

<p><b>Form 5500</b></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><b>Annual Return/Report of Employee Benefit Plan</b></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>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

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

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

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

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

special extension (enter description)

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

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

<p><b>1a</b> Name of plan <u>SIDLEY AUSTIN LLP CASH BALANCE RETIREMENT PLAN FOR PARTNERS</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>105</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SIDLEY AUSTIN LLP</u></p> <p><u>C/O RETIREMENT PLANS DEPARTMENT</u> <u>ONE SOUTH DEARBORN</u> <u>CHICAGO, IL 60603</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/2000</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>36-4474078</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>312-853-7000</u></p> <p><b>2d</b> Business code (see instructions) <u>541110</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/13/2025	SETH KATZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/13/2025	SETH KATZ
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	698
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	615
	<b>6a(2)</b>	581
	<b>6b</b>	0
	<b>6c</b>	109
	<b>6d</b>	690
	<b>6e</b>	1
	<b>6f</b>	691
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		2
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

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

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

**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)

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

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>SIDLEY AUSTIN LLP CASH BALANCE RETIREMENT PLAN FOR PARTNERS</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>105</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SIDLEY AUSTIN LLP</u>	<b>D</b> Employer Identification Number (EIN) <u>36-4474078</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>567232802</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>590069717</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>0</u>	<u>0</u>
	<b>b</b> For terminated vested participants .....	<u>83</u>	<u>69684495</u>
	<b>c</b> For active participants .....	<u>611</u>	<u>373868527</u>
	<b>d</b> Total .....	<u>694</u>	<u>443553022</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.03 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>51467025</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>1150000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>52617025</u>

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

<b>SIGN HERE</b>			
	Signature of actuary	<u>07/30/2025</u>	Date
	<u>ERIC H. NELSON</u>	<u>23-07194</u>	Most recent enrollment number
	Type or print name of actuary	<u>312-298-2000</u>	Telephone number (including area code)
	<u>PWC US CONSULTING LLP</u>		
	Firm name		
	<u>ONE NORTH WACKER DRIVE</u> <u>CHICAGO, IL 60606</u>		
	Address of the firm		

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	134552779
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	134552779
<b>10</b>	Interest on line 9 using prior year's actual return of <u>9.31</u> % .....	0	12526864
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		24969029
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.06</u> % .....		1263433
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		26232462
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	1050000
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	146029643

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	100.10 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	133.03 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	100.50 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/02/2025	30000000	0			
01/15/2025	18567339	0			
01/23/2025	96667	0			
			<b>Totals ▶</b>	<b>18(b)</b>	<b>18(c)</b>
				48664006	0

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

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	46289852

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

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

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....			<b>21b</b> 0
<b>22</b> Weighted average retirement age .....			<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	52617025	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	487052	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	0	0	
<b>b</b> Waiver amortization installment.....	0	0	
<b>33</b> 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 .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	52129973	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	5840121	5840121
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	46289852	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	46289852	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>	
<b>41</b> 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	

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

<b>A</b> Name of plan <b>SIDLEY AUSTIN LLP CASH BALANCE RETIREMENT PLAN FOR PARTNERS</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>105</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SIDLEY AUSTIN LLP</b>	<b>D</b> Employer Identification Number (EIN) <b>36-4474078</b>	

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

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

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

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

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

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

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

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

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

CAMBRIDGE ASSOCIATES

04-3515240

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	775910	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	190142	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

PRICEWATERHOUSECOOPERS LLP

13-4008324

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	58574	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

KPMG LLP

13-5565207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	44400	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

GIMBEL ABRAMS & SINGER

36-3663184

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	24121	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

**Part I Service Provider Information (continued)**

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

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation

<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation

<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation

<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<b>A</b> Name of plan <u>SIDLEY AUSTIN LLP CASH BALANCE RETIREMENT PLAN FOR PARTNERS</u>	<b>B</b> Three-digit plan number (PN)	<u>105</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SIDLEY AUSTIN LLP</u>	<b>D</b> Employer Identification Number (EIN) <u>36-4474078</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>SIDLEY AUSTIN MASTER PENSION TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>SIDLEY AUSTIN LLP</u>		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>04-3004856-013</u>	<u>M</u>	<u>487243572</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>SIDLEY AUSTIN LLP CASH BALANCE RETIREMENT PLAN FOR PARTNERS</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>105</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SIDLEY AUSTIN LLP</b>	<b>D</b> Employer Identification Number (EIN) <b>36-4474078</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	78496638	48664006
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	427163419	487243572
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	63517605	69711535
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	569177662	605619113
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	569177662	605619113

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	48664006	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		48664006
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		45421739
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		2652232
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		96737977

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	57314498	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		57314498
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	44400	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	775910	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	190142	
(7) Actuarial fees .....	<b>2i(7)</b>	58574	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	92094	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1161120
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		58475618

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		38262359
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		20263
(2) From this plan .....	<b>2l(2)</b>		1841171

**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: **KPMG LLP**

(2) EIN: **13-5565207**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		328255732
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
SIDLEY AUSTIN LLP RETIREMENT PLAN	36-4474078	001

**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 549145.

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

<b>A</b> Name of plan <u>SIDLEY AUSTIN LLP CASH BALANCE RETIREMENT PLAN FOR PARTNERS</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>105</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>SIDLEY AUSTIN LLP</u>	<b>D</b> Employer Identification Number (EIN) <u>36-4474078</u>	

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

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-3046063</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<u>28</u>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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



**SIDLEY AUSTIN LLP CASH BALANCE  
RETIREMENT PLAN FOR PARTNERS**

Employer Identification Number 36-4474078  
Plan Number 105

Financial Statements and Supplemental Schedules  
December 31, 2024 and 2023

(With Independent Auditors' Report Thereon)

**SIDLEY AUSTIN LLP CASH BALANCE  
RETIREMENT PLAN FOR PARTNERS**

Employer Identification Number 36-4474078  
Plan Number 105

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KPMG LLP  
Aon Center  
Suite 5500  
200 E. Randolph Street  
Chicago, IL 60601-6436

## Independent Auditors' Report

To the Plan Participants and Plan Administrator  
Sidley Austin LLP Cash Balance Retirement Plan for Partners:

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

We have performed audits of the financial statements of Sidley Austin LLP Cash Balance Retirement Plan for Partners (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

### *Opinion*

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

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

### *Basis for Opinion*

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.



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

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

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

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

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

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

In performing an audit in accordance with GAAS, we:

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

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



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 U.S. generally accepted accounting principles.

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.

*Supplemental Schedules Required by ERISA*

The supplemental schedules of Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, line 4j - Schedule of Reportable Transactions 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 the 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).

*KPMG LLP*

Chicago, Illinois  
October 9, 2025

**SIDLEY AUSTIN LLP CASH BALANCE  
RETIREMENT PLAN FOR PARTNERS**

Employer Identification Number 36-4474078  
Plan Number 105

Statements of Net Assets Available for Benefits  
December 31, 2024 and 2023

<b>Assets</b>	<b>2024</b>	<b>2023</b>
Investment in Firm-Directed Portfolio Master Trust Investment Account (note 3)	\$ 487,243,572	\$ 427,163,419
Investment in Fixed Income Mutual Funds (note 3)	69,711,535	63,517,605
Contribution receivable	48,664,006	78,496,638
Net assets available for benefits	\$ <u>605,619,113</u>	\$ <u>569,177,662</u>

See accompanying notes to financial statements.

**SIDLEY AUSTIN LLP CASH BALANCE  
RETIREMENT PLAN FOR PARTNERS**

Employer Identification Number 36-4474078  
Plan Number 105

Statements of Changes in Net Assets Available for Benefits  
Years ended December 31, 2024 and 2023

	<b>2024</b>	<b>2023</b>
Investment income:		
Net investment income from Firm-Directed Portfolio Master Trust Investment Account (note 3)	\$ 45,421,739	\$ 39,077,143
Income (loss) earnings on Fixed Income Mutual Funds:		
Interest, dividends and other	3,241,681	2,505,203
Realized and unrealized losses, net	(589,449)	(14,464)
Total investment income	48,073,971	41,567,882
Additions:		
Contributions	48,664,006	78,747,885
Transfers to this plan	—	131,192
Total additions	48,664,006	78,879,077
Deductions:		
Benefits paid to participants or their beneficiaries	57,314,498	39,370,355
Transfers from this plan	1,820,908	—
Expenses	1,161,120	938,327
Total deductions	60,296,526	40,308,682
Net increase	36,441,451	80,138,277
Net assets available for benefits:		
Beginning of year	569,177,662	489,039,385
End of year	\$ 605,619,113	\$ 569,177,662

See accompanying notes to financial statements.

**SIDLEY AUSTIN LLP CASH BALANCE  
RETIREMENT PLAN FOR PARTNERS**

Employer Identification Number 36-4474078

Plan Number 105

Notes to Financial Statements

December 31, 2024 and 2023

**(1) Description of Plan**

**(a) General**

The Sidley Austin LLP Cash Balance Retirement Plan for Partners (the Plan) is a defined benefit plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). A brief description of the Plan is provided for general informational purposes only. Participants should refer to the plan document for more complete information.

**(b) Administration**

The Plan is administered by Sidley Austin LLP, an Illinois limited liability partnership (the Plan Administrator). The Executive Committee of Sidley Austin LLP and its affiliated partnerships (the Firm) have appointed a number of Firm attorneys to the Retirement Plans Committee (the Committee) to carry out the administrative duties of the Plan.

**(c) Trustee**

Assets of the Plan are held by The Northern Trust Company, as custodian and trustee.

**(d) Investment Manager**

The Committee has responsibility for the management of the Plan's assets, and Cambridge Associates LLC is an investment consultant to the Firm.

**(e) Eligibility and Vesting**

Except as set forth in the following sentence, each partner of the Firm and certain employees designated by the Firm are eligible to participate in the Plan. With the exception of partners who are citizens of Germany residing in Germany and performing services at a Sidley office in Germany, the Plan provides that any partner who renders services at an office outside of the United States and is neither a citizen of the United States nor covered by a United States permanent resident visa is not eligible to participate.

Participants are vested in the Plan upon the earliest of (1) three years of service with the Firm, (2) attainment of age 65 while employed by the Firm and (3) death while a partner or employee of the Firm.

**(f) Benefits**

The Plan is a cash balance plan. In the case of participants who are partners, at the end of each year, a service credit based primarily on the partner's partnership units and subject to age-based minimums and maximums is added to such partner's cash balance account. With respect to participants who are employees, the service credit for eligible employees is generally equal to the employee's eligible pay for that year multiplied by a percentage.

**SIDLEY AUSTIN LLP CASH BALANCE  
RETIREMENT PLAN FOR PARTNERS**

Employer Identification Number 36-4474078

Plan Number 105

Notes to Financial Statements

December 31, 2024 and 2023

In addition, at the end of each calendar year, an interest credit is added to each participant's cash balance account. The interest credit is determined by multiplying the amount in the cash balance account as of the beginning of that year by the applicable interest crediting rate for that year. The interest crediting rate is equal to the annual yield on 2-year Treasury Constant Maturities reported in the Federal Reserve Bulletin for November of the preceding year plus 50 basis points, but not greater than the average yield on 30 year Treasury Bonds for such November, and not less than 1.70%.

**(g) Funding Policy**

The benefits described above are funded solely by contributions from the Firm based upon computations by the Plan's independent actuary. The Firm's funding policy is generally to contribute the amount necessary to bring plan assets in line with plan account balances as of the end of each year. The Plan is in compliance with applicable minimum funding requirements for the plan years ended December 31, 2024 and 2023. The Plan's funded percentage, as calculated and certified by the Plan's independent actuary, does not activate additional funding requirements or benefit limitations.

**(h) Forfeitures**

All forfeited accrued benefits may be used to reduce the employer contributions to the Plan.

**(i) Termination of the Plan**

Termination of the Plan is at the discretion of the Firm and subject to the provisions of ERISA. In the event of termination of the Plan, each participant's accrued benefit becomes fully vested and the assets of the Plan will be liquidated and, after payment of the expenses of liquidation, allocated in accordance with the Plan and Section 4044 of ERISA in the following order of priority:

(1) To provide benefits for:

- (a) Each person who was receiving benefits at the beginning of the three year period ending with the date of termination of the Plan.
- (b) Each person who at the beginning of such three year period was eligible to retire and/or was a former participant eligible to elect to have his/her benefits commence at such time.
- (c) Any person who became eligible to receive benefits during such period because of the death of any person referred to in (a) or (b). These benefits would be limited to the lowest benefit that would have been payable to such person under the provisions of the Plan as in effect during any portion of the five year period ending with the date of termination of the Plan.

(2) To provide the benefits of persons referred to in subparagraph (1) above (to the extent not provided for by such subparagraph) and benefits accrued with respect to participants who, on the date of termination of the Plan, have satisfied the service requirement for full vesting. The amount of benefit provided for any person under this subparagraph (2) shall be limited to an amount which, when combined with any benefit provided for such person under subparagraph (1) above, does not exceed the amount guaranteed pursuant to Section 4022 of ERISA;

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(3) To provide the benefits of persons referred to in (1) or (2) above that are in excess of the amount provided for in such subparagraphs; and

(4) To provide all other benefits accrued under the Plan as of the date of termination of the Plan.

If the assets of the Plan are insufficient to provide full benefits as described above, the allocation will be made as described in the Plan. In the event that there are any assets remaining after the above allocations, such assets shall be paid to the Firm. The portion of the assets of the Plan allocated to provide benefits to any person or group of persons may be applied for the benefit of such person or persons by the distribution of cash, continuance of the trust fund, establishment of a new trust fund, purchase of annuities from an insurance company, or otherwise, as determined by the Committee in its sole discretion.

Whether a particular participant's accumulated plan benefits will be paid depends on the value of the assets of the Plan, the priority of those benefits, as described above, and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (the PBGC) at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guarantee while other benefits may not be provided for at all.

Presently, there is no intention on the part of the Firm to terminate the Plan.

**(j) Plan Amendments**

On December 31, 2023 the Plan was amended by the Fourth Amendment to (i) modify the formula to calculate Pension Units and the minimum Service Credit amounts, in each case for Plan Years after 2022 (with certain exceptions for the 2023 Plan Year for Partners who withdrew as a Partner between January 1, 2023 and June 30, 2023), (ii) modify certain distribution election requirements and (iii) document the merger of certain benefit obligations spun off from the Sidley Austin LLP Retirement Plan into the Plan effective at 11:59 p.m., Central Time, December 31, 2023.

On June 25, 2024 the Plan was amended by the Fifth Amendment to modify the eligibility provisions as they are related to certain employees.

**(2) Significant Accounting Policies**

**(a) Basis of Presentation**

The amounts in the accompanying financial statements are presented on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles.

**(b) Valuation of Investments**

All investments are stated at fair value. Plan assets utilizing Level 1 inputs (discussed further in note 3) include cash, common stock, and registered investment companies. Fair values were determined by using quoted prices for identical investments from the market exchanges.

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Certain investments' estimated fair value is based on net asset value as a practical expedient (discussed further in note 3). These investments include hedge funds, private equity funds and other assets. The fair values of these funds may, due to the inherent uncertainty of valuation for alternative investments, differ significantly from the values that would have been used had a ready market for the alternative investments existed, and the differences could be material. These investments are described further below:

**Hedge funds:** Hedged strategies involve funds whose managers have the authority to invest in various asset classes at their discretion, including the ability to invest long and short. Hedge funds generally hold securities or other financial instruments for which a ready market exists and may include stocks, bonds, put or call options, swaps, currency hedges and other instruments. In some instances, due to the complexity of the instruments and the transactions involved, a ready market may not exist. Investments in hedge funds are valued using reported net asset values as a practical expedient as of December 31, 2024 and 2023. See note 3 for lock-up provisions of the hedge funds.

**Private equity funds:** Plan assets are invested in limited partnership interests in various private equity funds. Private equity funds are primarily invested in buyout and venture capital strategies, investments in turn around/distressed situations, and real asset strategies that generally hold public or private real estate, natural resources equities, commodities and oil and gas investments. The private equity funds are valued using fair values per the partnership financial reports to determine net asset value as a practical expedient as of December 31, 2024 and 2023. No provision generally exists for the redemption of these interests by these funds until the end of the term thereof, typically ranging between 10 and 15 years from the date of inception.

**Other assets:** Other assets consists primarily of commingled partnerships and limited liability companies investing in domestic and international publicly traded securities. The other assets are valued using reported net asset values as a practical expedient as of December 31, 2024 and 2023. See note 3 for lock-up provisions of the other assets.

All assets in the Plan are either part of the Firm-Directed Portfolio Master Trust Investment Account (FDP) or invested separately in fixed income mutual funds. See note 3 for allocation of assets in the FDP. The value of the fixed income mutual funds are stated separately on the Plan's Statements of Net Assets Available for Benefits and the earnings attributable to the fixed income mutual funds are stated separately on the Plan's Statements of Changes in Net Assets Available for Benefits.

**(c) Risks and Uncertainties**

The Plan provides for investments that, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

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**(d) Benefit Payments**

Benefit payments are recorded when paid.

**(e) Administrative Expenses**

Administrative expenses are paid by the Firm, to the extent they are not paid by the Plan.

**(f) Realized and Unrealized Gains or Losses and Income Recognition**

At the time investments mature or are sold, the difference between the value at the time of purchase and the proceeds is recorded as a realized gain or loss. The unrealized gain or loss during a financial statement period on investments held represents the change in fair value of the securities from the beginning of the year or date the securities were purchased, if later, to the end of the year. Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded as earned and dividends are recorded on the ex-dividend date.

**(g) Use of Estimates**

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities and the actuarial present value of the accumulated plan benefits at the date of the financial statements and the reported amounts of income, contributions, withdrawals, expenses and changes in actuarial present value of the accumulated plan benefits during the reporting period. Actual results could differ from those estimates.

**(3) Firm-Directed Portfolio Master Trust Investment Account**

A majority of the Plan's investments is in the FDP, which was established for the investment of assets of the Plan and several other Firm-sponsored retirement plans. Each participating retirement plan has an undivided interest in the FDP. The assets of the FDP were held by The Northern Trust Company as of December 31, 2024 and 2023. The Plan's interest in the net assets of the FDP as of December 31, 2024 and 2023 is determined based on the beginning of year value of the Plan's interest in the FDP plus actual contributions and allocated investment earnings and losses, less actual distributions and allocated expenses. In addition to the Plan's interest in the FDP, the Plan primarily has investments in fixed income mutual funds. These fixed income mutual funds were held by the Northern Trust Company as trustee as of December 31, 2024 and 2023.

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Allocation of assets of the FDP to participating plans as of December 31, 2024 and 2023 is as follows:

	<b>2024</b>		<b>2023</b>	
	<b>Amount</b>	<b>Percent</b>	<b>Amount</b>	<b>Percent</b>
Cash Balance Retirement Plan for Partners Retirement Plan	\$ 487,243,572	44.0 %	\$ 427,163,419	41.6 %
Retirement Plan for Secretarial Staff Savings and Investment Plan Retirement Plan for Partners	348,722,954	31.5	322,721,298	31.5
	174,751,338	15.8	167,499,795	16.3
	69,237,010	6.2	71,027,260	6.9
	28,073,163	2.5	38,027,775	3.7
	<u>\$ 1,108,028,037</u>	<u>100.0 %</u>	<u>\$ 1,026,439,547</u>	<u>100.0 %</u>

Total value of the assets of the FDP and the Plan's undivided interest in the FDP as of December 31, 2024 and 2023 is as follows:

	<b>2024</b>		<b>2023</b>	
	<b>Firm-Directed Portfolio balances</b>	<b>Plan's undivided interest in Firm-Portfolio Directed balances</b>	<b>Firm-Directed Portfolio balances</b>	<b>Plan's undivided interest in Firm-Portfolio Directed balances</b>
Cash	\$ 18,707,744	\$ 8,226,532	\$ 40,317,089	\$ 16,778,373
Common stock	1,536,883	675,827	23,111,745	9,618,191
Registered investment companies	309,621,481	136,152,761	190,225,583	79,164,341
Pending trade purchases/receivables	31,684,039	13,932,720	534,575	222,469
Hedge funds	193,949,964	85,287,439	225,882,867	94,003,488
Private equity funds	403,237,091	177,319,232	401,033,105	166,894,069
Other assets	149,290,835	65,649,061	145,334,583	60,482,488
Total assets	<u>\$ 1,108,028,037</u>	<u>\$ 487,243,572</u>	<u>\$ 1,026,439,547</u>	<u>\$ 427,163,419</u>

Investment income of the FDP to be allocated to participating plans for the years ended December 31, 2024 and 2023 is as follows:

	<b>2024</b>	<b>2023</b>
Interest, dividends and other	\$ 13,369,303	\$ 11,684,713
Net appreciation in fair value of investments	41,643,165	62,589,336
Net realized investment gain	50,265,248	22,241,896
	<u>\$ 105,277,716</u>	<u>\$ 96,515,945</u>

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December 31, 2024 and 2023

The FDP’s investment income is allocated to participating plans based on each plans’ percentage ownership of the FDP on the date the income was earned.

FASB Accounting Standards Codification Topic 820 (ASC 820) defines fair value as the exchange price that would be received for an asset or liability in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants and establishes a hierarchal disclosure framework that ranks valuation techniques based on the observability of inputs. Investments measured and reported at fair value under ASC 820 are classified based on the valuation techniques used and disclosed in one of the following categories:

- Level 1 – Investments with quoted prices in active markets for identical investments that the reporting entity has the ability to access as of the measurement date.
- Level 2 – Investments valued with inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, as of the measurement date.
- Level 3 – Investments valued with inputs that are unobservable for the investments and includes situations where there is little, if any, market activity for the investments.

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

As of December 31, 2024 and 2023, the Plan’s investments in fixed income mutual funds were classified as Level 1 as noted in the below table:

	<b>Level 1</b>	
	<b>2024</b>	<b>2023</b>
Registered investment companies	\$ 69,711,535	\$ 63,517,605
Total assets	\$ 69,711,535	\$ 63,517,605

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As of December 31, 2024 and 2023, the investments held by the FDP were classified as either Level 1 within the fair value hierarchy table or valued at net asset value as a practical expedient, as noted in the below tables; there were no investments classified as Level 2 or Level 3 as of December 31, 2024 or 2023.

<u>2024</u>	<u>Level 1</u>	<u>Investments measured at net asset value</u>	<u>Total investments</u>
Cash	\$ 18,707,744	\$ —	\$ 18,707,744
Common stock	1,536,883	—	1,536,883
Registered investment companies	309,621,481	—	309,621,481
Pending trade purchases/receivables	31,684,039	—	31,684,039
Hedge funds	—	193,949,964	193,949,964
Private equity funds	—	403,237,091	403,237,091
Other assets	—	149,290,835	149,290,835
Total assets	<u>\$ 361,550,147</u>	<u>\$ 746,477,890</u>	<u>\$ 1,108,028,037</u>

<u>2023</u>	<u>Level 1</u>	<u>Investments measured at net asset value</u>	<u>Total investments</u>
Cash	\$ 40,317,089	\$ —	\$ 40,317,089
Common stock	23,111,745	—	23,111,745
Registered investment companies	190,225,583	—	190,225,583
Pending trade purchases/receivables	534,575	—	534,575
Hedge funds	—	225,882,867	225,882,867
Private equity funds	—	401,033,105	401,033,105
Other assets	—	145,334,583	145,334,583
Total assets	<u>\$ 254,188,992</u>	<u>\$ 772,250,555</u>	<u>\$ 1,026,439,547</u>

The above classifications were made based on the structure of the funds that comprise each investment category rather than the contents of those funds. Cash, which includes cash and cash equivalents, is maintained principally in a money market fund.

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The hedge funds and other assets have various lock-up provisions applicable to investors therein ranging from monthly to every three years for hedge funds and from monthly to annually for other assets. As of December 31, 2024 and 2023, the Firm had the ability to partially redeem, on at least a quarterly basis, from funds representing approximately 73% and 75%, respectively, of the aggregate fair value of the hedge funds and from funds representing approximately 81% and 82%, respectively, of the aggregate fair value of the other assets as reflected in the above table as of such date.

The FDP has committed amounts to private equity funds that are unfunded as of December 31, 2024 and 2023. These unfunded amounts may or may not be required to be funded by the underlying private equity funds over the life of the funds. As of December 31, 2024, approximately \$116 million of commitments to private equity funds are unfunded.

The Plan does not maintain any investments measured at fair value on a nonrecurring basis as of December 31, 2024.

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

Accumulated plan benefits are the actuarial present value of all benefits earned by current participants as of the valuation date using demographic assumptions and an assumed interest rate. The actuarial present value of accumulated plan benefits was determined by PricewaterhouseCoopers' (PwC) actuaries and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) between the valuation date and the expected date of payment and the probability of payment. All computations are based on the unit credit cost method. The valuation performed by PwC was done as of January 1 of the plan year. Amendments that were executed after the Plan's valuation date were not reflected in the present value of accumulated plan benefits and would not significantly impact the valuation.

The actuarial present value of accumulated plan benefits as of December 31, 2023 is as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits	\$ 510,414,994
Nonvested benefits	<u>13,682,862</u>
Total	<u>\$ 524,097,856</u>

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A reconciliation of the changes in the actuarial present value of accumulated plan benefits follows:

Actuarial present value of accumulated plan benefits as of December 31, 2022	\$ 477,596,109
Increase (decrease) during the year attributable to:	
Transfers	(1,929,710)
Change due to plan amendment	3,482,752
Benefits paid	(39,370,355)
Benefits accumulated (including actuarial gains and losses)	<u>84,319,060</u>
Net decrease	<u>46,501,747</u>
Total actuarial present value of accumulated plan benefits as of December 31, 2023	<u>\$ 524,097,856</u>

**(5) Tax Status**

By letter dated February 22, 2021, the Internal Revenue Service (IRS) notified the Plan Administrator that the terms of the Plan, as amended through such date, satisfy the requirements imposed on qualified plans by Section 401(a) of the Internal Revenue Code. The Plan has been amended since such determination. The Plan Administrator has no reason to believe that the terms of the Plan are not in compliance with the requirements imposed on qualified plans by Section 401(a) of the Internal Revenue Code. Pursuant to Section 501(a) of the Internal Revenue Code, a plan that is described in Section 401(a) is exempt from federal tax.

U.S. generally accepted accounting principles require the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by 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 recognition of a liability 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. The Plan Administrator does not believe that there is any material tax liability associated with any open tax years.

**(6) Information Certified by The Northern Trust Company**

The following information included in the financial statements and schedules were provided and certified by the Plan's trustee as complete and accurate:

- Investment in Firm-Directed Portfolio Master Trust Investment Account and Fixed Income Mutual Funds, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023.

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Notes to Financial Statements

December 31, 2024 and 2023

- Net investment income from Firm-Directed Portfolio Master Trust Investment Account and earnings on Fixed Income Mutual Funds, as shown in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2024 and 2023
- Certain information in note 3.

**(7) Related-Party Transactions and Party-In-Interest Transactions**

A portion of Plan assets are invested in a money market fund affiliated with the Plan's trustee.

**(8) Subsequent Events**

The Plan Administrator has evaluated events from the Statement of Net Assets Available for Benefits date through October 9, 2025, the date at which the financial statements were available to be issued, and determined no events occurred which would require an adjustment or additional disclosure to the financial statements.

**SIDLEY AUSTIN LLP CASH BALANCE  
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Form 5500 Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Vanguard Short-Term Treasury Fund	Registered investment company	\$ 23,636,962	\$ 22,303,002
	Vanguard Total Bond Market Index Fund	Registered investment company	17,552,906	15,428,285
	Vanguard Treasury Money Market Fund	Registered investment company	31,980,248	31,980,248
	Total		<u>\$ 73,170,116</u>	<u>\$ 69,711,535</u>

This schedule is based on information that has been certified as complete and accurate by the Plan's trustee, The Northern Trust Company.

See accompanying independent auditors' report.

**SIDLEY AUSTIN LLP CASH BALANCE  
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Form 5500 Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2024

**Series of Transactions by Issue in Excess of 5%**

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Northern Institutional Treasury Portfolio	Interest-bearing cash	\$ 34,349,651	\$ —	\$ 34,349,651	\$ 34,349,651	\$ —
Northern Institutional Treasury Portfolio	Interest-bearing cash	—	34,349,651	34,349,651	34,349,651	—

See accompanying independent auditors' report.

**Attachment to 2024 Form 5500**  
**Schedule H, line 4j - Schedule of Reportable Transactions**

**Plan Name** Sidley Austin LLP Cash Balance Retirement Plan for Partners  
**Plan Sponsor's Name** Sidley Austin LLP

**EIN:** 36-4474078  
**PN:** 105

**Series of Transactions by Issue in Excess of 5%**

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Northern Institutional Treasury Portfolio	Interest-bearing cash	34,349,651	-	34,349,651	34,349,651	-
Northern Institutional Treasury Portfolio	Interest-bearing cash	-	34,349,651	34,349,651	34,349,651	-

**Sidley Austin LLP Cash Balance Retirement Plan for Partners**  
**EIN: 36-4474078 PN:105**  
**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**

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**Actuarial Assumptions for Funding Purposes**

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**Discount Rate**

January 2024 post-funding relief segment rates under Section 430(h)(2)(C)  
 (Minimum Funding Purposes)

1st Rate:	4.75%
2nd Rate:	4.96%
3rd Rate:	5.59%

January 2024 pre-funding relief segment rates under Section 430(h)(2)(C)  
 (Maximum Deductible Contribution Purposes)

1st Rate:	4.37%
2nd Rate:	4.96%
3rd Rate:	4.95%

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**Other Economic Assumptions**

<i>Salary Increases</i>	None
<i>Expected Investment Return</i>	7.50% per year
<i>Administrative Expenses</i>	\$1,150,000

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**Cash Balance Plans**

<i>Interest Accumulation Rate</i>	3.00%
<i>Whipsaw Calculations</i>	No

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**Demographic Assumptions**

*Mortality* 2024 generational mortality tables for annuitants and non-annuitants as required under Treasury Regulations Section 1.430(h)(3)-1

*Retirement Rates* 100% of employees are assumed to retire at age 65, or at the end of the current plan year if later.

Retirement rates for inactive employees are as follows:

<u>Age</u>	<u>Rates</u>
55	50%
56-60	35%
61-64	55%
65 and above	100%

*Withdrawal Rates* None.

*Disability Rates* None.

**Sidley Austin LLP Cash Balance Retirement Plan for Partners**  
**EIN: 36-4474078 PN:105**  
**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**

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**Form of Payment**

It has been assumed that benefits will be paid in the form of a single lump sum.

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**Timing of Decrements**

Decrements are assumed to occur at the beginning of the year.

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**Changes in Actuarial Assumptions Since Prior Valuation**

The effective interest rate decreased from 5.06% to 5.03% for purposes of minimum funding.

The effective interest rate increased from 3.55% to 4.91% for purposes of determining the maximum tax deductible contribution as well as determining the plan's funded percentage for PBGC 4010 reporting purposes.

The valuation mortality assumption was changed from the static annuitant and nonannuitant RP 2006 mortality table for males and females, adjusted for mortality improvements using projection Scale MP-2021, for plan years beginning in 2023, as specified in IRS Notice 2022-22, to the 2024 generational mortality tables for annuitants and non-annuitants as required under Treasury Regulations Section 1.430(h)(3)-1, as specified in the Regulations published on October 20, 2023.

**Sidley Austin LLP Cash Balance Retirement Plan for Partners**  
**EIN: 36-4474078 PN:105**  
**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**

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**Assumptions Rationale**

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**Discount Rate**                      The interest rate assumption used is prescribed by IRC section 430(h)(2)(C), subject to specified elections by the plan sponsor.

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**Expected Investment Return**                      The expected return selected by Sidley Austin LLP management reflects the expected long-term return of various capital market expectations as provided to Sidley Austin LLP by Cambridge Associates. These expectations are combined with the asset allocations by investment class plus the expected long-term active management premiums.

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**Expenses**                                      This assumption is set based on historical experience and expectations for future expenses to be paid from the trust.

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**Cash Balance Interest Crediting Rate**                      The interest crediting rate assumption selected by Sidley Austin LLP management used is based on analysis of historical average annual rates for 2-year Treasury Securities and the current and expected future economic environment.

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**Mortality**                                      The mortality assumption used is prescribed by IRC section 430(h)(3).

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**Withdrawal Rates**                      The withdrawal rate assumption selected by Sidley Austin LLP management is based on historical experience of the Plan's population and future expectations. Actuarial gains and losses resulting from plan experience differing from the assumption are monitored each year.

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**Disability Rates**                      The disability rate assumption selected by Sidley Austin LLP management is based on historical experience of the Plan's population and future expectations. Actuarial gains and losses resulting from plan experience differing from the assumption are monitored each year.

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**Retirement Rates**                      The retirement rate assumption selected by Sidley Austin LLP management is based on the analysis of plan experience conducted in 2024 and future expectations. Actuarial gains and losses resulting from plan experience differing from the assumption are monitored each year.

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**Form of Payment**                      The form of payment assumption selected by Sidley Austin LLP management is based on historical experience of the Plan's population and future expectations. Actuarial gains and losses resulting from plan experience differing from the assumption are monitored each year.

**Sidley Austin LLP Cash Balance Retirement Plan for Partners**  
**EIN: 36-4474078 PN:105**  
**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**

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**Actuarial Methods for Funding Purposes**

**Minimum Funding Methods**

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

-The plan's valuation date is the beginning of the year.

-An individual's funding target is the present value of the future benefits as of the beginning of the plan year, and an individual's target normal cost is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.

-The plan's target normal cost is the sum of the individual target normal costs, and the plan's funding target is the sum of the individual funding targets for all participants under the plan.

**Maximum Deductible Contribution Method**

Calculations of maximum deductible contributions include the excess of the funding target computed using the projected unit credit method over the minimum funding target. The objective of the projected unit credit method is to fund each participant's benefits under the plan as they accrue, taking into consideration expected future compensation increases. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

-An individual's projected funding target is the present value of benefits based on credited service as of the beginning of the plan year and projected compensation that would be used in the calculation of the benefit on each expected separation date. If multiple decrements are used, the projected funding target for an individual is the sum of the component projected funding targets associated with the various anticipated separation dates.

-The plan's projected funding target is the sum of the projected funding targets for all participants of the plan. The excess of the plan's projected funding target over the plan's funding target is included in the cushion amount.

**Sidley Austin LLP Cash Balance Retirement Plan for Partners**  
**EIN: 36-4474078 PN:105**  
**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**

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**Asset and Liability Methods**

We used financial data submitted by the trustee as of January 1, 2024 without further audit. Customarily, this information would not be verified by a plan's actuary. We have reviewed the information for internal consistency and we have no reason to doubt its substantial accuracy.

The asset valuation method used as of January 1, 2024 is the same method used as of January 1, 2023 - the average asset value as modified by the *Worker, Retiree, and Employer Recover Act of 2008* and described in IRS Notice 2009-22. The average asset value is an annual average of the market value of assets over the prior 24 months. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in Section 420 of the Internal Revenue Code. The asset value includes contributions receivable for the prior plan year, discounted as applicable.

A characteristic of this asset valuation method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than market.

We have used and evaluated actuarial models in accordance with Actuarial Standards of Practice ("ASOP") No. 56. PwC uses the ProVal valuation system developed by Winklevoss Technologies, LLC in performing valuations of pension and postretirement benefit plans. We have utilized the ProVal software to prepare the valuation results presented herein. ProVal is used to value participant data through projecting retirement benefits and applying plan specific assumptions, methods and plan provisions under applicable accounting and funding standards. PwC is not aware of any material limitations or known weaknesses in the ProVal software.

**Participant Methods**

Participants or former participants are included or excluded from the valuation as described below:

**Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.

**Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.

**Insurance contracts:** The plan does not have any insurance contracts.

**Sidley Austin LLP Cash Balance Retirement Plan for Partners**  
**EIN: 36-4474078 PN:105**  
**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**

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**Benefits included or excluded**

**Plan amendments excluded:** Generally, amendments adopted after the valuation date or effective after the current plan year are excluded from the valuation.

**IRC Section 436 benefit restrictions:**

*-Unpredictable contingent event Benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.

*-Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.

*-Benefit accruals:* The plan's funding target does not reflect any limitation. The target normal cost does not reflect any limitation on benefit accruals.

**Scheduled benefit increases:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.

**IRC Section 415(b) benefit limitations:** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.

**IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60 percent of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

**Sidley Austin LLP Cash Balance Retirement Plan for Partners**  
**EIN: 36-4474078 PN:105**  
**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**

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**Assessment of Risk Associated with Measurement of Plan Obligations and Contributions**

In accordance with Actuarial Standard of Practice No. 51 we have assessed the following risks related to the measurement of the Plan's obligations and determination of contributions:

- Investment risk
- Interest rate risk
- Asset/Liability mismatch risk
- Longevity and other demographic risks
- Contribution risk

The Plan's investments are governed by an investment policy set by the Firm and executed by the Firm's investment managers. As of January 1, 2024, the Plan's asset allocation was approximately 87% of the Firm Directed Portfolio and 13% Fixed Income Funds. Due to the nature of the Plan's investments (heavily invested in the Firm Directed Portfolio which consists of approximately 90% equities / 10% fixed income), there is inherent investment risk due to the underlying Plan asset allocation. However, the Plan's funding policy is to contribute amounts to fully fund each participant's Plan benefit and, therefore, additional contributions are made depending on the Plan's investment performance.

Funding valuations under ERISA are required to determine plan liabilities using interest rates based on investment-grade corporate bonds. The Plan's funding target is determined based on the 24-month average of segment rates, adjusted for the corridor around the 25-year average of segment rates under the American Rescue Plan Act (ARPA) of 2021 and the Infrastructure Investment and Jobs Act (IIJA). The funding target and asset / liability mismatch will be impacted by the short term changes in interest rates.

The interest rates used to determine the PBGC liability are not affected by the 25-year corridor.

Future changes in the mandated interest rates will impact the asset/liability mismatch, minimum required contributions and PBGC variable rate premiums.

Due to the nature of the plan and actual plan experience, there is no significant demographic risk associated with retirement, withdrawal or disability.

While the Plan is open to new participants and participants are still accruing Plan benefits, there is no significant longevity risks as all participants are assumed to take a lump sum payment of their Plan benefit which has been consistent with actual Plan experience.

The Plan's funding policy is to contribute amounts reasonably necessary to fully fund each participant's account balance, but not less than the level necessary to keep the plan in compliance with the minimum funding requirements imposed by law.

**Sidley Austin LLP Cash Balance Retirement Plan for Partners**  
**EIN: 36-4474078 PN:105**  
**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**

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**Low-Default-Risk Obligation Measure (“LDROM”)**

The funding target liability for minimum required contribution purposes under ERISA presented in this report incorporates a 25-year average of interest rates (considered stabilized rates).

In accordance with Actuarial Standard of Practice No. 4, when performing a funding valuation, actuaries are required to calculate and disclose a LDROM of the benefits earned as of the measurement date. The LDROM is intended to represent what the funding target would be if the plan invested its assets solely in a portfolio of high-quality bonds whose cash flows approximately match future benefit payments. The measurement of the LDROM is not required to be calculated or disclosed more than once per year. When calculating the LDROM, the discount rate or discount rates selected should be derived from low-default-risk fixed income securities. Examples include, but are not limited to, non-stabilized ERISA funding rates for single-employer plans.

The non-stabilized ERISA funding rates reflect a 24-month average of a portfolio of high-quality bonds and were used to calculate the LDROM. These are the same rates that are used to determine liability for maximum tax-deductible contribution purposes. This may result in a higher plan liability when compared to the funding target liability used for minimum required contribution purposes. The table below presents the liability on the minimum required contribution basis under ERISA and on the LDROM basis.

<u>Liability Measure</u>	<u>Segment Rates</u>	<u>Effective Rate</u>	<u>Plan Liability</u>
Minimum Required Contribution	4.75%/4.96%/5.59%	5.03%	443,553,022
LDROM	4.37%/4.96%/4.95%	4.91%	447,287,737

Note: The LDROM is not indicative of the funding status or progress, nor does it provide information on necessary plan contributions or the security of participant benefits. In addition, the LDROM is not intended to be interpreted as a recommendation of investing entirely in high-quality bonds. Instead, it is a required annual disclosure intended to help plan sponsors and taxpayers understand the impact if the plan was invested entirely in high-quality bonds.

**Sidley Austin LLP Cash Balance Retirement Plan for Partners**  
**EIN: 36-4474078 PN:105**  
**Schedule SB, Line 26a - Schedule of Active Participant Data**

Completed Years of Service on January 1, 2024<sup>1</sup>

<b>Attained Age</b>	Under 1 year	1 to 4 years	5 to 9 years	10 to 14 years	15 to 19 years	20 to 24 years	25 to 29 years	30 to 34 years	35 to 39 years	Over 40 years	Total
	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
<25											
25-29											
30-34	4										4
35-39	15	65	2								82
40-44	14	61	51	6							132
45-49	6	34	28	34	7						109
50-54	5	28	30	17	33	9					122
55-59	1	10	18	14	5	34					82
60-64	1	5	14	3	7	27					57
65-69		2	5	4		7					18
70&Up				2		3					5
<b>Total</b>	<b>46</b>	<b>205</b>	<b>148</b>	<b>80</b>	<b>52</b>	<b>80</b>					<b>611</b>

<sup>1</sup> Credited Service

**Sidley Austin LLP Cash Balance Retirement Plan for Partners**

**EIN: 36-4474078 PN:105**

**Schedule SB, Part V - Summary of Plan Provisions**

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**Plan Name** Sidley Austin LLP Cash Balance Retirement Plan for Partners

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**Effective Date** Originally established effective January 1, 2000. The Plan was last restated effective July 1, 2020.

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**Eligible Employees** Each individual who was an eligible partner on January 1, 2000, became a participant as of the effective date. Any legacy Brown & Wood LLP attorney who became a partner of the firm prior to January 1, 2002, became a participant of the plan on January 1, 2002. Any other individual shall become a participant on the first day of which he or she is a partner. Effective January 1, 2009, any employee of the firm who is the Executive Director, Chief Financial Officer, or Chief Information Officer, and, effective on January 1, 2011, any employee of the firm who is the Chief Marketing Officer or Senior Staff is also eligible to participate. Notwithstanding the foregoing, (i) any partner who is not a citizen of the United States and is not covered by a United States permanent resident visa and performs services at an office of the Firm located outside of the United States, (ii) each individual whose name is listed on Exhibit B of the Plan document, or (iii) for any Plan year beginning prior to January 1, 2016, is a Partner who is ineligible to become a participant in the Sidley Austin LLP Retirement Plan for Partners (a) because he or she resides outside of the United States and performs services primarily at an office of an Employer located outside the United States and (b) it is determined by the independent accountants engaged by the Firm that contributions that otherwise would be made on behalf of such partner (I) would not result in a reduction in such Partner's worldwide tax liability, or (II) that plan distributions with respect to such contributions would be subject to tax in more than one national jurisdiction without an offsetting credit.

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**Contributions** The Firm intends to make contributions to the Trust of amounts which, in the aggregate over a period of time, shall be sufficient to fund the benefits provided by the Plan. Any such contributions shall be in such amounts and shall be made in such manner and at such time as the Firm may from time to time determine, subject to the minimum funding requirements of IRS sections 412 and 430.

Employee contributions are neither required nor permitted under the plan.

**Sidley Austin LLP Cash Balance Retirement Plan for Partners**

**EIN: 36-4474078 PN:105**

**Schedule SB, Part V - Summary of Plan Provisions**

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**Accrued Benefit**

The amount payable under the Plan commencing on the Participant's Normal Retirement Date, determined as if the Participant had elected Option 1 (the life annuity) under Section 7.2(c) of the Plan, that is the Actuarial Equivalent of the sum of the balance credited to the Participant's Cash Balance Account as of the date of determination plus Interest Credits from the date of determination until such assumed date of commencement, subject to adjustment pursuant to Section 7.2(d)(2) of the Plan.

---

**Pension Units**

Pension Units are determined pursuant to Exhibit D in the plan document as a multiple of the partner's number of Units.

Effective January 1, 2023, Exhibit D was amended for Participants that were a Partner on or after July 1, 2023.

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**Cash Balance Account**

Notional account balance, which grows each year with Service Credits and Interest Credits.

**Sidley Austin LLP Cash Balance Retirement Plan for Partners**

**EIN: 36-4474078 PN:105**

**Schedule SB, Part V - Summary of Plan Provisions**

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**Service Credits**

An amount determined pursuant to clause (i) below; subject to the constraints pursuant to clause (ii) below:

(i) (1) the sum of \$1,100 for each Pension Unit up to and including the first 40 Pension Units allocated to the Participant for the Plan Year plus \$3,000 for each additional Pension Unit in excess of the first 40 Pension Units allocated to the Participant for the Plan Year, minus (b) the dollar amount set forth in IRC section 415(d), applicable to limitation years on defined contribution plans pursuant to IRC section 415(c) coinciding with such Plan Year; but not more than the Maximum Amount and not less than the Minimum Amount set forth in the table included in Exhibit A of the plan document hereto corresponding to the Participant's age on December 31 of such Plan Year.

(ii) the minimum and maximum amounts set forth in the following table hereto corresponding to the Participant's age on December 31 of such Plan Year.

<u>Age</u>	<u>Minimum</u>	<u>Maximum</u>	<u>Age</u>	<u>Minimum</u>	<u>Maximum</u>
Under 31	\$45,000	\$53,000	48	\$45,000	\$130,000
31	45,000	56,000	49	45,000	136,000
32	45,000	58,000	50	45,000	143,000
33	45,000	61,000	51	45,000	151,000
34	45,000	64,000	52	46,000	158,000
35	45,000	68,000	53	48,000	166,000
36	45,000	71,000	54	49,000	175,000
37	45,000	75,000	55	50,000	184,000
38	45,000	79,000	56	51,000	193,000
39	45,000	83,000	57	53,000	203,000
40	45,000	87,000	58	54,000	214,000
41	45,000	91,000	59	55,000	224,000
42	45,000	96,000	60	56,000	236,000
43	45,000	101,000	61	59,000	244,000
44	45,000	106,000	62	61,000	244,000
45	45,000	112,000	63	64,000	244,000
46	45,000	117,000	64	66,000	244,000
47	45,000	123,000	65 and over	69,000	244,000

The minimum and maximum amounts are effective for Plan Years beginning on or after January 1, 2023 with respect to a Participant that was Partner on or after July 1, 2023.

Notwithstanding any provision of the Plan to the contrary, effective January 1, 2009, the Cash Balance Accounts of individuals whose names are listed on Exhibit C in the plan document shall not be credited with any amounts as Service Credits pursuant to Section 6.1(b) or otherwise with regard to any Plan Year beginning on or after January 1, 2009.

**Sidley Austin LLP Cash Balance Retirement Plan for Partners**

**EIN: 36-4474078 PN:105**

**Schedule SB, Part V - Summary of Plan Provisions**

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**Interest Credits**

Interest credits are based on the Applicable Interest Rate for the month of November of the preceding Plan Year, and are added annually to each participant's Cash Balance Account at the end of each plan year. Interest credits are equal to the Applicable Interest Rate times the participant's Cash Balance Account as of the beginning of the Plan Year. Interest Credits do not apply to benefits that are in payment status.

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**Applicable Interest Rate**

The Applicable Interest Rate for November for purposes of determining any Interest Credit:

(i) for a Plan Year beginning on January 1, 2000, 2001, 2002, or 2003 is the annual 30-year Treasury rate for November.

(ii) for a Plan Year beginning on or after January 1, 2004 is the annual 2-year CMT for such November plus fifty (50) basis points, but not greater than the annual 30-year Treasury rate for such November, and not less than 1.70%.

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**Grandfathered Interest Credit Formula**

In the case of a participant who was a participant at any time before February 1, 2004 and who, or whose beneficiary, begins to receive a benefit on or after February 1, 2004, the balance of such participant's cash balance account as of the day with respect to which such benefit is determined shall not be less than what such balance would have been pursuant to the previous interest credit formula; however, with service credits determined as if such participant had a termination of service on January 31, 2004 or, if earlier, on such participant's actual termination date and with interest credits for each relevant Plan Year determined based on the annual 30-year Treasury rate for the November immediately preceding such Plan Year.

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**Actuarial Equivalent**

For converting the Accrued Benefit to a life annuity, the Applicable Mortality Table pursuant to Section 417(e)(3) of the Code, as amended by the Pension Protection Act of 2006, and the annual rate of interest on 30-year Treasury securities specified by the Commissioner of Internal Revenue for the month of November of the Plan Year immediately preceding the current Plan Year.

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**Expenses**

All expense incurred in connection with the administration of the plan and the trust are paid by the fund to the extent that they are not paid by the firm.

**Sidley Austin LLP Cash Balance Retirement Plan for Partners**

**EIN: 36-4474078 PN:105**

**Schedule SB, Part V - Summary of Plan Provisions**

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**Normal Retirement Eligibility**      The January 1 coincident with or next following the attainment of age 65.

---

**Normal Retirement Benefit**      The Cash Balance Account, or its Actuarial Equivalent payable as an annuity, subject to IRS maximums.

---

**Deferred Vested Benefit Eligibility**      Termination of employment after having earned an Accrued Benefit with a minimum of 3 years of service or having attained age 65.

---

**Deferred Vested Benefit**      The Cash Balance Account, or its Actuarial Equivalent payable as an annuity, subject to IRS maximums.

---

**Death Benefit Eligibility**      Spouse or other named Beneficiary of an active or terminated Participant prior to normal retirement age and before benefit payments commence.

---

**Death Benefit**      The Cash Balance Account, or its Actuarial Equivalent payable as an annuity, subject to IRS maximums.

The beneficiary of a vested participant is entitled to take the cash balance account as a single lump sum offset by the amount paid as a Statutory Surviving Spouse's Benefit. The Statutory Surviving Spouse's Benefit may commence on the month next following the later of the employee's 55<sup>th</sup> birthday or date of death, or any succeeding January 1 (but not later than the January 1 immediately preceding or coinciding with the date the Participant would have attained age 70 1/2) equal to 50% of the monthly pension which the participant would have been entitled to receive under the qualified 50% joint and survivor option.

---

**Active In-Service Distributions**      As of January 1, 2022, the Plan was amended to provide active participants age 61 1/2 and older, a one-time in-service distribution option to elect to commence to receive a distribution of his or her benefit.

**Sidley Austin LLP Cash Balance Retirement Plan for Partners**

**EIN: 36-4474078 PN:105**

**Schedule SB, Part V - Summary of Plan Provisions**

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**Forms of Payment**

The normal form is a straight life annuity. The automatic form of payment for a single Participant is the normal form and for a married Participant is a reduced qualified joint and survivor annuity, with 50% of the benefit continuing to the surviving spouse upon the earlier death of the Participant.

In lieu of the automatic form of payment,

(i) a single Participant may elect a single lump sum payment,

(ii) a married Participant may elect, with the proper spousal consent, as applicable, a single lump sum payment, a single life annuity, or a 75% joint and survivor annuity, and

(iii) a Participant who has a same-sex partner may elect, a single lump sum payment, a 50% joint and survivor annuity, or a 75% joint and survivor annuity.

The Plan was amended as of January 1, 2015 to increase the threshold for mandatory cash outs from \$1,000 to \$5,000 and to allow distributions prior to age 55 for participants who terminate on or after December 31, 2014 up to \$25,000.

**Changes since the Prior Valuation**

There were no plan changes since the prior valuation of January 1, 2023 that impact the results presented herein.

**Sidley Austin LLP Cash Balance Retirement Plan for Partners**

**EIN: 36-4474078 PN:105**

**Schedule SB, Line 22 – Description of Weighted Average Retirement Age**

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Participants in the Plan are assumed to retire at age 65, or at the end of the current plan year, if later.

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


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

<b>A</b> Name of plan SIDLEY AUSTIN LLP CASH BALANCE RETIREMENT PLAN FOR PARTNERS	<b>B</b> Three-digit plan number (PN) ▶	105
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SIDLEY AUSTIN LLP	<b>D</b> Employer Identification Number (EIN) 36-4474078	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	567,232,802	
<b>b</b> Actuarial value .....	<b>2b</b>	590,069,717	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	0	0	0
<b>b</b> For terminated vested participants .....	83	69,684,495	69,684,495
<b>c</b> For active participants .....	611	363,640,864	373,868,527
<b>d</b> Total .....	694	433,325,359	443,553,022
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	5.03%	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	51,467,025	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	1,150,000	
<b>c</b> Target normal cost .....	<b>6c</b>	52,617,025	

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

<b>SIGN HERE</b>	 Signature of actuary	<u>07/30/2025</u> Date
	<u>ERIC H. NELSON</u> Type or print name of actuary	<u>2307194</u> Most recent enrollment number
	<u>PWC US CONSULTING LLP</u> Firm name	<u>312-298-2000</u> Telephone number (including area code)
	<u>ONE NORTH WACKER DRIVE</u> <u>CHICAGO IL 60606</u> Address of the firm	

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



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

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

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

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

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

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

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	52,617,025	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	487,052	
<b>32</b> Amortization installments:	Outstanding Balance		Installment
<b>a</b> Net shortfall amortization installment .....	0		0
<b>b</b> Waiver amortization installment .....	0		0
<b>33</b> 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 .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>	52,129,973	
		Carryover balance	Prefunding balance
<b>35</b> Balances elected for use to offset funding requirement .....		0	5,840,121
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	46,289,852	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	46,289,852	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

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

<b>41</b> 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
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**SCHEDULE H  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Financial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning and ending

<b>A</b> Name of plan	<b>B</b> Three-digit plan number (PN) ▶	
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500	<b>D</b> Employer Identification Number (EIN)	

**Part I Asset and Liability Statement**

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

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

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

**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.

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

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

**Expenses**

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

**Net Income and Reconciliation**

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

**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:

(2) EIN:

**d** The opinion of an independent qualified public accountant is **not attached** because:

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

**Attachment to 2024 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** SIDLEY AUSTIN LLP CASH BALANCE RETIREMENT PLAN FOR PARTNERS  
**Plan Sponsor's Name** SIDLEY AUSTIN LLP

**EIN:** 36-4474078  
**PN:** 105

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Vanguard Short-Term Treasury Fund	Registered investment company	23,636,962	22,303,002
	Vanguard Total Bond Mkt Index Fund	Registered investment company	17,552,906	15,428,285
	Vanguard Treasury Money Market Fund	Registered investment company	31,980,248	31,980,248