

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: PENSION PLAN OF DEBEVOISE & PLIMPTON LLP
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1966
2a Plan sponsor's name, mailing address, city/town/state/zip: DEBEVOISE & PLIMPTON LLP, 66 HUDSON BOULEVARD, NEW YORK, NY 10001
2b Employer Identification Number (EIN): 13-5537279
2c Plan Sponsor's telephone number: 212-909-6000
2d Business code (see instructions): 541110

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	843
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)	305
	6a(2)	282
	6b	8
	6c	269
	6d	559
	6e	1
	6f	560
	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:
1A 1I

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input checked="" 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 <u>0</u>
(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 checked="" 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>PENSION PLAN OF DEBEVOISE & PLIMPTON LLP</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>DEBEVOISE & PLIMPTON LLP</u>	D Employer Identification Number (EIN) <u>13-5537279</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2 Assets:			
a Market value	2a		<u>131564410</u>
b Actuarial value	2b		<u>133747921</u>
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>174</u>	<u>40070145</u>	<u>40070145</u>
b For terminated vested participants	<u>364</u>	<u>42014096</u>	<u>42014096</u>
c For active participants	<u>305</u>	<u>49126181</u>	<u>50329384</u>
d Total	<u>843</u>	<u>131210422</u>	<u>132413625</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		<u>5.11 %</u>
6 Target normal cost			
a Present value of current plan year accruals	6a		<u>0</u>
b Expected plan-related expenses	6b		<u>216707</u>
c Target normal cost	6c		<u>216707</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>10/14/2025</u>	Date
	<u>TIM MAHANNAH</u>	<u>23-05368</u>	Most recent enrollment number
	<u>OCTOBER THREE CONSULTING LLC</u>	<u>510-332-1539</u>	Telephone number (including area code)
	<u>233 S. WACKER DRIVE, SUITE 8350 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	15029480
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	2355944
9	Amount remaining (line 7 minus line 8)	0	12673536
10	Interest on line 9 using prior year's actual return of <u>16.68</u> %	0	2113946
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.23</u> %		0
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		0
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	14787482

Part III Funding Percentages			
14	Funding target attainment percentage	14	89.84 %
15	Adjusted funding target attainment percentage	15	101.00 %
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	89.21 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? 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
0	0	0	0

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 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	216707	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	13453186	1621435	
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	1838142	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1838142	1838142
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	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 checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

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

A Name of plan PENSION PLAN OF DEBEVOISE & PLIMPTON LLP	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DEBEVOISE & PLIMPTON LLP	D Employer Identification Number (EIN) 13-5537279	

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

VANGUARD FIDUCIARY TRUST COMPANY

23-3080210

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

INVESCO TRUST COMPANY

91-2136270

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

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

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

MIDWEST INSTITUTIONAL TRUST COMPANY

39-1186267

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 51	NONE	44265	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" 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)
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a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>PENSION PLAN OF DEBEVOISE & PLIMPTON LLP</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DEBEVOISE & PLIMPTON LLP</u>	D Employer Identification Number (EIN) <u>13-5537279</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO INTERMEDIATE BOND TRUST</u>		
b Name of sponsor of entity listed in (a): <u>INVESCO TRUST COMPANY</u>		
c EIN-PN <u>91-2136270-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>27568126</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan PENSION PLAN OF DEBEVOISE & PLIMPTON LLP	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 DEBEVOISE & PLIMPTON LLP	D Employer Identification Number (EIN) 13-5537279

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3777	3772
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	665963	943423
(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)	36028944	27568126
(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)	94865726	63858262
(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	131564410	92373583
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	3772	4887
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3772	4887
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	131560638	92368696

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	87126	
(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)		87126
(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)	1647638	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1647638
(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)		1513272
(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)		12088050
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		15336086

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	12762925	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)	41720838	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		54483763
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)	44265	
(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)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		44265
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		54528028

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-39191942
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: **ERNST & YOUNG LLP**

(2) EIN: **34-6565596**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 571507.

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>PENSION PLAN OF DEBEVOISE & PLIMPTON LLP</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DEBEVOISE & PLIMPTON LLP</u>	D Employer Identification Number (EIN) <u>13-5537279</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		0
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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): 39-6436442 42-0127290

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		106
---	--	-----

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 _____.

<p>Structured Attachment</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Schedule SB, line 26a</p> <p>Schedule of Active Participant Data</p>	<p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Name of Plan	PENSION PLAN OF DEBEVOISE & PLIMPTON LLP						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	13-5537279	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39				3		
40 to 44	1			9		
45 to 49	4			2		
50 to 54	1			13		
55 to 59				2		
60 to 64				7		
65 to 69						
70 & Up	1					

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39	2					
40 to 44	15			4		
45 to 49	22			13		
50 to 54	26			15		
55 to 59	17			12		
60 to 64	11			11		
65 to 69	4			2		
70 & Up	1			2		

Name of Plan	PENSION PLAN OF DEBEVOISE & PLIMPTON LLP						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	13-5537279	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49	1					
50 to 54	11			3		
55 to 59	15			11		
60 to 64	13			9		
65 to 69	4			4		
70 & Up	1					

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54	1					
55 to 59	12			1		
60 to 64	9			3		
65 to 69	4			1		
70 & Up						

Name of Plan	PENSION PLAN OF DEBEVOISE & PLIMPTON LLP						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	13-5537279	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69	1					
70 & Up	1					

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

Pension Plan of Debevoise & Plimpton LLP
Years Ended December 31, 2024 and 2023
With Report of Independent Auditors



The better the question.
The better the answer.
The better the world works.



Shape the future
with confidence

Pension Plan of Debevoise & Plimpton LLP
Financial Statements and Supplemental Schedules
Years Ended December 31, 2024 and 2023

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**Shape the future
with confidence**

Report of Independent Auditors

The Administrative Committee
Pension Plan of Debevoise & Plimpton LLP

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

We have performed audits of the financial statements of Pension Plan of Debevoise & Plimpton LLP (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes (collectively referred to as 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 Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 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.



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

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

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

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 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,



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intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

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

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



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Other Matter

Supplemental Schedules Required by ERISA

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

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

In our opinion

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

Ernst + Young LLP

October 15, 2025

Pension Plan of Debevoise & Plimpton LLP

Statements of Net Assets Available for Benefits

	December 31	
	2024	2023
Assets		
Investments, at fair value:		
Vanguard Institutional Index Fund	\$ 29,251,704	\$ 44,174,123
Invesco Intermediate Bond Trust – Class A	27,568,126	36,028,944
Vanguard Total International Stock Index Fund	18,760,938	27,479,863
Vanguard Extended Market Index Fund	11,169,330	16,953,148
Vanguard Total International Bond Index Fund	4,676,290	6,258,592
Goldman Sachs Financial Square Government Fund	943,423	665,963
Total investments, at fair value	<u>92,369,811</u>	131,560,633
Accrued income	3,772	3,777
Total assets	<u>92,373,583</u>	131,564,410
Liabilities		
Accrued expenses	4,887	3,772
Total liabilities	<u>4,887</u>	3,772
Net assets available for benefits	<u>\$ 92,368,696</u>	<u>\$ 131,560,638</u>

See accompanying notes.

Pension Plan of Debevoise & Plimpton LLP

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2024	2023
Additions (deductions) to net assets available for benefits attributed to:		
Investment income	\$ 1,734,764	\$ 2,088,431
Net realized and unrealized appreciation in fair value of investments	13,601,322	17,254,276
Benefit payments	(12,762,925)	(7,281,141)
Annuity purchase	(41,720,838)	—
Administrative expenses	(44,265)	(42,878)
Net (deductions) additions	(39,191,942)	12,018,688
Net assets available for benefits:		
Beginning of year	131,560,638	119,541,950
End of year	\$ 92,368,696	\$ 131,560,638

See accompanying notes.

Pension Plan of Debevoise & Plimpton LLP

Notes to Financial Statements

December 31, 2024

1. Description of the Plan

The following description of the Pension Plan of Debevoise & Plimpton LLP (the Plan) provides only general information. Participants in the Plan (Participants) should refer to the plan document for a more complete description of the Plan's provisions. The Plan is a noncontributory defined benefit pension plan for all eligible administrative employees and counsel of Debevoise & Plimpton LLP (the Firm or Plan Administrator). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Eligibility

Effective January 1, 2015, the Plan was frozen entirely to new participation in or benefit accrual under the Plan. Prior to 2015, employees became members of the Plan commencing on their date of employment with the Firm.

Vesting

Earned benefits are fully vested after six years of service, attainment of Normal Retirement Date while employed or upon death while employed at the Firm, with partial vesting occurring as follows: 20% after two years, 40% after three years, 60% after four years, 80% after five years, and 100% after six years. Effective July 31, 2023, any Participant employed on or after such date shall be fully vested at the attainment of 3 years. Benefits are computed on the basis of years of service and compensation, as defined in the Plan document, as amended.

Contributions

The Plan is funded by the Firm through a trust fund held by Midwest Institutional Trust Company, the trustee of the Plan (Trustee). It is the policy of the Firm to make annual contributions to the trust fund, the amount of which is determined by the Administrative Committee of the Plan based upon information supplied by the Firm's independent actuary, October Three, LLC. The Plan has met the minimum funding requirements in accordance with the provisions set forth in ERISA.

Payment of Benefits

On attainment of a Participant's normal retirement date (first day of the month following his or her attainment of age 65 or, if later, completion of five years of service), or on attainment of a Participant's early retirement date (the first day of any month after his or her 60th birthday), Participants are entitled to receive benefits in an amount calculated under the provisions of the Plan. Benefits are payable in the form of an annuity or a lump sum.

Pension Plan of Debevoise & Plimpton LLP

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Death and Disability Benefit

Under the terms of the Plan, if a Participant dies prior to terminating employment with the Firm, the entire interest of the Participant's accrued benefit shall be fully vested and paid in the form of a life annuity to the surviving spouse or a lump-sum distribution to the surviving spouse or beneficiary. If a Participant becomes disabled and is receiving benefits under the Firm's long-term disability plan, the Participant will be entitled to receive payment of his or her retirement income from the Plan starting at his or her normal retirement date, or if he or she elects, at his or her early retirement date, as though he or she had then retired.

Administrative Expenses

The Plan incurs administrative expenses directly related to the Plan that consist primarily of trustee, actuarial, audit, and Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency, fees. These expenses are reported on the statements of changes in net assets available for benefits as administrative expenses.

Termination of the Plan

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. All Participants will be fully vested upon the Plan's termination.

In the event of the termination of the Plan, the Plan's assets will be allocated in accordance with the priorities specified in Section 4044 of ERISA. Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' 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.

Pension Plan of Debevoise & Plimpton LLP

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Annuity Purchase Transaction

On September 11, 2024, the Firm entered into an agreement pursuant to which the Plan purchased a group annuity contract from Principal Life Insurance Company (Principal) to pay future pension benefits for 174 retirees. The Firm transferred \$41,720,838 of pension assets to Principal on September 18, 2024. The purchase of this annuity contract legally relieved the Firm from its obligations for these retirees. The transaction has been recorded as an “annuity purchase” in the 2024 statement of changes in net assets.

Lump Sum Window

In September 2024, a voluntary lump sum window program was offered to certain eligible terminated vested plan participants in which they were given the option to commence their benefit prior to attaining the age of 60 (which is currently required under the Plan) as either a monthly annuity or a single lump sum payment. The lump sum window closed on November 22, 2024. Seventy-four participants eligible under the voluntary lump sum window program elected to receive a single lump sum payment and the total amount paid was \$3,718,728. One participant eligible under the voluntary lump sum window program elected to receive a monthly annuity.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (U.S. GAAP) requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

Pension Plan of Debevoise & Plimpton LLP

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies

Administrative Expenses

Certain administrative expenses of the Plan are paid by the Firm.

Investment Transactions

Investment transactions are recorded on a trade-date basis. The differences between the current market values and historical costs of securities held at the beginning of the year versus the current market values and historical costs of securities held at the end of the year represent the unrealized appreciation (depreciation) for the current year. The net realized appreciation (depreciation) from sales of investments is determined on an average cost basis.

Interest is recorded as earned on the accrual basis. Dividends are recorded on the ex-dividend date.

3. Investments

Certain investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2024 and 2023, and net realized and unrealized appreciation in fair value of investments and investment income for the years then ended, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the Trustee.

4. Fair Value Measurements

The Plan assets and liabilities are measured at fair value. To measure fair value, a hierarchy has been established that requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs. As such, the hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

Level 1 – Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

Pension Plan of Debevoise & Plimpton LLP

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

Level 2 – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:

- Quoted prices for similar assets and liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in markets that are not active;
- Observable inputs other than quoted prices that are used in the valuation of the asset or liability (e.g., interest rate and yield curve quotes at commonly quoted intervals); and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 – Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumptions about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

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

The Vanguard Extended Market Index Fund, the Vanguard Total International Bond Index Fund, the Vanguard Total International Stock Index Fund and the Vanguard Institutional Index Fund mutual fund investments are carried at fair value and are measured by quoted prices in active markets.

The Invesco Intermediate Bond Trust – Class A is a common/collective trust whose underlying investments consist of marketable securities. Investments are valued at published net asset value as determined by the issuer, based on the fair values of the underlying investments.

The Plan's investment in the Goldman Sachs Financial Square Government Fund is valued at the quoted market price as determined by the issuer at the end of the year.

There are no redemption restrictions or unfunded commitments on the collective trusts held by the Plan.

Pension Plan of Debevoise & Plimpton LLP

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31:

	2024	
	Level 1	Total
Mutual funds	\$ 63,858,262	\$ 63,858,262
Money market fund	943,423	943,423
Common/collective trust – bonds	27,568,126	27,568,126
	\$ 92,369,811	\$ 92,369,811
	2023	
	Level 1	Total
Mutual funds	\$ 94,865,726	\$ 94,865,726
Money market fund	665,963	665,963
Common/collective trust – bonds	36,028,944	36,028,944
	\$ 131,560,633	\$ 131,560,633

5. Accumulated Plan Benefits

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

Each Participant who retires on his or her Normal Retirement Date shall receive, commencing on such date, a retirement income for life in an annual amount determined by the greater of (i) 55% of the Participant's Average Final Compensation (determined at earlier of the participant's termination date and December 31, 2014) subtracted by an amount equal to 45% of the estimated annualized primary insurance amount that would be payable to the Participant at his or her Normal Retirement Date under the Federal Social Security Act (determined at the earlier of the

Pension Plan of Debevoise & Plimpton LLP

Notes to Financial Statements (continued)

5. Accumulated Plan Benefits (continued)

participant's termination date and December 31, 2014), with the difference so determined multiplied by a fraction, the numerator of which is the number of full months of his or her Periods of Service (determined at earlier of the participant's termination date and December 31, 2014) and the denominator of which is the greater of (a) 240 months (20 years), and (b) the number of full months of his or her Periods of Service assuming he or she had worked until he or she attained his or her Normal Retirement age; or (ii) 1 1/2% of his or her Career Average Compensation multiplied by the number of years (not in excess of 40) of the Participant's Periods of Service (determined at the earlier of the participant's termination date and December 31, 2014); plus (iii) an additional 0.5% of the Career Average Compensation multiplied by the number of years (not in excess of 40) of the Participant's Periods of Service (determined at the earlier of the participant's termination date and December 31, 2014) during which he or she had attained age 45 or over but, effective for plan years commencing on or after January 1, 2000, not less than (iv) \$2,000.

The Plan's actuaries estimated the actuarial present value of accumulated plan benefits. This is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the Participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial present values of accumulated plan benefits as of December 31, 2024 and 2023 are presented below:

	2024	2023
Vested benefits:		
Participants currently receiving payments	\$ 1,972,298	\$ 37,948,954
Other participants	81,330,206	86,172,131
	83,302,504	124,121,085
Unvested benefits	792,274	761,979
Total	\$ 84,094,778	\$ 124,883,064

Pension Plan of Debevoise & Plimpton LLP

Notes to Financial Statements (continued)

5. Accumulated Plan Benefits (continued)

Changes in the actuarial present value of accumulated plan benefits for the years ended December 31, 2024 and 2023 are as follows:

	2024	2023
Actuarial present value of accumulated plan benefits, beginning of year	\$ 124,883,064	\$ 125,571,319
Increases (decreases) during the year attributable to:		
Increase for interest	6,990,796	7,624,120
Benefits paid	(12,762,925)	(7,281,141)
Annuity purchase	(41,720,838)	–
Benefits accumulated net of experience gains	7,333,489	1,984,832
Assumption changes	(628,808)	(3,016,066)
Net (decrease)	(40,788,286)	(688,255)
Actuarial present value of accumulated plan benefits, end of year	\$ 84,094,778	\$ 124,883,064

Significant actuarial assumptions used in the valuation as of December 31, 2024 and 2023 are as follows:

Discount rate (expected long-term rate of return)	6.25%
Mortality basis	Pri-2012 Mortality Table (white collar) for males and females with the MP-2021 mortality improvement scale applied generationally from 2012
Retirement age	The weighted-average retirement age is 63.

The change in actuarial assumptions for the year ended December 31, 2024, was due to (i) an increase in the minimum lump sum interest rates from 4.00% to 4.50% for the first segment rate, and 4.75% to 5.00% for the second segment rate. The change in actuarial assumptions for the year ended December 31, 2023, was due to (i) an increase in Plan lumpsum interest rate from 3.5% to 4.5% and (ii) an increase in the minimum lump sum interest rates from 2.50% to 4.00% for the first segment rate, and 4.00% to 4.75% for the second segment rate, and 5.00% to 5.50% for the third segment rate.

Pension Plan of Debevoise & Plimpton LLP

Notes to Financial Statements (continued)

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

6. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is 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 estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

7. Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated October 27, 2015, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Subsequent to the receipt of the determination letter, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax exempt.

U.S. GAAP requires the Plan Administrator to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Pension Plan of Debevoise & Plimpton LLP

Notes to Financial Statements (continued)

8. Party-in-Interest Transactions

The Plan holds units of money market fund (Goldman Sachs Financial Square Government Fund) managed by the trustee of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

9. Subsequent Events

Management evaluated subsequent events for the Plan through October 15, 2025, the date the accompanying financial statements were available to be issued.

Supplemental Schedules

Pension Plan of Debevoise & Plimpton LLP

EIN #13-5537279 Plan #001

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)

December 31, 2024

Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, or Maturity Value	Cost	Current Value
Vanguard Institutional Index Fund	61,084 Shares	\$ 19,530,556	\$ 29,251,704
Invesco Intermediate Bond Trust – Class A	1,130,304 Shares	24,244,147	27,568,126
Vanguard Total International Stock Index Fund	148,050 Shares	17,072,385	18,760,938
Vanguard Extended Market Index Fund	77,527 Shares	5,302,283	11,169,330
Vanguard Total International Bond Index Fund	158,787 Shares	5,108,736	4,676,290
Goldman Sachs Financial Square Government Fund	943,423 Shares	943,423	943,423
Total investments		<u>\$ 72,201,530</u>	<u>\$ 92,369,811</u>

Pension Plan of Debevoise & Plimpton LLP

EIN #13-5537279 Plan #001

Schedule H, Line 4(j) – Schedule of Reportable Transactions

Year Ended December 31, 2024

Identity of Party Involved	Description of Assets	Purchase Price	Sales Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (i) – Single transactions in excess of 5% of plan assets						
Invesco Trust Company	Intermediate Bond Trust – Class A	\$ –	\$ 11,600,000	\$ 5,791,216	\$ 11,600,000	\$ 5,808,784
Vanguard Group	Total International Stock Index Fund	–	9,247,653	7,270,768	9,247,653	1,976,885
Vanguard Group	Institutional Index Fund	–	13,757,701	8,798,823	13,757,701	4,958,878
Category (iii) – Series of transactions in excess of 5% of plan assets						
Invesco Trust Company	Intermediate Bond Trust – Class A	\$ 1,625,910	\$ –	\$ 1,625,910	\$ 1,625,910	\$ –
Invesco Trust Company	Intermediate Bond Trust – Class A	–	11,600,000	5,791,216	11,600,000	5,808,784
Goldman Sachs	Financial Square Government Fund	54,903,172	–	54,903,172	54,903,172	–
Goldman Sachs	Financial Square Government Fund	–	54,625,712	54,625,712	54,625,712	–
Vanguard Group	Total International Stock Index Fund	731,386	–	731,386	731,386	–
Vanguard Group	Total International Stock Index Fund	–	10,522,343	8,173,677	10,522,343	2,348,666
Vanguard Group	Institutional Index Fund	956,274	–	956,274	956,274	–
Vanguard Group	Institutional Index Fund	–	24,409,912	15,813,481	24,409,912	8,596,431
Vanguard Group	Extended Market Index Fund	168,352	–	168,352	168,352	–
Vanguard Group	Extended Market Index Fund	–	7,980,278	2,287,722	7,980,278	5,692,556

There were no category (ii) or (iv) reportable transactions during the year ended December 31, 2024.

Columns for “Lease rental” and “Expense incurred with transaction” are not applicable.

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Pension Plan of Debevoise & Plimpton LLP

EIN / PN: 13-5537279 / 001

2024 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Plan Sponsor Elections

Yield curve election: The plan sponsor did not elect to use the full yield curve under IRC section 430(h)(2)(D)(ii).

Applicable month: The plan sponsor elected to base the segment rates on the rates published in the September immediately preceding the valuation year.

Economic Assumptions

	Funding Target	
	with stabilization	without stabilization
First segment rate (years 0 to 4):	4.75%	3.62%
Second segment rate (years 5 to 19):	4.87%	4.46%
Third segment rate (years 20 and after):	5.59%	4.52%
Effective interest rate (current year):	5.11%	4.42%

Long-term rate of return on assets (2022): 6.25%

Long-term rate of return on assets (2023): 6.25%

Lump sum interest rate (Plan basis): 4.50%

The interest rates listed above are compounded annually.

Demographic Assumptions

RETIREMENT

The retirement decrement assumptions for active participants are provided in Exhibit A.

WITHDRAWAL

The withdrawal decrement assumptions for active participants are provided in Exhibit B.

DISABILITY

None.

MORTALITY AND MORTALITY IMPROVEMENT

The mortality follows the IRS 2024 Generational Mortality Table, as prescribed by Treasury regulation section 1.430(h)(3)-1.

MARITAL STATUS

50% of employees are assumed to be married; husbands are assumed to be three years older than wives.

DECREMENT TIMING

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

Pension Plan of Debevoise & Plimpton LLP

EIN / PN: 13-5537279 / 001

2024 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Other Assumptions

FORM OF PAYMENT

Married participants (see marital status assumption) who are eligible to receive the 62 & 20 retirement benefit are assumed to elect a 100% J&S benefit if that is the most valuable benefit. For all other participants, 50% are assumed to elect a single life annuity and 50% are assumed to elect a lump sum payment.

LUMP SUM BASIS

Lump sums are determined based on an assumed interest rate of 4.5% and the mortality table prescribed in Revenue Ruling 2001-62 (94 GAR), but not less than the lump sum determined under IRC section 417(e).

MAXIMUM EARNINGS

The maximum compensation limit under IRC section 401(a)(17) is \$345,000 for 2024.

MAXIMUM BENEFIT

The maximum benefit payable under IRC section 415 is \$275,000 for 2024.

EXPENSES

Assumed expenses are 0.1% of the market value of assets on the valuation date, plus the PBGC premium for the plan year. In accordance with our understanding of the available guidance, the expense assumption reflects administrative expenses and does not include investment-related expenses or any other non-administrative expense.

Changes from Prior Year and Rationale for Changes

The assumed lump sum interest rate was increased from 3.5% to 4.5% to better reflect future expectations.

Actuarial Methods

VALUATION DATE

The valuation date is January 1, 2024.

ACTUARIAL VALUE OF ASSETS

The actuarial value of assets is determined by recognizing asset gains and losses over a period of three years. Asset gains and losses are defined as the difference between the expected return on the market value of assets, using a return assumption not to exceed the third segment rate, and the actual return on the market value of assets. This gain or loss is recognized over a period of three years at 33% per year, beginning in the current year. The actuarial value of assets must be within 10% of the market value of assets.

Pension Plan of Debevoise & Plimpton LLP

EIN / PN: 13-5537279 / 001

2024 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Actuarial Methods (continued)

MINIMUM FUNDING METHOD

The funding target and target normal cost for minimum funding calculations are determined using the traditional unit credit cost method as prescribed by Treasury regulation section 1.430(d)-1. The liability under the unit credit cost method is the value of the accrued pension benefit using service and pay as of the valuation date. The sum of the present value of the accrued benefits for all participants is the ERISA funding target. The normal cost is the present value of the benefits earned during the year. The target normal cost is the sum of the normal costs for all participants and the assumed administrative expenses.

Changes in Method from Prior Year and Rationale for Changes

None.

Exhibit A - Retirement Rates

The following are the annual rates of retirement:

<u>Age</u>	<u>Rate</u>
60	0.20000
61	0.03000
62	0.25000
63	0.03000
64	0.03000
65+	1.00000

The weighted average retirement age based on the above retirement rates is calculated as follows:

<u>Age</u>	<u>Number</u>	<u>Rate</u>	<u>Weighted Average Age</u>
60	1.00000	0.20000	12.00
61	0.80000	0.03000	1.46
62	0.77600	0.25000	12.03
63	0.58200	0.03000	1.10
64	0.56454	0.03000	1.08
65+	0.54760	1.00000	35.59
			63.26

Pension Plan of Debevoise & Plimpton LLP

EIN / PN: 13-5537279 / 001

2024 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Exhibit B - Sample Withdrawal Rates

The following are the annual rates of withdrawal:

Age	Rate		Age	Rate	
	Male	Female		Male	Female
20	0.20821	0.34348	40	0.03588	0.06488
21	0.19314	0.31343	41	0.03215	0.05856
22	0.17806	0.28339	42	0.02826	0.05222
23	0.16298	0.25334	43	0.02420	0.04583
24	0.14788	0.22328	44	0.01999	0.03941
25	0.13878	0.20821	45	0.01564	0.03587
26	0.12966	0.19314	46	0.01115	0.03215
27	0.12053	0.17806	47	0.00652	0.02826
28	0.11139	0.16298	48	0.00177	0.02420
29	0.10224	0.14788	49	0.00000	0.01999
30	0.09605	0.13878	50	0.00000	0.01564
31	0.08987	0.12966	51	0.00000	0.01115
32	0.08365	0.12053	52	0.00000	0.00652
33	0.07742	0.11138	53	0.00000	0.00177
34	0.07112	0.10223	54	0.00000	0.00000
35	0.06488	0.09605	55	0.00000	0.00000
36	0.05857	0.08986	56	0.00000	0.00000
37	0.05222	0.08365	57	0.00000	0.00000
38	0.04580	0.07742	58	0.00000	0.00000
39	0.03941	0.07116	59	0.00000	0.00000

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110
1210-0089

Department of the Treasury
Internal Revenue Service

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).

2024

Department of Labor
Employee Benefits Security
Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information


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

- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- 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 PENSION PLAN OF DEBEVOISE & PLIMPTON LLP	1b Three-digit plan number (PN) ▶	001
	1c Effective date of plan	01/01/1966
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) DEBEVOISE & PLIMPTON LLP 66 HUDSON BOULEVARD NEW YORK NY 10001	2b Employer Identification Number (EIN)	13-5537279
	2c Plan Sponsor's telephone number	212-909-6000
	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		Oct 14/25	CRAIG FIELDS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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
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	5 843
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) 305 6a(2) 282 6b 8 6c 269 6d 559 6e 1 6f 560 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:
 1A 1I

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

9a Plan funding arrangement (check all that apply) (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 checked="" 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 checked="" 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 _____

Pension Plan of Debevoise & Plimpton LLP

EIN #13-5537279 Plan #001

Schedule H, Line 4(j) – Schedule of Reportable Transactions

Year Ended December 31, 2024

Identity of Party Involved	Description of Assets	Purchase Price	Sales Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (i) – Single transactions in excess of 5% of plan assets						
Invesco Trust Company	Intermediate Bond Trust – Class A	\$ –	\$ 11,600,000	\$ 5,791,216	\$ 11,600,000	\$ 5,808,784
Vanguard Group	Total International Stock Index Fund	–	9,247,653	7,270,768	9,247,653	1,976,885
Vanguard Group	Institutional Index Fund	–	13,757,701	8,798,823	13,757,701	4,958,878
Category (iii) – Series of transactions in excess of 5% of plan assets						
Invesco Trust Company	Intermediate Bond Trust – Class A	\$ 1,625,910	–	\$ 1,625,910	\$ 1,625,910	\$ –
Invesco Trust Company	Intermediate Bond Trust – Class A	–	11,600,000	5,791,216	11,600,000	5,808,784
Goldman Sachs	Financial Square Government Fund	54,903,172	–	54,903,172	54,903,172	–
Goldman Sachs	Financial Square Government Fund	–	54,625,712	54,625,712	54,625,712	–
Vanguard Group	Total International Stock Index Fund	731,386	–	731,386	731,386	–
Vanguard Group	Total International Stock Index Fund	–	10,522,343	8,173,677	10,522,343	2,348,666
Vanguard Group	Institutional Index Fund	956,274	–	956,274	956,274	–
Vanguard Group	Institutional Index Fund	–	24,409,912	15,813,481	24,409,912	8,596,431
Vanguard Group	Extended Market Index Fund	168,352	–	168,352	168,352	–
Vanguard Group	Extended Market Index Fund	–	7,980,278	2,287,722	7,980,278	5,692,556

There were no category (ii) or (iv) reportable transactions during the year ended December 31, 2024.

Columns for “Lease rental” and “Expense incurred with transaction” are not applicable.

**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 PENSION PLAN OF DEBEVOISE & PLIMPTON LLP	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DEBEVOISE & PLIMPTON LLP	D Employer Identification Number (EIN) 13-5537279	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value.....	2a	131,564,410	
b Actuarial value.....	2b	133,747,921	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	174	40,070,145	40,070,145
b For terminated vested participants	364	42,014,096	42,014,096
c For active participants.....	305	49,126,181	50,329,384
d Total.....	843	131,210,422	132,413,625
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions			4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor			4b
5 Effective interest rate			5 5.11%
6 Target normal cost			
a Present value of current plan year accruals			6a 0
b Expected plan-related expenses			6b 216,707
c Target normal cost			6c 216,707

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	Tim Mahannah	
	Signature of actuary	Date <u>10/14/2025</u>
	Tim Mahannah	2305368
	Type or print name of actuary	Most recent enrollment number
	October Three Consulting LLC	510-332-1539
	Firm name	Telephone number (including area code)
	233 S. Wacker Drive, Suite 8350	
	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 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 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 216,707
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	13,453,186		1,621,435	
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 1,838,142
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	1,838,142	1,838,142	
36 Additional cash requirement (line 34 minus line 35).....				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 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 checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

Pension Plan of Debevoise & Plimpton LLP

EIN / PN: 13-5537279 / 001

2024 Schedule SB, Line 22 - Description of Weighted Average Retirement Age

DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

The retirement decrement assumptions for active participants are summarized below. The weighted average retirement age is 63, as described below.

The following are the annual rates of retirement:

<u>Age</u>	<u>Rate</u>
60	0.20000
61	0.03000
62	0.25000
63	0.03000
64	0.03000
65+	1.00000

The weighted average retirement age based on the above retirement rates is calculated as follows:

<u>Age</u>	<u>Number</u>	<u>Rate</u>	<u>Weighted Average Age</u>
60	1.00000	0.20000	12.00
61	0.80000	0.03000	1.46
62	0.77600	0.25000	12.03
63	0.58200	0.03000	1.10
64	0.56454	0.03000	1.08
65+	0.54760	1.00000	35.59
			63.26

Pension Plan of Debevoise & Plimpton LLP
EIN / PN: 13-5537279 / 001
2024 Schedule SB, Part V - Summary of Plan Provisions

EFFECTIVE DATE

The effective date of the plan was January 1, 1966. The plan was last restated effective December 31, 2014, and amended effective January 1, 2024.

PLAN YEAR

January 1 to December 31.

ELIGIBILITY

All US employees, including counsel, but excluding any other member of the Firm's legal staff, are immediately eligible to participate. Effective December 31, 2014, no individuals shall be eligible to become a participant after December 31, 2014.

Definitions

ACCRUED BENEFIT

For all participants, a single life annuity benefit equal to the greater of (i) and (ii):

(i) A benefit equal to the greater of (A) and (B), plus (C):

- (A) 55% of Average Final Compensation less 45% of Social Security Benefit multiplied by the ratio of the Participant's Period of Service to the greater of 20 years of service or service projected to age 65 (for projected service, service after December 31, 2014 is reflected as if the Plan had not been frozen).
- (B) 1.5% of Career Average Compensation multiplied by the Participant's Period of Service limited to 40.
- (C) 0.5% of Career Average Compensation earned after December 31, 1992, and attainment of age 45, multiplied by the Participant's Period of Service after December 31, 1992, and attainment of age 45.

(ii) \$2,000.

For Participants active on December 31, 2014, the Accrued Benefit is frozen based on compensation, Period of Service and the Social Security Benefit at such date.

ACTUARIAL EQUIVALENT

For purposes of actuarially adjusting an annuity benefit or for payment before/after the Participant's Normal Retirement Date, an interest rate of 6.5% and the UP-1984 Table (3 year setback for the Participant and no setback for the beneficiary).

For purposes of determining a lump sum payment, an interest rate based on the 30-year Treasury for the November preceding the Plan Year and the mortality table published in Revenue Ruling 2001-62 (94 GAR). In no event will the lump sum payment be less than the present value based on the IRS prescribed assumptions under IRC Section 417(e) using the interest rates for the November preceding the Plan Year.

Pension Plan of Debevoise & Plimpton LLP
EIN / PN: 13-5537279 / 001
2024 Schedule SB, Part V - Summary of Plan Provisions

AVERAGE FINAL COMPENSATION

The average annual base salary, excluding overtime and bonuses, for the final 60 months of service. For Plan Years beginning on or after January 1, 2002, each year's earnings is limited to \$170,000. Effective December 31, 2014, no compensation after December 31, 2014 shall be included in the determination of the Average Final Compensation and such average shall be determined based on the compensation paid (and associated service) during the 60-month period ending on December 31, 2014.

CAREER AVERAGE COMPENSATION

The average annual non-deferred compensation, increased by 401(k) contributions, for all calendar years of service after 1979. For Plan Years beginning on or after January 1, 2002, each year's earnings is limited to \$170,000. Effective December 31, 2014, no compensation after December 31, 2014 shall be included in the determination of the Career Average Compensation.

EARLY RETIREMENT DATE

The first of the month following the attainment of age 60.

NORMAL RETIREMENT DATE

The first of the month following both the attainment of age 65 and completion of a 5 years of service.

PERIOD OF SERVICE

Service commencing on the date on which the employee first performs an hour of service and ending on the date of his severance from service. Employees who become counsel to the Firm on or after April 1, 2001, receive one-month of service for Periods of Service as an associate attorney for each one-month Period of Service credited to the employee as counsel to the Firm. Effective December 31, 2014, no Period of Service after December 31, 2014 shall be included in the determination of the Accrued Benefit.

SOCIAL SECURITY BENEFIT

The estimated benefit payable from Social Security at the Participant's Normal Retirement Date based on the law in effect on January 1st of the year of termination. For Participants active on December 31, 2014, the Social Security Benefit is determined based on compensation through such date and the law in effect for 2014. Participant who terminated on or before December 31, 2014, the Social Security benefit is based on the law in effect for the year they terminated.

VESTING SERVICE

Shall be credited for all Periods of Service with the Firm after age 18. Periods of Service after December 31, 2014 are included for Vesting Service for purposes of determining the Participant's Vesting and eligibility for certain early retirement and optional form subsidies.

Payment of Retirement Benefits

BENEFIT AMOUNT

The Vested Accrued Benefit payable at the Participant's Normal Retirement Date.

Pension Plan of Debevoise & Plimpton LLP
EIN / PN: 13-5537279 / 001
2024 Schedule SB, Part V - Summary of Plan Provisions

BENEFIT ELIGIBILITY

Normal Retirement Benefit

Reaching Normal Retirement Date. If the commencement date is after the Participant's Normal Retirement Date, the Vested Accrued Benefit is actuarially increased.

Early Retirement Benefit

Reaching Early Retirement Date. The Vested Accrued Benefit is actuarial reduced if paid as an annuity. If the Participant had attained age 62 with 20 years of Vesting Service when he or she terminated, the Career Average based benefit is not reduced for early commencement if paid as an annuity.

Terminated Vested Benefit

Termination of employment after having earned a Vested Accrued Benefit, which is payable at the Participant's Normal Retirement Date. If the benefit commences before the Participant's Normal Retirement Date, but no earlier than the Early Retirement Date, the annuity benefit is actuarially reduced.

Pre-Retirement Death Benefit

The spouse or other named beneficiary of a Participant with a Vested Accrued Benefit that has not commenced shall receive a lump sum payment of the Vested Accrued Benefit. If the beneficiary is the spouse, they have the option of electing to receive the Vested Accrued Benefit as an actuarially equivalent single life annuity.

BENEFIT PAYMENT FORMS

The normal form is a single life annuity. The automatic form of payment for a single Participant is the normal form and for a married Participant at the benefit commencement date is a actuarially reduced qualified joint and survivor annuity, with 50% of the benefit continuing to the surviving spouse upon the earlier death of the Participant. If the Participant is married and was over age 62 with 20 years of Vesting Service at the time of termination, the Career Average formula's normal form is a qualified joint and survivor annuity, with 100% of the benefit continuing to the surviving spouse upon the earlier death of the Participant.

In lieu of the automatic form of payment, a Participant may elect, with the proper spousal consent, one of the optional forms of annuity payment or, alternatively, a single lump sum payment. The optional forms of annuity payment are 50%, 75% or 100% joint and survivor annuities or a single life annuity.

VESTING

A Participant's vested percentage shall equal 20% after the attainment of 2 years of Vesting Service and will increase 20% per year. A Participant shall be fully vested at the attainment of 6 years of Vesting Service, attainment of Normal Retirement Date while employed or upon death while employed at the Firm. Effective July 31, 2023, any Participant employed on or after such date shall be fully vested at the attainment of 3 years of Vesting Service.

Pension Plan of Debevoise & Plimpton LLP

EIN #13-5537279 Plan #001

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)

December 31, 2024

Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, or Maturity Value	Cost	Current Value
Vanguard Institutional Index Fund	61,084 Shares	\$ 19,530,556	\$ 29,251,704
Invesco Intermediate Bond Trust – Class A	1,130,304 Shares	24,244,147	27,568,126
Vanguard Total International Stock Index Fund	148,050 Shares	17,072,385	18,760,938
Vanguard Extended Market Index Fund	77,527 Shares	5,302,283	11,169,330
Vanguard Total International Bond Index Fund	158,787 Shares	5,108,736	4,676,290
Goldman Sachs Financial Square Government Fund	943,423 Shares	943,423	943,423
Total investments		\$ 72,201,530	\$ 92,369,811

Pension Plan of Debevoise & Plimpton LLP

EIN / PN: 13-5537279 / 001

2024 Schedule SB, Line 32 - Schedule of Amortization Bases

Amortization charges	Present Value of <u>Future Installments</u>	Years <u>Remaining</u>	Amortization <u>Installments</u>
a. Shortfall amortization installments			
i. 2019	15,875,017	10	1,945,681
ii. 2020	(2,758,957)	11	(314,208)
iii. 2021	(441,017)	12	(47,050)
iv. 2022	(6,944,354)	13	(698,729)
v. 2023	7,427,707	14	708,921
vi. 2024	<u>294,790</u>	15	<u>26,820</u>
vii. Total, not less than zero	\$13,453,186		\$1,621,435
b. Waiver amortization installments	\$0	0	\$0

Pension Plan of Debevoise & Plimpton LLP

EIN / PN: 13-5537279 / 001

2024 Schedule SB, Line 24 - Change in Actuarial Assumptions

LUMP SUM BASIS

The assumed lump sum interest rate was increased from 3.5% to 4.5% to better reflect future expectations.