

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: KILPATRICK TOWNSEND & STOCKTON LLP CASH BALANCE PLAN I
1b Three-digit plan number (PN): 010
1c Effective date of plan: 01/01/2019
2a Plan sponsor's name, mailing address, city or town... 1100 PEACHTREE STREET, SUITE 2800 ATLANTA, GA 30309-4510
2b Employer Identification Number (EIN): 58-0511774
2c Plan Sponsor's telephone number: 404-815-6500
2d Business code (see instructions): 541110

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	142
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	134
	6a(2)	115
	6b	0
	6c	16
	6d	131
	6e	0
	6f	131
	6g(1)	
	6g(2)	
h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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

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

A Name of plan <u>KILPATRICK TOWNSEND & STOCKTON LLP CASH BALANCE PLAN I</u>	B Three-digit plan number (PN) ▶	<u>010</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>KILPATRICK TOWNSEND & STOCKTON LLP</u>	D Employer Identification Number (EIN) <u>58-0511774</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	<u>21767442</u>	
b Actuarial value	2b	<u>21767442</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>	<u>0</u>
b For terminated vested participants	<u>8</u>	<u>1007244</u>	<u>1007244</u>
c For active participants	<u>134</u>	<u>20749639</u>	<u>20749639</u>
d Total	<u>142</u>	<u>21756883</u>	<u>21756883</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>4.96 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>5611762</u>	
b Expected plan-related expenses	6b	<u>18700</u>	
c Target normal cost	6c	<u>5630462</u>	

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

SIGN HERE <u>YOSEF ZIEGLER</u> Signature of actuary <u>PWC US CONSULTING LLP</u> Firm name <u>300 MADISON AVENUE</u> <u>NEW YORK, NY 10017</u> Address of the firm	<u>09/15/2025</u> Date <u>23-08225</u> Most recent enrollment number <u>646-331-5372</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>8.95</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		3150516
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.01</u> %		157841
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		3308357
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	100.04 %
15	Adjusted funding target attainment percentage	15	100.04 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	109.41 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
01/14/2025	6758171	0					
			Totals ▶	18(b)	6758171	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	6427714
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 5630462
b Excess assets, if applicable, but not greater than line 31a				31b 10559
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 5619903
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)				36 5619903
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 6427714
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 807811
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

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

A Name of plan KILPATRICK TOWNSEND & STOCKTON LLP CASH BALANCE PLAN I	B Three-digit plan number (PN) ▶	010
C Plan sponsor's name as shown on line 2a of Form 5500 KILPATRICK TOWNSEND & STOCKTON LLP	D Employer Identification Number (EIN) 58-0511774	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

CAPFINANCIAL PARTNERS, LLC

26-0058143

(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	30250	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name: TOMKIEWICZ WRIGHT, LLC	b EIN: 20-1702555
c Position: ACCOUNTANT	
d Address: 6111 PEACHTREE DUNWOODY ROAD BUILDING E, SUITE 102 ATLANTA, GA 30328	e Telephone: 770-351-0411

Explanation: BUSINESS DECISION TO REPLACE THE PRIOR AUDIT FIRM FROM TOMKIEWICZ WRIGHT, LLC TO BENNETT THRASHER AS THE ORIGINAL ACCOUNTANT RETIRED.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>KILPATRICK TOWNSEND & STOCKTON LLP CASH BALANCE PLAN I</u>	B Three-digit plan number (PN) ▶	<u>010</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>KILPATRICK TOWNSEND & STOCKTON LLP</u>	D Employer Identification Number (EIN) <u>58-0511774</u>
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: KT&S CASH BALANCE PLAN MASTER TRUST

b Name of sponsor of entity listed in (a): KILPATRICK TOWNSEND & STOCKTON LLP

c EIN-PN <u>58-0511774-013</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19862582</u>
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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)
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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)
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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)
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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)
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan KILPATRICK TOWNSEND & STOCKTON LLP CASH BALANCE PLAN I	B Three-digit plan number (PN) ▶ 010
C Plan sponsor's name as shown on line 2a of Form 5500 KILPATRICK TOWNSEND & STOCKTON LLP	D Employer Identification Number (EIN) 58-0511774

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6871530	6758171
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	92067	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	19862582
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	14814798	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	21778395	26620753
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	6475	8900
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	6475	8900
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	21771920	26611853

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	6760988	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6760988
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		1158658
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		7919646

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3028315	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3028315
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	32698	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	18700	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		51398
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3079713

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4839933
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BENNETT THRASHER LLP**

(2) EIN: **58-1673613**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 543314.

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

A Name of plan KILPATRICK TOWNSEND & STOCKTON LLP CASH BALANCE PLAN I	B Three-digit plan number (PN)	010
C Plan sponsor's name as shown on line 2a of Form 5500 KILPATRICK TOWNSEND & STOCKTON LLP	D Employer Identification Number (EIN) 58-0511774	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	----------	----------

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	10
--	----------	-----------

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

ACCOUNTANT'S OPINION AND FINANCIAL STATEMENTS

Schedule H, Line 3

PLAN NAME: KILPATRICK TOWNSEND & STOCKTON LLP CASH BALANCE PLAN I

EIN: 58-0511774

PLAN NUMBER: 010

Kilpatrick Townsend & Stockton LLP – Kilpatrick Townsend & Stockton LLP Cash Balance Plan I, Financial Statements, 12/31/2024.

**Kilpatrick Townsend & Stockton LLP
Cash Balance Plan I**

Financial Statements
December 31, 2024 and 2023



Kilpatrick Townsend & Stockton LLP Cash Balance Plan I

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Independent Auditor's Report

Retirement Plan Committee
Kilpatrick Townsend & Stockton LLP Cash Balance Plan I
1100 Peachtree St. NE, Suite 2800
Atlanta, Georgia 30309

Opinion on the 2024 Financial Statements

We have audited the accompanying financial statements of the Kilpatrick Townsend & Stockton LLP Cash Balance Plan I (the Plan), an employee benefit plan subject to Employee Retirement Income Security act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2024, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements (the financial statements).

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and accumulated plan benefits of the Plan as of December 31, 2024, and the changes in its net assets available for benefits and changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion on the 2024 Financial Statements

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

Responsibilities of Management for the 2024 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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



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

Auditor's Responsibilities for the Audit of the 2024 Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, we:

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

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



Auditor's Report on the 2023 Financial Statements

The financial statements of Kilpatrick Townsend & Stockton LLP Cash Balance Plan I as of December 31, 2023, were audited by other auditors whose report dated September 27, 2024 expressed an unmodified opinion on those statements.

Bennett Thrasher LLP

Atlanta, Georgia
October 10, 2025

Kilpatrick Townsend & Stockton LLP Cash Balance Plan I

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

	2024	2023
Assets		
Interest in Master Trust	\$ 19,862,582	\$ -
Investments, at fair value:		
Shares of registered investment companies	-	14,814,798
Interest-bearing cash	<u>-</u>	<u>92,067</u>
Total investments	-	14,906,865
Sponsor contribution receivable	<u>6,758,171</u>	<u>6,871,530</u>
Total assets	<u>26,620,753</u>	<u>21,778,395</u>
Liabilities		
Accrued expenses	<u>8,900</u>	<u>6,475</u>
Net assets available for benefits	<u>\$ 26,611,853</u>	<u>\$ 21,771,920</u>

See accompanying notes to financial statements.

Kilpatrick Townsend & Stockton LLP Cash Balance Plan I

Statements of Changes in Net Assets Available For Benefits Years Ended December 31, 2024 and 2023

	2024	2023
Additions to Net Assets Attributed to:		
Sponsor contributions	\$ 6,760,988	\$ 6,944,801
Net investment gain from plan interest in Master Trust	1,158,658	-
Investment income:		
Net appreciation in fair value of registered investment companies	-	810,867
Dividends from registered investment companies	-	472,896
Interest from interest-bearing cash	-	7,922
Total additions	<u>7,919,646</u>	<u>8,236,486</u>
Deductions from net assets attributed to:		
Benefits paid to participants	3,028,315	2,623,177
Investment advisory fees	32,698	25,405
Pension insurance premium	<u>18,700</u>	<u>16,048</u>
Total deductions	<u>3,079,713</u>	<u>2,664,630</u>
Change in net assets	4,839,933	5,571,856
Net assets available for benefits, beginning of year	<u>21,771,920</u>	<u>16,200,064</u>
Net assets available for benefits, end of year	<u>\$ 26,611,853</u>	<u>\$ 21,771,920</u>

See accompanying notes to financial statements.

Kilpatrick Townsend & Stockton LLP Cash Balance Plan I

Statements of Accumulated Plan Benefits December 31, 2024 and 2023

	2024	2023
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants entitled to deferred payments	\$ 2,459,450	\$ 1,007,244
Other participants	<u>24,139,874</u>	<u>20,752,168</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 26,599,324</u>	<u>\$ 21,759,412</u>

See accompanying notes to financial statements.

Kilpatrick Townsend & Stockton LLP Cash Balance Plan I

Statements of Changes in Accumulated Plan Benefits December 31, 2024 and 2023

	2024	2023
Actuarial present value of accumulated plan benefits		
Beginning of year	\$ 21,759,412	\$ 16,199,667
Increase (decrease) attributed to:		
Benefits accumulated and actuarial gains and losses	6,855,041	7,459,659
Interest due to shortening of discount period	1,013,186	745,204
Plan amendment	-	(21,941)
Benefits paid	<u>(3,028,315)</u>	<u>(2,623,177)</u>
Change in accumulated plan benefits	<u>4,839,912</u>	<u>5,559,745</u>
Actuarial present value of accumulated plan benefits, end of year	<u>\$ 26,599,324</u>	<u>\$ 21,759,412</u>

See accompanying notes to financial statements.

Kilpatrick Townsend & Stockton LLP Cash Balance Plan I

Notes to Financial Statements Years Ended December 31, 2024 and 2023

Note 1: Description of Plan

The following description of Kilpatrick Townsend & Stockton LLP Cash Balance Plan I (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a cash balance defined benefit pension plan which covers the U.S. partners of Kilpatrick Townsend & Stockton LLP (the Sponsor) whose partnership level exceeds a certain threshold (or who are fixed share partners with equivalent compensation to these partners) and are not otherwise specifically excluded, and the Chief Operating Officer. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The effective date of the Plan is January 1, 2019.

Under the concept of a cash balance plan, the Plan maintains a hypothetical account for each participant (referred to as a deemed account), to which Sponsor contributions and the Plan's Master Trust and Trust fund investment experience are allocated. No assets of the Plan are specifically allocated to any participant. The participant's ultimate benefit is prescribed by the terms of the plan document. The plan document provides that this benefit may never be less than the cumulative Sponsor contributions credited to the participant's deemed account, notwithstanding the investment experience of the Plan's assets. Under certain conditions a participant's benefit is portable, in that if a distribution qualifies for rollover treatment, it may be rolled over to another retirement plan of the Sponsor or to a participant's Individual Retirement Account.

Pension Funding

The Sponsor funds the Plan annually based on each participant's compensation level. Participants may not make any contributions into the Plan, including rollovers from other qualified plans. Compensation levels at or exceeding the above described minimum to qualify for participation are grouped into seven tiers, with each tier assigned a fixed contribution amount. Annual Sponsor contribution amounts for these tiers range from \$17,500 to \$98,000 for the years ended December 31, 2024 and 2023.

Pension Benefits

Participants are always 100% vested in Sponsor contributions allocated to their deemed accounts and credited investment earnings attributable thereto. Participants who terminate from service for any reason are entitled to receive a lump sum payment distribution of their deemed account balance. Annuity payments at normal retirement age (62), as well as at earlier and later retirement ages, are calculated as provided in the plan document based upon the participant's deemed account balance. A participant reaching age 59½ may also elect to receive a lump sum payment of their deemed account balance under certain conditions as specified in the plan document. The termination of the Plan may affect future availability of annuity payment options, although the amount of the benefit would not be adversely affected.

Death and Disability Benefits

The following description of benefits summarizes elections and options available under the plan document. The termination of the Plan may affect future availability of long-term options, although the amount of the benefit would not be adversely affected.

Benefits are payable to a designated beneficiary upon the death of a participant occurring prior to the normal retirement age in a lump sum payment of the participant's deemed account balance. If the beneficiary is the participant's spouse, the benefit payment will be in the form of an annuity over the life of the spouse unless the spouse elects a lump sum payment option. Death benefits payable after retirement benefits have commenced will be paid to the extent of the participant's deemed account balance, to be distributed no less rapidly than under the form of distribution elected by the participant. Upon disability, the participant is entitled to the full balance of the deemed account.

Plan Termination

The Sponsor has the right under the Plan to terminate the Plan at any time, subject to the provisions of ERISA. In the event of termination, under no circumstances may the Sponsor receive refunds of amounts contributed to the Plan, nor may any part of the Plan's trust fund be used other than for the exclusive benefit of plan participants or their beneficiaries.

Expenses

Administrative expenses of the Plan are primarily paid by the Plan. These expenses include, but are not limited to, investment expense and certain record keeping fees. However, transactions fees for legal, accounting and certain other recordkeeping fees may be paid by the Plan sponsor.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

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

Estimates and Assumptions

The preparation of financial statements in conformity with U.S. GAAP requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Payment of Benefits

Benefits are deducted from plan assets during the period when participants are entitled to receive payment, which generally is the period during which the benefits are paid. Benefits paid during the years ended December 31, 2024 and 2023 were \$3,028,315 and \$2,623,177, respectively.

Investment Valuations and Income Recognition

Investments held by the Plan and Master Trust are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of Master Trust and Note 4 for discussion of fair value measurements of assets held by the Plan Trust.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments, including realized gains and losses on sales during the year and current changes in unrealized appreciation in the market value of investments held at year end, is presented in the statements of changes in net assets available for benefits.

Note 3: Master Trust

The Plan invests through the Kilpatrick Townsend & Stockton LLP Cash Balance Plan Master Trust (the Master Trust) as of December 31, 2024, and for the year then ended. The Master Trust includes the assets of the Plan and the Kilpatrick Townsend & Stockton LLP Cash Balance Plan II. The Company makes contributions under the terms of the two participating benefit plans, which have a divided interest in the Master Trust. Benefit payments, contributions, and administrative expenses from the Master Trust are specifically identified for each plan. Investment gains (losses) are allocated to each participating plan in the Master Trust on a daily basis based on each plan's divided interest in the Master Trust. The following table presents the net assets of the Master Trust and the Plan's divided interest in the Master Trust as of December 31, 2024.

The Plan held a 50% interest in the Master Trust at December 31, 2024.

	Master Trust Balances	Plan's Interest in Master Trust Balances
Investments, at fair value:		
Shares of registered investment companies	\$ 39,432,609	\$ 19,717,935
Interest-bearing cash	<u>289,300</u>	<u>144,647</u>
Total investments	<u>39,721,909</u>	<u>19,862,582</u>
Net assets at end of year	<u>\$ 39,721,909</u>	<u>\$ 19,862,582</u>

Interest and dividend income and net appreciation of the Master Trust for the year ending December 31, 2024 are as follows:

Net appreciation in fair value of investments	\$ 743,934
Dividends from registered investment companies	1,567,684
Interest from interest-bearing cash	<u>5,348</u>
Total investment income	<u>\$ 2,316,966</u>

The Plan's allocable share of the Master Trust investment income was \$1,158,658 for the year ended December 31, 2024.

Note 4: Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value by the Trust and Master Trust. There have been no changes in the methodologies used at December 31, 2024 and 2023:

Shares of registered investment companies: Valued at quoted market prices, which represent net asset value (NAV) of shares held by the Trust and Master Trust at year end.

Interest-bearing cash: Valued at cost which approximates fair value.

The Master Trust's investments at fair value as of December 31, 2024, are as follows:

	Level 1	Level 2	Level 3	Total
Shares of registered investment companies	\$ 39,432,609	\$ -	\$ -	\$ 39,432,609
Interest-bearing cash	<u>289,300</u>	<u>-</u>	<u>-</u>	<u>289,300</u>
Assets in the fair value hierarchy	<u>39,721,909</u>	<u>-</u>	<u>-</u>	<u>39,721,909</u>
Total investments at fair value	<u>\$ 39,721,909</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 39,721,909</u>

The Trust's investments at fair value as of December 31, 2023, are as follows:

	Level 1	Level 2	Level 3	Total
Shares of registered investment companies	\$ 14,814,798	\$ -	\$ -	\$ 14,814,798
Interest-bearing cash	<u>92,067</u>	<u>-</u>	<u>-</u>	<u>92,067</u>
Assets in the fair value hierarchy	<u>14,906,865</u>	<u>-</u>	<u>-</u>	<u>14,906,865</u>
Total investments at fair value	<u>\$ 14,906,865</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 14,906,865</u>

Note 5: Sponsor Contribution Receivable

The annual contribution to the Plan is determined by the Sponsor and takes into consideration minimum funding recommendations provided by its consulting actuary subsequent to the Plan year end. Accordingly, it is presented as a contribution receivable in the accompanying statements of net assets available for benefits. Contributions due to the Plan at December 31, 2024 and 2023 in the amounts of \$6,758,171 and \$6,871,530, respectively, were paid to the Master Trust and Plan's Trust in the following year.

Note 6: Tax Status

In September 2020, the Plan obtained a favorable determination letter in which the Internal Revenue Service (IRS) stated that the Plan, effective as of January 1, 2019, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator and tax counsel believe the Plan is designed and currently operated in accordance with the applicable requirements of the IRC, and therefore believe the Plan was qualified and the related trust was tax-exempt at all times during the years ended December 31, 2024 and 2023.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not, based on the technical merits, 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. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Generally, the statute of limitations for the IRS to assess taxes on a plan expires three years from the due date of the return or the date on which it was filed, whichever is later.

Note 7: Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to retired or terminated participants or their beneficiaries, beneficiaries of deceased participants, and present participants or their beneficiaries.

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

The significant actuarial assumptions used to determine the estimates for the valuation as of December 31, 2024 and 2023 were as follows:

Retirement Age: 62

Annual Rate of Return on Investments: 5%

Mortality Basis: Pri-2012 Mortality Table with White Collar adjustment and MP-2021 generational improvement scale.

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

Note 8: Funding Policy

Contributions to provide benefits under the Plan are made solely by the Sponsor. The Sponsor's funding policy is to make cash contributions to the Plan in amounts meeting or exceeding the minimum required contribution computed by the Plan's actuary using the Unit Credit Actuarial Cost Method. Plan management believes this method and actuarial assumptions referred to elsewhere in this note are designed to provide sufficient funds to pay benefits as they become payable under the Plan. At December 31, 2024 and 2023, plan management believes the Plan complied with minimum funding requirements of ERISA. Contributions for the years ended December 31, 2024 and 2023 total \$6,760,988 and \$6,944,801, respectively.

Note 9: Party-In-Interest Transactions

Parties-in-interest are defined under Department of Labor (DOL) regulations as any employees of the Plan, fiduciaries of the Plan, service providers to the Plan, the employer whose employees are covered by the Plan, and certain significant owners of the employer and their relatives. Service providers may include, but are not limited to, the custodian, trustee, third-party administrator (TPA), investment managers, investment advisors legal counsel, and Plan auditor.

Members of the Plan's management and governance body are also participants in the Plan. Transactions with these participants in the normal course of plan operations qualify as exempt party-in-interest transactions. Certain employees of the Sponsor, who may also be participants in the Plan, perform administrative services for the Plan at no cost to the Plan.

An interest-bearing cash account is managed by a company related to the investment account custodian. Transactions between this account and the investment funds qualify as exempt party-in-interest transactions.

Note 10: Risks and Uncertainties

The Plan, through the Trust and Master Trust, invests in various investment securities. These investment securities are subject to various risks, such as interest rate and credit risks, and overall market volatility. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term, and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Note 11: Subsequent Events

The Plan has evaluated for subsequent events between the date of the statement of net assets available for benefits as of December 31, 2024 and the report date, the date the financial statements were available for issuance. Management has concluded that all subsequent events requiring recognition or disclosure have been incorporated into these financial statements.

Kilpatrick Townsend & Stockton LLP Cash Balance Plan I
(EIN/PN: 58-0511774/010)
Attachment to 2024 Form 5500 Schedule SB
Part V - Statement of Actuarial Assumptions

A. Actuarial Assumptions

Valuation Date January 1, 2024

Valuation Interest Rate Valuation interest rate is based on the 24-month average segment rates for January 2024 pursuant to IRC Section 430(h)(2), taking into account the corridor around the 25-year average segment rates, reflecting applicable minimum rates, in accordance with MAP-21, HATFA, ARPA and IIJA.

	January 2024 Segment Rates	Reflecting Corridor
1 st Segment Rate	4.37%	4.75%
2 nd Segment Rate	4.96%	4.96%
3 rd Segment Rate	4.95%	5.59%
Effective Interest Rate	4.87%	4.96%

Mortality 2024 Generational Separate Annuitant and Nonannuitant Mortality Table pursuant to Internal Revenue Code section 1.430(h)(3)-1, post commencement only

Turnover/Disability None

Retirement Age 100% at Age 62 for active participants, 100% immediate for terminated vested participants

Form of Payment 100% assumed to elect a lump sum

Salary Scale Not applicable

Administrative Expenses PBGC premium is expected to be paid from the Plan assets and is included in the Target Normal Cost.

IRC Section 401(a)(17) Limit \$345,000

IRC Section 415(b) Limit \$275,000

Kilpatrick Townsend & Stockton LLP Cash Balance Plan I
(EIN/PN: 58-0511774/010)
Attachment to 2024 Form 5500 Schedule SB
Part V - Statement of Actuarial Assumptions

Interest Crediting Rate

5.00%, limited to the second segment rate under IRC Section 430(h)(2)(C)(ii) (4.96% for 2024, the second segment rate for January 2024 without regard to Code section 430(h)(2)(C)(iv)).

The assumed interest credit applicable to new pay credits begin from February 1 following the Plan year for which it is credited to participant accounts.

Kilpatrick Townsend & Stockton LLP Cash Balance Plan I
(EIN/PN: 58-0511774/010)
Attachment to 2024 Form 5500 Schedule SB
Part V - Statement of Actuarial Assumptions

B. Actuarial Methods for Funding Calculations

1. Actuarial Cost Method

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

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

The target normal cost, determined on the valuation date, is the amount required to fund the benefit expected to be earned in the current year plus the administrative expenses that are expected to be paid from the plan in the current year as required by PPA.

2. Asset Valuation Method

Market value of assets including discounted receivables.

Kilpatrick Townsend & Stockton LLP Cash Balance Plan I
(EIN/PN: 58-0511774/010)
Attachment to 2024 Form 5500 Schedule SB
Part V - Statement of Actuarial Assumptions

C. Actuarial Assumptions Rationale

Valuation Interest Rate	The interest rate assumption is prescribed by IRC Section 430(h) subject to specified elections by the plan sponsor.
Mortality	The mortality assumption used is prescribed by IRC section 430(h) subject to specified elections by the plan sponsor.
Disability	No disability is assumed. This assumption is not expected to generate material actuarial gains or losses.
Retirement/Turnover	Retirement rates and turnover rates are based on the plan sponsor's historical experience and expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.
Interest Crediting Rate	The interest crediting rate is defined in the Plan document.
Form of Payment	This assumption was based on best expectations given plan provisions.

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

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

A Name of plan Kilpatrick Townsend & Stockton LLP Cash Balance Plan I	B Three-digit plan number (PN) ▶	010
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Kilpatrick Townsend & Stockton LLP	D Employer Identification Number (EIN) 58-0511774	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	21,767,442
	b Actuarial value	2b	21,767,442
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	0	0
	b For terminated vested participants	8	1,007,244
	c For active participants	134	20,749,639
	d Total	142	21,756,883
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	4.96%
6	Target normal cost		
	a Present value of current plan year accruals	6a	5,611,762
	b Expected plan-related expenses	6b	18,700
	c Target normal cost	6c	5,630,462

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

SIGN HERE	YOSEF ZIEGLER Signature of actuary	<u>9/15/2025</u> Date
	<u>YOSEF ZIEGLER</u> Type or print name of actuary	<u>2308225</u> Most recent enrollment number
	<u>PWC US CONSULTING LLP</u> Firm name	<u>646-331-5372</u> Telephone number (including area code)
	<u>300 MADISON AVENUE</u> <u>NEW YORK NY 10017</u> Address of the firm	

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age **22** 62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c).....	31a	5,630,462
b Excess assets, if applicable, but not greater than line 31a	31b	10,559

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	5,619,903
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	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35).....	36	5,619,903
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37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	6,427,714
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38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	807,811
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

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

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

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

**Kilpatrick Townsend & Stockton LLP Cash Balance Plan I
(EIN/PN: 58-0511774/010)**

**Attachment to 2024 Form 5500 Schedule SB
Line 22 – Description Of Weighted Average Retirement Age**

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

Kilpatrick Townsend & Stockton LLP Cash Balance Plan I
(EIN/PN: 58-0511774/010)
Attachment to 2024 Form 5500 Schedule SB
Part V - Summary of Plan Provisions

Summary of Plan Provisions

Plan Sponsor	Kilpatrick Townsend & Stockton LLP
Effective Date	January 1, 2019
Eligible Employee	<p>Employee who is a citizen of the United States of America and who is:</p> <ul style="list-style-type: none"> • A Partner who is in Level 10 or above (as defined under the applicable documents of the Firm) • A Fixed Share Partner whose Fixed Share compensation (after adjustment for any full-time equivalencies) determined as of the first day of the applicable Plan Year is within or above the budgeted compensation range of a Partner who is in Level 10 or above (as determined in the applicable documents of the Firm) • The Chief Operating Officer of the Firm • An employee of an affiliated employer that has adopted the Plan and who satisfies the requirements as a partner
Participation Date	Each eligible employee employed on the Effective Date shall become a participant as of the Effective Date. An employee hired after the Effective Date becomes a participant on the Entry Date coincident with or next following the date on which he becomes an Eligible Employee.
Entry Date	The first day of each Plan Year
Vesting	100% full and immediate vesting
Deemed Account Balance	Participant's Deemed Plan Year Allocations credited to such date, as increased or decreased to reflect his or her Deemed Investment Experience. Upon benefit commencement, the Deemed Account Balance cannot be less than the sum of the Deemed Plan Year Allocations accrued as a participant.
Deemed Plan Year Allocation	A participant is credited with a Deemed Plan Year Allocation only if he is credited with 1,000 or more Hours of Service. For a participant who completes 1,000 Hours of Service but terminates during the year, the participant's Deemed Plan Year Allocation is determined by multiplying it by a fraction, the numerator of which is the number of months in which the participant completes at least one hour of service and the denominator of which is 12.

The amount of a participant's Deemed Plan Year Allocation is as follows:

Level	Before 1/1/2021 Amount of Allocation	Effective 1/1/2021 Amount of Allocation
10	\$12,500	\$17,500
11	\$25,000	\$35,000
12	\$37,500	\$50,000
13	\$50,000	\$62,500
14	\$50,000	\$75,000
15	\$62,500	\$75,000
16 or above	\$75,000	\$98,000

Kilpatrick Townsend & Stockton LLP Cash Balance Plan I
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Part V - Summary of Plan Provisions

Deemed Investment Experience	A credit for earnings, or a debit for losses, based on the actual return on the Plan's aggregate assets held in the Trust and reflecting the actual timing of any contributions and distributions.
Normal Retirement Age	Age 62
Normal Retirement Benefit	The annuity value of a Deemed Account Balance, payable as of the March 1 st of the calendar year following the plan year which contains the Participant's normal retirement age.
In Service Distributions	An active participant may receive an in service distribution on any March 1 st coincident with or following the attainment of age 59½.
Termination Benefit	The annuity value of a Deemed Account balance, payable as of any March 1 st beginning with the calendar year following the plan year in which separation from service occurred.
Death Benefit	<p>If a participant dies before the commencement of his or her benefit, the entire Deemed Account Balance shall be payable to his or her designated beneficiary.</p> <p>In case the death occurs after the commencement, the benefit is payable in the form of payment as elected.</p>
Forms of Payment	<p>For those participants with a qualified spouse at retirement, benefits must be paid in the form of a Qualified 50% Joint and Survivor annuity or Qualified Optional Survivor Annuity unless the spouse consents to an optional form. Single participants and married participants with spousal consent have the following options:</p> <ol style="list-style-type: none">i. Single life annuity; orii. 75% Joint and Survivor annuity; oriii. Lump sum <p>If a participant elects a lump sum payment with an Annuity Starting Date on or after the Participant's Normal Retirement Age, any Deemed Plan Year Allocation credited to the Participant's Deemed Account Balance for a subsequent Plan Year shall be automatically paid in the form of a lump sum distribution as of February 1st following the end of the Plan Year to which the Deemed Plan Year Allocation relates and shall not be subject to any further Qualified Election.</p>
Maximum Benefits	Annual benefits may not exceed the limits in IRC Section 415(b).

Kilpatrick Townsend & Stockton LLP Cash Balance Plan I
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Attachment to 2024 Form 5500 Schedule SB
Line 24 - Change in Non-Prescribed Actuarial Assumptions

The assumed interest credit applicable to new pay credits was updated to begin from February 1 following the plan year in which it is credited instead of January 1 to align with the plan amendment effective January 1, 2024.