

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [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, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan: MCGUIREWOODS LLP CASH BALANCE PENSION PLAN FOR EQUITY PARTNERS
1b Three-digit plan number (PN): 006
1c Effective date of plan: 01/01/2018
2a Plan sponsor's name (employer, if for a single-employer plan): MCGUIREWOODS LLP
2b Employer Identification Number (EIN): 54-0505857
2c Plan Sponsor's telephone number: 804-775-1000
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, Date, and Name. Rows include plan administrator, 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	250
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)	239
	6a(2)	225
	6b	7
	6c	0
	6d	232
	6e	0
	6f	232
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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>MCGUIREWOODS LLP CASH BALANCE PENSION PLAN FOR EQUITY PARTNERS</u>	B Three-digit plan number (PN) ▶	<u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MCGUIREWOODS LLP</u>	D Employer Identification Number (EIN) <u>54-0505857</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>76322123</u>
	b Actuarial value	2b	<u>76322123</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>9</u>	<u>2420274</u>
	b For terminated vested participants	<u>2</u>	<u>335931</u>
	c For active participants	<u>239</u>	<u>71144795</u>
	d Total	<u>250</u>	<u>73901000</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>4.87 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>17261535</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>17261535</u>

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

SIGN HERE		
	Signature of actuary	<u>10/07/2025</u> Date
	<u>KARL SEIDEL</u> Type or print name of actuary	<u>23-08381</u> Most recent enrollment number
	<u>WILLIS TOWERS WATSON US LLC</u> Firm name	<u>312-288-7700</u> Telephone number (including area code)
	<u>233 SOUTH WACKER DRIVE SUITE 1800 CHICAGO, IL 60606</u> Address of the firm	

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

Part 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>9.74</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)		3327357
	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>4.99</u> %		166035
	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		3493392
	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	103.27 %
15	Adjusted funding target attainment percentage	15	103.27 %
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	114.56 %
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		
06/18/2024	50313	0					
07/22/2024	69000	0					
09/20/2024	80500	0					
01/13/2025	17518113	0					
			Totals ▶	18(b)	17717926	18(c)	

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 16872342
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: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)			31a	17261535
b Excess assets, if applicable, but not greater than line 31a			31b	2421123
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	14840412
	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	14840412
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37	16872342
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)			38a	2031930
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 checked="" 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 MCGUIREWOODS LLP CASH BALANCE PENSION PLAN FOR EQUITY PARTNERS	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 MCGUIREWOODS LLP	D Employer Identification Number (EIN) 54-0505857	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:	JULIE DURKIN	b EIN:	53-0181291
c Position:	ENROLLED ACTUARY		
d Address:	233 S. WACKER DRIVE, SUITE 1800 CHICAGO, IL 60606	e Telephone:	312-288-7700

Explanation: REASSIGNMENT OF WORK WITHIN WTW

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan MCGUIREWOODS LLP CASH BALANCE PENSION PLAN FOR EQUITY PARTNERS	B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 MCGUIREWOODS LLP	D Employer Identification Number (EIN) 54-0505857

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	17518113
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	1603
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	426699
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	68443792
(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	76356024	86390207
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	76356024	86390207

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)	17717925	
(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)		17717925
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	71950	
(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)		71950
(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)	2293389	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2293389
(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)		
(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)		2100772
c Other income	2c		11251
d Total income. Add all income amounts in column (b) and enter total.....	2d		22195287

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	12159126	
(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)		12159126
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(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)	1978	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1978
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		12161104

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		10034183
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: **FORVIS MAZARS LLP**

(2) EIN: **44-0160260**

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		25000000
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.		X	

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 545992.

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 <u>MCGUIREWOODS LLP CASH BALANCE PENSION PLAN FOR EQUITY PARTNERS</u>	B Three-digit plan number (PN) ▶	<u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MCGUIREWOODS LLP</u>	D Employer Identification Number (EIN) <u>54-0505857</u>	

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

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

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

1	
---	--

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 41-6257133

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	51
---	----

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 _____.




McGuireWoods LLP Cash Balance Pension Plan for Equity Partners

EIN 54-0505857 PN 006

**Independent Auditor's Report, Financial Statements,
and Supplemental Schedules**

December 31, 2024 and 2023



McGuireWoods LLP Cash Balance Pension Plan for Equity Partners
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December 31, 2024 and 2023

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Independent Auditor's Report

Pension Committee
McGuireWoods LLP Cash Balance Pension Plan for Equity Partners
Richmond, Virginia

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

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

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the 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 audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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 audits.

Other Matters- Supplemental Schedule Required by ERISA

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

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

In our opinion:

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

Forvis Mazars, LLP

**Richmond, Virginia
October 13, 2025**

Federal Employer Identification Number: 44-0160260

McGuireWoods LLP Cash Balance Pension Plan for Equity Partners
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments		
Interest-bearing cash	\$ 426,699	\$ 963,475
Investments at fair value	<u>68,443,792</u>	<u>63,499,631</u>
Total Investments	<u>68,870,491</u>	<u>64,463,106</u>
Receivables		
Employer contributions receivable	17,518,113	11,889,867
Other receivable	<u>1,603</u>	<u>3,051</u>
Total Receivables	<u>17,519,716</u>	<u>11,892,918</u>
Net Assets Available for Benefits	<u>\$ 86,390,207</u>	<u>\$ 76,356,024</u>

McGuireWoods LLP Cash Balance Pension Plan for Equity Partners
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2024

Additions

Investment Income

Net appreciation in fair value of investments	\$ 2,100,772
Interest and dividends	<u>2,376,590</u>

4,477,362

Employer Contributions

17,717,925

Total Additions

22,195,287

Deductions

Benefits paid to participants	12,159,126
Administrative expenses	<u>1,978</u>

Total Deductions

12,161,104

Net Change

10,034,183

Net Assets Available for Benefits, Beginning of Year

76,356,024

Net Assets Available for Benefits, End of Year

\$ 86,390,207

Note 1. Description of Plan

The following description of the McGuireWoods LLP Cash Balance Pension Plan for Equity Partners (the “Plan”) is provided for only general information purpose only. 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 plan covering equity shareholders (as defined by the Firm’s bylaws) of McGuireWoods LLP (the “Firm”) who have one year of service. The Plan was effective January 1, 2018. The Pension Committee appointed by the Board of Directors controls and manages the operation and administration of the Plan. Principal Trust Company, a qualified institution, serves as the trustee of the Plan. Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Funding Policy

Contributions to the Plan are made solely by the Firm. The Firm’s funding policy is to make cash contributions to the Plan in the amount as determined by the Plan’s independent actuary. The Firm met the minimum funding requirements of ERISA for the year ended December 31, 2024.

Although it has not expressed any intentions to do so, the Firm has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Pension Benefits

The benefit available to each participant is the value of his or her hypothetical cash balance account, which is equal to the sum of the cash balance credits and interest credits attributable to the participant, subject to Internal Revenue Service (“IRS”) limitations. As of the last day of the Plan year, a credit is made to the hypothetical account of each participant’s cash balance account who, on the last day of the plan year, is an eligible participant. The annual cash balance credit for each participant account is based upon budgeted compensation with the Firm and the participant’s age and profit percentage as defined within the Plan. Cash balance credits are subject to certain limitations by the IRS.

Each participant’s hypothetical account is also increased or decreased daily by an interest credit. The interest credits are the daily market rate of return on plan assets.

Normal retirement is the first month coincident with or next following the attainment of age 62. The participant may elect to receive a lump sum distribution or in the form of an annuity if married and a single life annuity if single.

In-service distributions are allowed for participants who have attained age 59½ and have not terminated employment as of the end of a Plan year, as defined in the Plan document.

A participant shall vest and have a non-forfeitable interest in their accrued benefit based upon the completion of three years of vesting service.

Death Benefits

If a participant dies prior to their pension starting date, as defined by the Plan, the designated beneficiary shall be entitled to a death benefit based upon the participant's cash balance account. If the beneficiary is not the participant's surviving spouse, the death benefit shall be payable in a lump sum equal to the value of the participant's account balance. If the beneficiary is the participant's surviving spouse, the payment shall be made in the form of a pre-retirement annuity, as defined by the Plan or the spouse may elect to receive a single sum payment equal to the balance of the participant's account. A waiver from the annuity payment can be elected by the participant based upon certain conditions defined by the Plan. If the participant is single upon death, a single sum payment equal to the balance shall be paid to the beneficiary as soon as practical.

After retirement income has commenced to be paid to a participant, upon the participant's subsequent death, benefits, if any, shall be payable to the participant's surviving spouse or beneficiary strictly in accordance with the form of benefit which had been in effect prior to the participant's death. If single, payments cease upon death.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

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

Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results may differ from those estimates and assumptions.

Investment Valuation and Income Recognition

Investments are reported at fair value, which 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. Plan management determines the Plan's valuation policies utilizing information provided by the trustee.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Administrative Expenses

The Plan's administrative expenses are paid by either the Plan or the Firm, as provided by the Plan document. Certain administrative functions are performed by employees of the Firm. No such employee receives compensation from the Plan.

Payment of Benefits

Benefits are recorded when paid.

Forfeitures

Forfeitures shall be applied to reduce Firm contributions to the Plan or to pay Plan expenses. There was no forfeiture balance at December 31, 2024 and 2023 and no forfeitures were used during 2024.

McGuireWoods LLP Cash Balance Pension Plan for Equity Partners
Notes to Financial Statements
December 31, 2024 and 2023

Subsequent Events

The Plan has evaluated subsequent events through October 13, 2025, the date the financial statements were available to be issued.

Note 3. Fair Value Measurements

Fair value, as defined under GAAP, is an exit price representing 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. GAAP establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value. These tiers include:

- Level 1** Observable inputs such as quoted prices in active markets.
- Level 2** Inputs other than quoted prices in active markets that are either directly or indirectly observable.
- Level 3** Unobservable inputs about which little or no market data exists, therefore requiring an entity to develop its own assumptions.

Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan’s assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

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

Mutual Funds

Mutual funds are publicly traded investments and are valued daily at the closing price reported on the active market on which the funds are traded.

The following table sets forth by level, within the fair value hierarchy, the Plan’s assets accounted for at fair value on a recurring basis as of December 31, 2024 and 2023:

	December 31, 2024			
	Fair Value Measurements Using			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 68,443,792	\$ 68,443,792	\$ -	\$ -
Investments at fair value	\$ 68,443,792	\$ 68,443,792	\$ -	\$ -

McGuireWoods LLP Cash Balance Pension Plan for Equity Partners
Notes to Financial Statements
December 31, 2024 and 2023

	December 31, 2023			
	Fair Value Measurements Using			
Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Mutual funds	\$ 63,499,631	\$ 63,499,631	\$ -	\$ -
Investments at fair value	<u>\$ 63,499,631</u>	<u>\$ 63,499,631</u>	<u>\$ -</u>	<u>\$ -</u>

Cash balances are not required to be presented in the fair value hierarchy.

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

Note 4. Certification of Plan Trustee

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly Principal Trust Company, a qualified institution, has certified the following investment information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

- Investments as shown in the statements of net assets available for benefits as of December 31, 2024 and 2023
- Investment income as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2024
- Investment information included in the accompanying schedule of assets (held at end of year) as of December 31, 2024 and schedule of reportable transactions for the year ended December 31, 2024.

The Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedule.

Note 5. Plan Termination

Although it has not expressed any intent to do so, the Firm has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon termination of the Plan by the Firm, all affected participants will be entitled to their accrued benefits under the Plan. Generally, the order of payment is as follows:

- a. Participants who are receiving retirement benefits or who are eligible to receive retirement income at least three years prior to plan termination,
- b. Participants who are receiving retirement benefits are eligible for retirement income, and
- c. Benefits entitled under the Plan.

McGuireWoods LLP Cash Balance Pension Plan for Equity Partners
Notes to Financial Statements
December 31, 2024 and 2023

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (“PBGC”) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor’s pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan’s termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual’s monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan’s net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

Note 6. Actuarial Present Value of Accumulated Plan Benefits

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

The significant actuarial assumptions used in the valuation as of December 31, 2024 and 2023 were:

Method	Unit cost method
Valuation interest rate	5.00% in 2024 and 4.50% in 2023
Withdrawal and disability	0%
Retirement	Age 62
Mortality	Pri-2012 Mortality Table in 2024 and 2023 with Scale MP-2021

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuation been performed as of December 31, 2023, there would be no material difference.

The actuarial present value of accumulated benefits was as follows at December 31:

	<u>2024</u>	<u>2023</u>
Vested benefits		
Participants currently receiving payments	\$ 2,495,924	\$ 2,420,274
Participants with deferred benefits	-	345,623
Other participants	<u>83,887,310</u>	<u>72,868,846</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 86,383,234</u>	<u>\$ 75,634,743</u>

McGuireWoods LLP Cash Balance Pension Plan for Equity Partners
Notes to Financial Statements
December 31, 2024 and 2023

The actuarial present value of accumulated benefits for the year ended December 31, 2024 increased as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 75,634,743
Increase (decrease) during the year attributable to	
Benefits accumulated	17,747,443
Actuarial losses	1,231,567
Decrease in the discount period	3,928,607
Benefits paid	<u>(12,159,126)</u>
Net increase	<u>10,748,491</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 86,383,234</u>

Note 7. Exempt Party-in-Interest Transactions

Principal Trust Company is the trustee as defined by the Plan. Fees paid to Principal for administrative and investment management services was \$1,978 for the year ended December 31, 2024. These transactions are considered to be party-in-interest transactions.

Note 8. Tax Status

The Internal Revenue Service (the "IRS") has determined and informed the Firm by letter dated April 25, 2019, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (the "IRC"). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC. Therefore, the plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 9. Risks and Uncertainties

The Plan invests in various investment securities, which are exposed to various risks such as interest rate, credit, 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 that 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 are 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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Supplemental Schedules

McGuireWoods LLP Cash Balance Pension Plan for Equity Partners
EIN 54-0505857 Plan 006
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Mutual Funds				
	Baird	Intermediate Bond Fund	\$ 26,938,932	\$ 25,485,230
	Fidelity	Total Market Index Fund	8,808,465	13,878,236
	John Hancock	Income Fund Class R6	10,961,936	10,233,997
	Carillon	Reams Core Plus Bond Fund	15,391,032	14,770,350
	Fidelity	Total International Index Fund	3,746,276	4,075,979
Interest-Bearing Cash				
*	Principal Trust Company	Government Money Market Fund	<u>426,699</u>	<u>426,699</u>
			<u>\$ 66,273,340</u>	<u>\$ 68,870,491</u>
*	<i>Party-in-interest</i>			

McGuireWoods LLP Cash Balance Pension Plan for Equity Partners
EIN 54-0505857 Plan 006
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2024

See attached schedules prepared and certified by Principal Trust Company.

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

MCGUIRE WOODS LLP COMBINED ACCT.
ACCOUNT NUMBER 26191299

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		BEGINNING MARKET VALUE		64,466,157.17			
		COMPARATIVE VALUE (5%)		3,223,307.86			
26191200	01/11/24 B	11,189,867	1.000	0	11,189,867*	11,189,867	
26191200	01/31/24 S	9,828,848	1.000	0	9,828,848 *	9,828,848	0
26191201	09/19/24 B	6,000,000	1.000	0	6,000,000*	6,000,000	
26191201	09/20/24 S	6,000,000	1.000	0	6,000,000 *	6,000,000	0
26191201	09/18/24 S	472,590	10.580	0	5,000,000 *	5,133,551	-133,551
26191201	09/19/24 B	195,059	30.760	0	6,000,000*	6,000,000	
	GRAND TOTAL			0	44,018,715	44,152,266	-133,551

FOOTNOTES

* = SINGLE TRANSACTION IS 5% REPORTABLE
 B = BUY TRANSACTION
 S = SELL TRANSACTION
 R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SERIES / BY BROKER
 FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

MCGUIRE WOODS LLP COMBINED ACCT.
 ACCOUNT NUMBER 26191299

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		BEGINNING MARKET VALUE		64,466,157.17			
		COMPARATIVE VALUE (5%)		3,223,307.86			

*** NO TRANSACTIONS QUALIFIED ***

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

MCGUIRE WOODS LLP COMBINED ACCT.
ACCOUNT NUMBER 26191299

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		BEGINNING MARKET VALUE		64,466,157.17			
		COMPARATIVE VALUE (5%)		3,223,307.86			
ISSUE: VP4560000 - ALLSPRING GOVT MM FD-INSTL #1751							
26191200	01/02/24 B	2,367	1.000	0	2,367-	2,367	
26191200	01/11/24 B	11,189,867	1.000	0	11,189,867-*	11,189,867	
26191200	02/01/24 B	34,435	1.000	0	34,435-	34,435	
26191200	02/01/24 B	0	1.000	0	0-	0	
26191200	02/07/24 B	479,663	1.000	0	479,663-	479,663	
26191200	02/29/24 B	543,915	1.000	0	543,915-	543,915	
26191200	03/01/24 B	5,931	1.000	0	5,931-	5,931	
26191200	04/01/24 B	2,928	1.000	0	2,928-	2,928	
26191200	05/01/24 B	2,839	1.000	0	2,839-	2,839	
26191200	06/03/24 B	2,951	1.000	0	2,951-	2,951	
26191200	06/20/24 B	50,313	1.000	0	50,313-	50,313	
26191200	07/01/24 B	2,921	1.000	0	2,921-	2,921	
26191200	07/02/24 B	500,000	1.000	0	500,000-	500,000	
26191200	07/22/24 B	769,000	1.000	0	769,000-	769,000	
26191200	07/31/24 B	606,741	1.000	0	606,741-	606,741	
26191200	08/01/24 B	4,587	1.000	0	4,587-	4,587	
26191200	09/03/24 B	3,084	1.000	0	3,084-	3,084	
26191200	09/20/24 B	80,500	1.000	0	80,500-	80,500	
26191200	10/01/24 B	2,487	1.000	0	2,487-	2,487	
26191200	11/01/24 B	2,337	1.000	0	2,337-	2,337	
26191200	12/02/24 B	1,551	1.000	0	1,551-	1,551	
26191201	01/02/24 B	684	1.000	0	684-	684	
26191201	02/01/24 B	1,903	1.000	0	1,903-	1,903	
26191201	02/01/24 B	0	1.000	0	0-	0	
26191201	02/20/24 B	68,000	1.000	0	68,000-	68,000	
26191201	03/01/24 B	1,239	1.000	0	1,239-	1,239	
26191201	03/06/24 B	343	1.000	0	343-	343	
26191201	04/01/24 B	8	1.000	0	8-	8	
26191201	05/01/24 B	8	1.000	0	8-	8	
26191201	06/03/24 B	9	1.000	0	9-	9	
26191201	06/04/24 B	2,884	1.000	0	2,884-	2,884	
26191201	07/01/24 B	20	1.000	0	20-	20	
26191201	07/02/24 B	500,000	1.000	0	500,000-	500,000	
26191201	07/24/24 B	550,000	1.000	0	550,000-	550,000	
26191201	08/01/24 B	178	1.000	0	178-	178	
26191201	09/03/24 B	22	1.000	0	22-	22	
26191201	09/04/24 B	2,973	1.000	0	2,973-	2,973	

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

MCGUIRE WOODS LLP COMBINED ACCT.
ACCOUNT NUMBER 26191299

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
26191201	09/19/24 B	6,000,000	1.000	0	6,000,000*	6,000,000	
26191201	10/01/24 B	837	1.000	0	837-	837	
26191201	11/01/24 B	36	1.000	0	36-	36	
26191201	12/02/24 B	34	1.000	0	34-	34	
26191201	12/03/24 B	3,556	1.000	0	3,556-	3,556	
SUB-TOTAL OF BUYS # 42				0	21,421,151	21,421,151	
26191200	01/31/24 S	70,538	1.000	0	70,538	70,538	0
26191200	01/31/24 S	155,323	1.000	0	155,323	155,323	0
26191200	01/31/24 S	9,828,848	1.000	0	9,828,848 *	9,828,848	0
26191200	02/01/24 S	345,306	1.000	0	345,306	345,306	0
26191200	02/12/24 S	397,258	1.000	0	397,258	397,258	0
26191200	02/20/24 S	68,000	1.000	0	68,000	68,000	0
26191200	02/28/24 S	714,610	1.000	0	714,610	714,610	0
26191200	03/01/24 S	543,915	1.000	0	543,915	543,915	0
26191200	06/27/24 S	50,313	1.000	0	50,313	50,313	0
26191200	07/01/24 S	182,991	1.000	0	182,991	182,991	0
26191200	07/24/24 S	550,000	1.000	0	550,000	550,000	0
26191200	07/29/24 S	632,616	1.000	0	632,616	632,616	0
26191200	08/07/24 S	606,741	1.000	0	606,741	606,741	0
26191200	09/26/24 S	80,500	1.000	0	80,500	80,500	0
26191200	10/30/24 S	180,970	1.000	0	180,970	180,970	0
26191201	02/21/24 S	500,000	1.000	0	500,000	500,000	0
26191201	07/02/24 S	500,000	1.000	0	500,000	500,000	0
26191201	07/26/24 S	550,000	1.000	0	550,000	550,000	0
26191201	09/20/24 S	6,000,000	1.000	0	6,000,000 *	6,000,000	0
SUB-TOTAL OF SALES # 19				0	21,957,929	21,957,929	0
SUB-TOTAL				0	43,379,080	43,379,080	0
ISSUE: 057071805 - BAIRD INTERMEDIATE BOND FD-I #070							
26191201	01/26/24 R	7,039	10.260	0	72,222-	72,222	
26191201	02/26/24 R	8,102	10.190	0	82,560-	82,560	
26191201	03/26/24 R	9,392	10.230	0	96,081-	96,081	
26191201	04/25/24 R	8,819	10.070	0	88,810-	88,810	
26191201	05/28/24 R	9,403	10.140	0	95,350-	95,350	
26191201	06/25/24 R	9,649	10.250	0	98,906-	98,906	
26191201	07/25/24 R	9,491	10.290	0	97,658-	97,658	
26191201	08/26/24 R	9,244	10.480	0	96,880-	96,880	
26191201	09/24/24 R	8,009	10.570	0	84,659-	84,659	
26191201	10/25/24 R	8,286	10.370	0	85,931-	85,931	
26191201	11/27/24 R	8,713	10.350	0	90,177-	90,177	

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

MCGUIRE WOODS LLP COMBINED ACCT.
ACCOUNT NUMBER 26191299

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		BEGINNING MARKET VALUE		64,466,157.17			
		COMPARATIVE VALUE (5%)		3,223,307.86			
26191200	ISSUE: VP4560000 - ALLSPRING GOVT MM FD-INSTL #1751 01/11/24 B	11,189,867	1.000	0	11,189,867*	11,189,867	
26191200	ISSUE: VP4560000 - ALLSPRING GOVT MM FD-INSTL #1751 01/31/24 S	9,828,848	1.000	0	9,828,848 *	9,828,848	0
26191201	ISSUE: VP4560000 - ALLSPRING GOVT MM FD-INSTL #1751 09/19/24 B	6,000,000	1.000	0	6,000,000*	6,000,000	
26191201	ISSUE: VP4560000 - ALLSPRING GOVT MM FD-INSTL #1751 09/20/24 S	6,000,000	1.000	0	6,000,000 *	6,000,000	0
26191201	ISSUE: 057071805 - BAIRD INTERMEDIATE BOND FD-I #070 09/18/24 S	472,590	10.580	0	5,000,000 *	5,133,551	-133,551
26191201	ISSUE: 14214M641 - CARILLON RMS COR PL BND-I #4069 09/19/24 B	195,059	30.760	0	6,000,000*	6,000,000	
	GRAND TOTAL			0	44,018,715	44,152,266	-133,551

FOOTNOTES

* = SINGLE TRANSACTION IS 5% REPORTABLE
 B = BUY TRANSACTION
 S = SELL TRANSACTION
 R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SERIES / BY BROKER
 FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

MCGUIRE WOODS LLP COMBINED ACCT.
 ACCOUNT NUMBER 26191299

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		BEGINNING MARKET VALUE		64,466,157.17			
		COMPARATIVE VALUE (5%)		3,223,307.86			

*** NO TRANSACTIONS QUALIFIED ***

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

MCGUIRE WOODS LLP COMBINED ACCT.
ACCOUNT NUMBER 26191299

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		BEGINNING MARKET VALUE		64,466,157.17			
		COMPARATIVE VALUE (5%)		3,223,307.86			
ISSUE: VP4560000 - ALLSPRING GOVT MM FD-INSTL #1751							
26191200	01/02/24 B	2,367	1.000	0	2,367-	2,367	
26191200	01/11/24 B	11,189,867	1.000	0	11,189,867-*	11,189,867	
26191200	02/01/24 B	34,435	1.000	0	34,435-	34,435	
26191200	02/01/24 B	0	1.000	0	0-	0	
26191200	02/07/24 B	479,663	1.000	0	479,663-	479,663	
26191200	02/29/24 B	543,915	1.000	0	543,915-	543,915	
26191200	03/01/24 B	5,931	1.000	0	5,931-	5,931	
26191200	04/01/24 B	2,928	1.000	0	2,928-	2,928	
26191200	05/01/24 B	2,839	1.000	0	2,839-	2,839	
26191200	06/03/24 B	2,951	1.000	0	2,951-	2,951	
26191200	06/20/24 B	50,313	1.000	0	50,313-	50,313	
26191200	07/01/24 B	2,921	1.000	0	2,921-	2,921	
26191200	07/02/24 B	500,000	1.000	0	500,000-	500,000	
26191200	07/22/24 B	769,000	1.000	0	769,000-	769,000	
26191200	07/31/24 B	606,741	1.000	0	606,741-	606,741	
26191200	08/01/24 B	4,587	1.000	0	4,587-	4,587	
26191200	09/03/24 B	3,084	1.000	0	3,084-	3,084	
26191200	09/20/24 B	80,500	1.000	0	80,500-	80,500	
26191200	10/01/24 B	2,487	1.000	0	2,487-	2,487	
26191200	11/01/24 B	2,337	1.000	0	2,337-	2,337	
26191200	12/02/24 B	1,551	1.000	0	1,551-	1,551	
26191201	01/02/24 B	684	1.000	0	684-	684	
26191201	02/01/24 B	1,903	1.000	0	1,903-	1,903	
26191201	02/01/24 B	0	1.000	0	0-	0	
26191201	02/20/24 B	68,000	1.000	0	68,000-	68,000	
26191201	03/01/24 B	1,239	1.000	0	1,239-	1,239	
26191201	03/06/24 B	343	1.000	0	343-	343	
26191201	04/01/24 B	8	1.000	0	8-	8	
26191201	05/01/24 B	8	1.000	0	8-	8	
26191201	06/03/24 B	9	1.000	0	9-	9	
26191201	06/04/24 B	2,884	1.000	0	2,884-	2,884	
26191201	07/01/24 B	20	1.000	0	20-	20	
26191201	07/02/24 B	500,000	1.000	0	500,000-	500,000	
26191201	07/24/24 B	550,000	1.000	0	550,000-	550,000	
26191201	08/01/24 B	178	1.000	0	178-	178	
26191201	09/03/24 B	22	1.000	0	22-	22	
26191201	09/04/24 B	2,973	1.000	0	2,973-	2,973	

McGuireWoods LLP Cash Balance Pension Plan for Equity Partners
EIN 54-0505857 Plan 006
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Mutual Funds				
	Baird	Intermediate Bond Fund	\$ 26,938,932	\$ 25,485,230
	Fidelity	Total Market Index Fund	8,808,465	13,878,236
	John Hancock	Income Fund Class R6	10,961,936	10,233,997
	Carillon	Reams Core Plus Bond Fund	15,391,032	14,770,350
	Fidelity	Total International Index Fund	3,746,276	4,075,979
Interest-Bearing Cash				
*	Principal Trust Company	Government Money Market Fund	<u>426,699</u>	<u>426,699</u>
			<u>\$ 66,273,340</u>	<u>\$ 68,870,491</u>
*	<i>Party-in-interest</i>			

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data for Cash Balance Plan as of January 1, 2024

Number distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	2	7	0	0	0	0	0	0	0	0	0	9
40-44	9	26	9	0	0	0	0	0	0	0	0	44
45-49	2	11	29	0	0	0	0	0	0	0	0	42
50-54	2	9	44	0	0	0	0	0	0	0	0	55
55-59	2	8	40	0	0	0	0	0	0	0	0	50
60-64	0	2	27	0	0	0	0	0	0	0	0	29
65-69	0	0	8	0	0	0	0	0	0	0	0	8
70 & over	0	0	2	0	0	0	0	0	0	0	0	2
Total	17	63	159	0	0	0	0	0	0	0	0	239

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: McGuireWoods LLP Cash Balance Pension Plan for Equity Partners
 EIN / PN: 54-0505857/006
 Plan Sponsor: McGuireWoods LLP
 Valuation Date: January 1, 2024

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

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

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description) _____

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

Part II Basic Plan Information - enter all requested information

1a Name of plan MCGUIREWOODS LLP CASH BALANCE PENSION PLAN FOR EQUITY PARTNERS	1b Three-digit plan number (PN) ▶	006
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MCGUIREWOODS LLP GATEWAY PLAZA, 800 EAST CANAL ST. RICHMOND VA 23219	1c Effective date of plan 01/01/2018	2b Employer Identification Number (EIN) 54-0505857
	2c Plan Sponsor's telephone number 804.775.1000	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.

SIGN HERE	<i>Denise M. Zapf</i>	10.13.2025	DENISE M. ZAPF
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Denise M. Zapf</i>	10.13.2025	DENISE M. ZAPF
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
--	--

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	250
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	239
a (2) Total number of active participants at the end of the plan year	6a(2)	225
b Retired or separated participants receiving benefits	6b	7
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	232
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	232
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) - Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 _____

McGuireWoods LLP Cash Balance Pension Plan for Equity Partners
EIN 54-0505857 Plan 006
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2024

See attached schedules prepared and certified by Principal Trust Company.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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 MCGUIREWOODS LLP CASH BALANCE PENSION PLAN FOR EQUITY PARTNERS	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MCGUIREWOODS LLP	D Employer Identification Number (EIN) 54-0505857	
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	76,322,123
	b Actuarial value	2b	76,322,123
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	9	2,420,274
	b For terminated vested participants	2	335,931
	c For active participants	239	71,144,795
	d Total	250	73,901,000
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	4.87%
6	Target normal cost		
	a Present value of current plan year accruals	6a	17,261,535
	b Expected plan-related expenses	6b	0
	c Target normal cost	6c	17,261,535

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	Karl Seidel KS	10/7/2025
	Signature of actuary	Date
	Karl Seidel	2308381
	Type or print name of actuary	Most recent enrollment number
	Willis Towers Watson US LLC	312-288-7700
	Firm name	Telephone number (including area code)
	Willis Towers Watson US LLC 233 South Wacker Drive Suite 1800 Chicago IL 60606	
	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

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

**Schedule SB (Form 5500) 2024
v. 240311**

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>9.74</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)		3,327,357
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>4.99</u> %		166,035
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		3,493,392
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	103.27 %
15	Adjusted funding target attainment percentage	15	103.27 %
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	114.56 %
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
06/18/2024	50,313	0			
07/22/2024	69,000	0			
09/20/2024	80,500	0			
01/13/2025	17,518,113	0			
			Totals ▶	18(b)	18(c)
				17,717,926	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	16,872,342

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 61

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	17,261,535
b Excess assets, if applicable, but not greater than line 31a	31b	2,421,123

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** 14,840,412

	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** 14,840,412

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 16,872,342

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

a Total (excess, if any, of line 37 over line 36)	38a	2,031,930
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

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	McGuireWoods LLP
EIN/PN	54-0505857/006
Plan Name	McGuireWoods LLP Cash Balance Pension Plan for Equity Partners
Valuation Date	January 1, 2024
Enrolled Actuary	Karl Seidel
Enrollment Number	23-08381

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

Plan Name:	McGuireWoods LLP Cash Balance Pension Plan for Equity Partners
EIN / PN:	54-0505857/006
Plan Sponsor:	McGuireWoods LLP
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

Age (x)	Retirement Rates q_x^r	Lives at each Age ${}_{x-60}p_{60} = l_x / l_{60}$	Retirements at each Age $q_x^r * l_x / l_{60}$	Weighted Avg Age $x * q_x^r * l_x / l_{60}$
60	60.00%	1.000000	0.600000	36.00
61	60.00%	0.400000	0.240000	14.64
62	100.00%	0.160000	0.160000	9.92
Average age at retirement				60.56
Nearest whole age				61.00

Plan Name: McGuireWoods LLP Cash Balance Pension Plan for Equity Partners
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Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month September
- Interest rate basis 3-Segment Rates from Fourth Month Preceding the Valuation Date

Interest rates:	Reflecting Interest Rate Stabilization	Not Reflecting Interest Rate Stabilization
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Annual rates of increase

- Interest Crediting Rate 4.50%

Administrative expenses \$0; the plan sponsor pays administrative expenses directly

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant

New or rehired employees It was assumed there will be no new or rehired employees

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Mortality

- Healthy

Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

- Disabled

Same as described above for Healthy Mortality

Termination

Rates varying by age

Representative Termination Rates

Percentage leaving during the year	
Attained Age	
35	4.7%
40	3.5%
45	1.8%
50	0.4%
55	0.0%

Disability

None

Retirement

Rates varying by age

Representative Retirement Rates

Percentage leaving during the year	
Attained Age	
60	60.0%
61	60.0%
62	100.0%

Benefit commencement date

Upon termination of employment

Form of payment

100% of participants are assumed to elect a lump sum form of payment under the plan

Percent married

100% of eligible participants are assumed to be married

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Spouse age	Wife three years younger than husband
Covered pay	Plan compensation is provided by the employer
At-Risk assumptions, if applicable	For at-risk calculations, all participants eligible to elect benefits during the current year and subsequent ten years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan. In the case of the valuation the lump sum payment is assumed since all forms are actuarially equivalent.
Timing of benefit payments	Lump sums are payable on the date of decrement
Participant data	Employee data was supplied electronically by the employer as of the census date

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

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Actuarial value of assets	The actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the prior plan year, discounted using the effective interest rate for the prior plan year
Future increases in maximum benefits and plan compensation limitations	Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.
Benefits not valued	WTW has reviewed the plan provisions with McGuireWoods LLP and based on that review, is not aware of any other significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We made no adjustments and are not aware of any adjustments that were made by the data provider.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Cash balance interest crediting rate	The plan credits interest to cash balance accounts using the plan's actual rate of return on assets. The long-term estimate of the plan's actual rate of return on plan assets is 4.50%, based on the plan's investment mix. The result of this process is reviewed each year for reasonableness given current and expected future conditions.

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Assumptions Rationale - Significant Demographic Assumptions

Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates are based on a published table for pension participants believed to have similar characteristics to the plan population.
Retirement	Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than expected.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law," as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430 or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Changes in Assumptions and Methods

Change in assumptions since prior valuation	<ul style="list-style-type: none">• The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC 430.• The mortality table and improvement scale used to calculate the funding target and target normal cost was updated as required by guidance issued by IRS under IRC §430 from a static projection of mortality improvement to a generational projection.
Change in methods since prior valuation	None.
Change in estimation technique since prior valuation	None.

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Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

Plan Sponsor	McGuireWoods LLP
EIN/PN	54-0505857 / 006
Plan	McGuireWoods LLP Cash Balance Plan for Equity Partners
Effective Date and Most Recent Amendment	The plan was effective January 1, 2018. The most recent amendment reflected in the following plan provisions is effective January 1, 2021.
Plan Year	The twelve-month period ending December 31
Covered Employees	Eligible Partners, which means Equity Partners, Fixed Income Equity Partners, or the Executive Director
Participation Date	Date of becoming a covered employee. Participation shall become effective upon the later of January 1, 2018 and the first day of the month following the completion of one Year of Service.

Definitions

Plan Compensation	Plan compensation is the Distribution Base assigned to the participant by the firm under the partnership agreement. Plan compensation is limited in accordance with IRC Section 401(a)(17).
Vesting	Participants are 100% vested upon completion of 3 years of service, attainment of Normal Retirement Age or termination due to disability or death.
Credited Service	Years and completed months of service with the Firm, including past service with firms prior to acquisition, as applicable
Normal Retirement Age	Age 62

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Cash Balance Account Balance

A Participant's Cash Balance Account Balance is the sum of his/her (a) Compensation Credits and (b) Interest Credits.

- (a) The Participant's Cash Balance Account will be credited with a Compensation Credit at the end of each year, equal to a percentage of plan compensation based on his/her profit percentage as of the beginning of the year as shown below:

Profit Percentage	Percentage of Compensation	
	Accruals before Age 43	Accruals on and after Age 43
Less than 0.35%	15%	15%
0.35% or greater, but less than 0.45%	15%	20%
0.45% or greater, but less than 0.55%	19%	25%
0.55% or greater, but less than 0.70%	23%	30%
0.70% or greater, but less than 0.85%	27%	35%
Greater than 0.85%	30%	40%
Fixed Income Equity	25%	25%
Senior Partner	35%	35%
Executive Director	35%	35%

- (b) At the end of each plan year, the Participant's Cash Balance Account is credited with an Interest Credit equal to the Account Balance at the beginning of the year multiplied by a rate equivalent to the actual rate of return on the aggregate assets of the Plan for the given year

Accrued Benefit

A Participant's Accrued Benefit is the single life annuity that is actuarially equivalent to the Cash Balance Account Balance projected to the Normal Retirement Date (if such date has not yet passed) at the applicable interest rate.

Eligibility and Benefits Paid Upon the Following Events

Normal Retirement Benefit

Eligibility: Each Participant will be eligible for normal retirement on the first day of the month coincident with or next following the attainment of age 62. Participants are eligible to commence their benefits as an in-service withdrawal beginning at age 59 ½.

Benefit: The Normal Retirement Benefit of a Participant shall be his/her Accrued Benefit, which is a single life annuity that is actuarially equivalent to his/her Cash Balance Account as of his/her Normal Retirement Date.

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Vested Benefits Upon Death, Disability, or Other Termination of Service

Eligibility: A Participant is vested in his/her Accrued Benefit upon plan entry.

Benefit: The benefit of a Participant who terminates service for any reason before reaching his/her Normal Retirement Date shall be the Participant's Account Balance or its actuarial equivalent as of the Participant's annuity starting date. Payment of such benefit can start the first of any month between the Participant's termination date and Required Begin Date, as elected by the participant.

Late Retirement

Eligibility: Retirement after age 62

Benefit: The benefit of a participant who terminates service for any reason after reaching his/her Normal Retirement Date shall be the Participant's Account Balance or its actuarial equivalent as of the Participant's annuity starting date. Payment of such benefit can start the first of any month between the Participant's termination date and Required Begin Date, as elected by the participant.

Active Withdrawals for Postponed Retirement

A Participant who is actively employed with the Firm after his/her Normal Retirement Date may elect to commence distribution of his/her benefit while still employed. If elected, such benefits would be paid on the first of January coincident with or following his Normal Retirement Date (subject to one such distribution per plan year).

Other Plan Provisions

Forms of Payment

Normal Form: For Participants who are married at the time of benefit commencement, the normal form of payment is a 50% Qualified Joint and Survivor Annuity that is actuarially equivalent to the Participant's Account Balance as of the Annuity Starting Date. For all other Participants, the normal form of payment is a single life annuity that is actuarially equivalent to the Participant's Account Balance as of the Annuity Starting Date.

Optional Forms of Retirement Income in Lieu of Normal Form: In lieu of the normal form of retirement benefit payment, all Participants may elect to receive the amount of their Cash Balance Account in a single lump sum, and married Participants may also elect to receive a 75% Qualified Optional Survivor Annuity that is actuarially equivalent to the Normal Form.

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Plan Participants' Contributions None

Maximum on Benefits and Pay All benefits and pay for any calendar year may not exceed the maximum limitation for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining contributions.

Future Plan Changes

WTW is not aware of any future plan changes that would impact the determination of the minimum and maximum required contributions or Funding Target; therefore none have been reflected.

Change in Plan Provisions Since Last Actuarial Valuation

None

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Schedule SB, Line 26a
Schedule of Active Participant Data for Cash Balance Plan as of January 1, 2024
Number distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	2	7	0	0	0	0	0	0	0	0	0	9
40-44	9	26	9	0	0	0	0	0	0	0	0	44
45-49	2	11	29	0	0	0	0	0	0	0	0	42
50-54	2	9	44	0	0	0	0	0	0	0	0	55
55-59	2	8	40	0	0	0	0	0	0	0	0	50
60-64	0	2	27	0	0	0	0	0	0	0	0	29
65-69	0	0	8	0	0	0	0	0	0	0	0	8
70 & over	0	0	2	0	0	0	0	0	0	0	0	2
Total	17	63	159	0	0	0	0	0	0	0	0	239

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

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