferred Retirement	
Amount	The participant's Cash Balance account as of the retirement date
Vesting	
Percentage	Immediate
Pre-Retirement Death Benefits	
Amount	The participant's Cash Balance account as of the retirement date
Service	
Vesting	1,000 hours in a plan year
Credited	1,000 hours in a plan year

Attachment to 2024 Schedule SB of Form 5500

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Simpson Thacher & Bartlett LLP Cash Balance Plan II

Plan Sponsor's Name: Simpson Thacher & Bartlett LLP

EIN: 13-5395280 / PN: 053

Forms of Benefit

Normal Form

Single

Life annuity, which is the actuarial equivalent of the cash balance account

Married

50% joint and survivor annuity, which is the actuarial equivalent of a life annuity.

Optional Forms

Lump sum and 75% joint and survivor

Actuarial Equivalence

The actuarial basis for annual pay credits, single-life annuity, and joint and survivor annuity is determined using the 417(e) mortality table (based on calendar year coinciding with the then-current plan year) and 30-year treasury interest rate (based on the September rate of the immediately preceding plan year).

Section 415 limit

\$275,000 (previously \$265,000)

Section 401(a)(17) limit

\$345,000 (previously \$330,000)

Plan Effective Date

December 1, 2023

Most Recent Plan Amendments

None

Attachment to 2024 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Simpson Thacher & Bartlett LLP Cash Balance Plan II
Plan Sponsor's Name: Simpson Thacher & Bartlett LLP
EIN: 13-5395280 / PN: 053

A. Actuarial Assumptions

Valuation Date January 1, 2024

Valuation Interest Rates

Funding

Valuation interest rates are based on the 24-month applicable segment rates for September 2023 pursuant to IRC 430(h)(2) considering the permissible corridor in accordance with IJJA for the 2024 plan year, where applicable

	Segment Rate	Corridor
1st	3.62%	4.75%
2nd	4.46%	4.87%
3rd	4.52%	5.59%

Increase Credit on Cash Balance Account

5%, but not more than the second segment rate, without regard to the 24-month average, applicable to the month containing the valuation date (5.13% for January 2024), so as to avoid projecting at a rate that is above a market rate of return.

Mortality

Funding

2024 Generational Mortality Table pursuant to Internal Revenue Code Section 1.430(h)(3)-1(b).

Termination Rates None.

Retirement Rates 12/31 following attainment of age 62 or the current year, if later.

Disability Rates None.

Form of Payment 100% of participants are assumed to elect payment in the form of a lump sum.

Administrative Expenses None are assumed to be paid from the Plan.

Attachment to 2024 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Simpson Thacher & Bartlett LLP Cash Balance Plan II
Plan Sponsor's Name: Simpson Thacher & Bartlett LLP
EIN: 13-5395280 / PN: 053

B. Actuarial Methods

Actuarial Cost Method

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

Under the cost method, the target liability is defined on an accrued-to-date basis using mandated mortality tables and interest rates with no salary projection past the end of the year.

Asset Valuation Method

Assets are valued at market value.

Attachment to 2024 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Simpson Thacher & Bartlett LLP Cash Balance Plan II
Plan Sponsor's Name: Simpson Thacher & Bartlett LLP
EIN: 13-5395280 / PN: 053

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 IRC section 430(h) subject to specified elections by the plan sponsor.

Disability

No disability is assumed. This assumption is not expected to generate material actuarial gains or losses.

Retirement/Turnover

Retirement rates and turnover 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.

**Interest Crediting Rate
(Funding)**

The interest crediting rate is set equal to the applicable segment rates without relief to reflect the underlying economic environment.

Form of Payment

This assumption was based on best expectations given plan provisions and historical experience.

Attachment to 2024 Schedule SB of Form 5500

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

Plan Name: Simpson Thacher & Bartlett LLP Cash Balance Plan II
Plan Sponsor's Name: Simpson Thacher & Bartlett LLP

EIN: 13-5395280
PN: 053

The weighted average retirement age is equal to the normal retirement age of 62.

**SIMPSON THACHER & BARTLETT LLP
CASH BALANCE PLAN II**

PN 053
EIN 13-5395280

**FORM 5500 - SCHEDULE H, LINE ITEM 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024**

<u>Face Value or No. of Shares</u>	<u>Identity of Issue</u>	<u>Cost</u>	<u>Current Value</u>
	EXCHANGE TRADED FUNDS:		
18,080	VANGUARD INDEX FD ETF	\$ 8,144,433	\$ 9,741,685
73,564	VANGUARD FTSE DEVELOPED MARKETS ETF	3,506,060	3,517,830
32,942	VANGUARD FTSE EMERGING MARKETS ETF	1,312,080	1,450,766
175,182	VANGUARD TOTAL BOND MARKET ETF	<u>12,872,399</u>	<u>12,597,338</u>
	TOTAL EXCHANGE TRADED FUNDS	<u>25,834,972</u>	<u>27,307,619</u>
	MONEY MARKET FUNDS:		
24,898,978	ALLSPRING GOVERNMENT MONEY MARKET FUND	<u>24,898,978</u>	<u>24,898,978</u>
	TOTAL INVESTMENTS	<u>\$ 50,733,950</u>	<u>\$ 52,206,597</u>

See Independent Auditor's Report.

FD493
 SCHEDULE H (FORM 5500 - 4J-1)
 SCHEDULE OF REPORTABLE TRANSACTIONS
 SINGLE TRANSACTIONS

STIMPSON THACHER & BARLETT LLP
 CASH BALANCE PLAN II

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 DECEMBER 31, 2023
 THROUGH DECEMBER 31, 2024

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	QUANTITY	PURCHASE PRICE	SELLING PRICE	BASED ON MARKET VALUE OF	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
VP4560000	ALLSPRING GOVERNMENT MONEY MARKET FUND				25,949,858			5% VALUE OF	1,297,492
BROKER 1	CASH SWEET TRADES	21	1.0000			0	25,308,904	25,308,904	0
VP4560000	ALLSPRING GOVERNMENT MONEY MARKET FUND				24,106,595			5% VALUE OF	1,297,492
BROKER 1	CASH SWEET TRADES	150	1.0000			0	24,106,595	24,106,595	0
921943858	VANGUARD FTSE DEVELOPED MARKETS ETF								
BROKER 20174	JANE STREET	18	47.6500			756	3,600,713	3,599,958	0
922042858	VANGUARD FTSE EMERGING MARKETS ETF								
BROKER 10188	DIRECT TRADING INSTITUTIONAL I	19	39.8200			352	1,401,379	1,401,027	0
922908363	VANGUARD INDEX FD ETF								
BROKER 24820	MISCHLER FINANCIAL GROUP INC	20	447.5800			175	7,837,301	7,837,126	0
921937835	VANGUARD TOTAL BOND MARKET ETF								
BROKER 36888	WALLACHBETH CAPITAL, LLC	17	73.5200			1,696	12,469,512	12,467,816	0

See Independent Auditor's Report

FD495
 SCHEDULE H (FORM 5500 - 4J-3)
 SCHEDULE OF REPORTABLE TRANSACTIONS
 SERIES OF TRANSACTIONS IN SAME SECURITY

SIMPSON THACHER & BARRIETT LLP
 CASH BALANCE PLAN II

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 DECEMBER 31, 2023
 THROUGH DECEMBER 31, 2024

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	5% VALUE OF CURRENT VALUE	NET GAIN OR (LOSS)
26,043,692	11 TOTAL SELLS		0	25,949,858	26,043,692	1,297,492
51,051,364	SECURITY TOTAL		0	51,051,364	51,051,364	0
921943858 VANGUARD FTSE DEVELOPED MARKETS ETF BROKER 20174 JANE STREET	75,550 01/31/24 B BUY	47.6500	756	3,600,713	3,599,958	0
BROKER 4346	1,986 05/17/24 S SELL	51.0308	41	94,653	101,347	6,654
	1 TOTAL BUYS		756	3,600,713	3,599,958	0
	1 TOTAL SELLS		41	94,653	101,347	6,654
	SECURITY TOTAL		797	3,695,366	3,701,305	6,654
922042858 VANGUARD FTSE EMERGING MARKETS ETF BROKER 10188 DIRECT TRADING INSTITUTIONAL I	35,184 01/31/24 B BUY	39.8200	352	1,401,379	1,401,027	0
BROKER 4346	2,242 08/30/24 S SELL	44.6308	48	89,299	100,062	10,716
	1 TOTAL BUYS		352	1,401,379	1,401,027	0
	1 TOTAL SELLS		48	89,299	100,062	10,716
	SECURITY TOTAL		400	1,490,678	1,501,089	10,716
922908363 VANGUARD INDEX FD ETF BROKER 24820 MISCHLER FINANCIAL GROUP INC	17,510 01/31/24 B BUY	447.5800	175	7,837,301	7,837,126	0
BROKER 4346	209 05/17/24 S SELL	486.4717	11	93,546	101,673	8,115
	779 08/30/24 B BUY	514.3300	16	400,679	400,663	0
	2 TOTAL BUYS		191	8,237,980	8,237,789	0
	1 TOTAL SELLS		11	93,546	101,673	8,115
	SECURITY TOTAL		202	8,331,526	8,339,462	8,115
921937835 VANGUARD TOTAL BOND MARKET ETF BROKER 36888 WALLACHBETH CAPITAL, LLC	169,584 01/31/24 B BUY	73.5200	1,696	12,469,512	12,467,816	0
BROKER 4346	5,598 05/17/24 B BUY	71.9499	112	402,888	402,776	0
	2 TOTAL BUYS		1,808	12,872,400	12,870,592	0
	SECURITY TOTAL		1,808	12,872,400	12,870,592	0

See Independent Auditor's Report

FD496
 SCHEDULE H (FORM 5500 - 4J-4)
 SCHEDULE OF REPORTABLE TRANSACTIONS
 TRANSACTIONS WITH SAME PARTY

SIMPSON THACHER & BARLETT LLP
 CASH BALANCE PLAN II

THROUGH
 DECEMBER 31, 2023
 DECEMBER 31, 2024

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IDENTITY OF PARTY INVOLVED DESCRIPTION OF ASSET	PURCHASE PRICE	SELLING PRICE	BASED ON MARKET VALUE OF		NET GAIN OR (LOSS)
			EXPENSES	COST OF ASSET	
BROKER 10188 DIRECT TRADING INSTITUTIONAL I					
922042858 VANGUARD FTSE EMERGING MARKETS ETF	39,8200		352	1,401,379	1,401,027
			352	1,401,379	
BROKER TOTAL					0
					0

FD496
 SCHEDULE H (FORM 5500 - 4J-4)
 SCHEDULE OF REPORTABLE TRANSACTIONS
 TRANSACTIONS WITH SAME PARTY

SIMPSON THACHER & BARLETT LLP
 CASH BALANCE PLAN II

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 THROUGH DECEMBER 31, 2024

IDENTITY OF PARTY INVOLVED DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	5% VALUE OF CURRENT VALUE	NET GAIN OR (LOSS)
BROKER 20174 JANE STREET					
921943858 VANGUARD FTSE DEVELOPED MARKETS ETF	75,550	756	3,600,713	3,599,958	0
	75,550	756	3,600,713	3,599,958	0
BROKER TOTAL	75,550	756	3,600,713	3,599,958	0

FD496
 SCHEDULE H (FORM 5500 - 45-4)
 SCHEDULE OF REPORTABLE TRANSACTIONS
 TRANSACTIONS WITH SAME PARTY

SIMPSON THACHER & BARLETT LLP
 CASH BALANCE PLAN II

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 THROUGH DECEMBER 31, 2024

IDENTITY OF PARTY INVOLVED DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	5% VALUE OF CURRENT VALUE	NET GAIN OR (LOSS)
BROKER 24820 MITSCHER FINANCIAL GROUP INC					
922908363 VANGUARD INDEX FD ETF	17,510	175	7,837,301	7,837,126	0
17,510 01/31/24 BUY					
17,510	447.5800	175	7,837,301	7,837,126	0
BROKER TOTAL					

FD496
 SCHEDULE H (FORM 5500 - 4J-4)
 SCHEDULE OF REPORTABLE TRANSACTIONS
 TRANSACTIONS WITH SAME PARTY

SIMPSON THACHER & BARLETT LLP
 CASH BALANCE PLAN II
 THROUGH
 DECEMBER 31, 2023
 DECEMBER 31, 2024

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IDENTITY OF PARTY INVOLVED DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	5% VALUE OF CURRENT VALUE	NET GAIN OR (LOSS)
BROKER 36888 WALLACHBETH CAPITAL, LLC					
921937835 VANGUARD TOTAL BOND MARKET ETF	73.5200	1,696	12,469,512	12,467,816	0
169,584 01/31/24 BUY		1,696	12,469,512	12,467,816	0
BROKER TOTAL					0

Attachment to 2024 Schedule SB of Form 5500

Schedule SB, line 24 - Change in Actuarial Assumptions

Plan Name: Simpson Thacher & Bartlett LLP Cash Balance Plan II
Plan Sponsor's Name: Simpson Thacher & Bartlett LLP

EIN: 13-5395280
PN: 053

The maximum interest crediting rate on cash balance accounts was updated from 5.50% to 5.00%.

Attachment to 2024 Schedule SB of Form 5500

Schedule SB, line 24 - Change in Actuarial Assumptions

Plan Name: Simpson Thacher & Bartlett LLP Cash Balance Plan II
Plan Sponsor's Name: Simpson Thacher & Bartlett LLP

EIN: 13-5395280
PN: 053

The maximum interest crediting rate on cash balance accounts was updated from 5.50% to 5.00%.

Attachment to 2024 Schedule SB of Form 5500

Schedule SB, line 24 - Change in Actuarial Assumptions

Plan Name: Simpson Thacher & Bartlett LLP Cash Balance Plan II
Plan Sponsor's Name: Simpson Thacher & Bartlett LLP

EIN: 13-5395280
PN: 053

The maximum interest crediting rate on cash balance accounts was updated from 5.50% to 5.00%.