

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 02/01/2024 and ending 01/31/2025

- 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 WINSTON & STRAWN LLP CASH BALANCE PLAN
1b Three-digit plan number (PN) 004
1c Effective date of plan 02/01/2018
2a Plan sponsor's name (employer, if for a single-employer plan) WINSTON & STRAWN LLP
2b Employer Identification Number (EIN) 36-1975990
2c Plan Sponsor's telephone number 312-558-5600
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 type="checkbox"/> Same as Plan Sponsor WINSTON & STRAWN LLP RETIREMENT PLANS COMMITTEE 300 N. LASALLE DRIVE STE. 4400 CHICAGO, IL 60654	3b Administrator's EIN 37-1765906 3c Administrator's telephone number 312-558-5600
--	---

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	399
---	----------	-----

6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	374
a(2) Total number of active participants at the end of the plan year	6a(2)	354
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits	6c	25
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	379
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0
f Total. Add lines 6d and 6e	6f	379
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
--	----------	--

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

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

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

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

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
---	--

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

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

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

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

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

Receipt Confirmation Code _____

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
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025

▶ **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>WINSTON & STRAWN LLP CASH BALANCE PLAN</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>WINSTON & STRAWN LLP</u>	D Employer Identification Number (EIN) <u>36-1975990</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date:	Month <u>02</u> Day <u>01</u> Year <u>2024</u>		
2 Assets:			
a Market value	2a	<u>118382437</u>	
b Actuarial value	2b	<u>118382437</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>	<u>0</u>
b For terminated vested participants	<u>25</u>	<u>2884594</u>	<u>2884594</u>
c For active participants	<u>391</u>	<u>104501222</u>	<u>104501222</u>
d Total	<u>416</u>	<u>107385816</u>	<u>107385816</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>4.96 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>33615979</u>	
b Expected plan-related expenses	6b	<u>0</u>	
c Target normal cost	6c	<u>33615979</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>10/08/2025</u>	Date
	<u>MICHAEL KRAVITZ</u>	<u>23-06149</u>	Most recent enrollment number
	<u>WILLIS TOWERS WATSON US LLC</u>	<u>312-288-7700</u>	Telephone number (including area code)
	<u>233 SOUTH WACKER DRIVE SUITE 1800 CHICAGO, IL 60606</u>		
	Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>7.52</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		11444261
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>5.07</u> %		580224
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		12024485
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	110.24 %
15	Adjusted funding target attainment percentage	15	110.24 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	114.65 %
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		
09/24/2024	144900	0	01/30/2025	13736537	0		
10/25/2024	312800	0	02/20/2025	188262	0		
11/21/2024	154674	0	04/10/2025	14825	0		
12/23/2024	37892	0	07/25/2025	120774	0		
01/10/2025	30525	0	07/30/2025	7500	0		
01/28/2025	95162	0	09/03/2025	19000000	0		
			Totals ▶	18(b)	33843851	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	31742049

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 60
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 33615979
b Excess assets, if applicable, but not greater than line 31a				31b 10996621
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment.....	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 22619358
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)				36 22619358
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 31742049
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 9122691
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

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

For calendar plan year 2024 or fiscal plan year beginning **02/01/2024** and ending **01/31/2025**

A Name of plan WINSTON & STRAWN LLP CASH BALANCE PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 WINSTON & STRAWN LLP	D Employer Identification Number (EIN) 36-1975990	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MERRILL LYNCH

13-5674085

(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?
28 50 51 52 62	NONE	102227	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input 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)

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 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
--	--	---

For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025	
A Name of plan WINSTON & STRAWN LLP CASH BALANCE PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 WINSTON & STRAWN LLP	D Employer Identification Number (EIN) 36-1975990

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
a Total noninterest-bearing cash	1a	9370	13757447
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	17571539	19331361
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	234553	405115
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	25276666	0
(2) U.S. Government securities	1c(2)	14029370	22322847
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	6081445	10730211
(B) All other	1c(3)(B)	4897974	7886587
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	6665973	10327979
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	44147792	63699825
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	118914682	148461372
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	118914682	148461372

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)	33843851	
(B) Participants.....	2a(1)(B)	0	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		33843851
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities.....	2b(1)(B)	574781	
(C) Corporate debt instruments.....	2b(1)(C)	587512	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	0	
(F) Other.....	2b(1)(F)	501572	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1663865
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1845860	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1845860
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	105497260	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	105653043	
(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)	0	
(B) Other.....	2b(5)(B)	-644222	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		6602691
c Other income	2c		-3375
d Total income. Add all income amounts in column (b) and enter total	2d		43152887

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13503970	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		13503970
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	102227	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		102227
j Total expenses. Add all expense amounts in column (b) and enter total	2j		13606197

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		29546690
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: **DELOITTE & TOUCHE LLP**

(2) EIN: **13-3891517**

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		20000000
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 556014.

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

For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025

A Name of plan <u>WINSTON & STRAWN LLP CASH BALANCE PLAN</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WINSTON & STRAWN LLP</u>	D Employer Identification Number (EIN) <u>36-1975990</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
---	---	---

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): 13-5674085

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	45
--	---	----

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 _____.

Winston & Strawn LLP Cash Balance Plan

Employer Identification Number: 36-1975990
Plan Number: 004

Financial Statements as of January 31, 2025 and 2024, and
for the Year Ended January 31, 2025, Supplemental
Schedules as of and for the Year Ended January 31, 2025,
and Independent Auditor's Report

WINSTON & STRAWN LLP CASH BALANCE PLAN

TABLE OF CONTENTS

	Page
INDEPENDENT AUDITOR'S REPORT	1–3
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits as of January 31, 2025 and 2024	4
Statement of Changes in Net Assets Available for Benefits for the Year Ended January 31, 2025	5
Statements of Accumulated Plan Benefits as of January 31, 2025 and 2024	6
Statement of Changes in Accumulated Plan Benefits for the Year Ended January 31, 2025	7
Notes to Financial Statements as of January 31, 2025 and 2024, and for the Year Ended January 31, 2025	8–13
SUPPLEMENTAL SCHEDULES:	14
Form 5500, Schedule H, Part IV, Line 4i—Schedule of Assets (Held at End of Year) as of January 31, 2025	15–20
Form 5500, Schedule H, Part IV, Line 4j—Schedule of Reportable Transactions for the Year Ended January 31, 2025	21
NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	



Deloitte & Touche LLP
111 S. Wacker Drive
Suite 1800
Chicago, IL 60606-4301
USA
Tel: +1 312 486 1000
www.deloitte.com

INDEPENDENT AUDITOR'S REPORT

To the Administrator of the
Winston & Strawn LLP Cash Balance Plan:

Opinion

We have audited the financial statements of the Winston & Strawn LLP Cash Balance Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of accumulated plan benefits as of January 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended January 31, 2025 and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and accumulated plan benefits of the Plan as of January 31, 2025 and 2024, and the changes in its net assets available for benefits and changes in its accumulated plan benefits for the year ended January 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

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 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.

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

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of January 31, 2025 and supplemental schedule of reportable transactions for the year ended January 31, 2025 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 has been subjected to the auditing procedures applied in the audits 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Deloitte + Touche LLP

November 13, 2025

WINSTON & STRAWN LLP CASH BALANCE PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AS OF JANUARY 31, 2025 AND 2024

	2025	2024
ASSETS:		
Non-interest bearing cash	\$ 13,757,447	\$ -
Investments:		
Money market mutual funds and Cash, cash equivalents, and short-term investments	7,488,425	25,286,036
Mutual funds	19,732,235	16,581,282
Exchange-traded funds	36,479,165	27,566,510
Common stocks	10,327,979	6,665,973
Corporate debt instruments	18,616,798	10,979,419
US Government and foreign obligations	<u>22,322,847</u>	<u>14,029,370</u>
Total investments	<u>114,967,449</u>	<u>101,108,590</u>
Receivables:		
Accrued interest	405,115	234,553
Contribution receivable from partnership	<u>19,331,361</u>	<u>17,571,539</u>
Total receivables	<u>19,736,476</u>	<u>17,806,092</u>
Total assets	<u>148,461,372</u>	<u>118,914,682</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 148,461,372</u>	<u>\$ 118,914,682</u>

WINSTON & STRAWN LLP CASH BALANCE PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR ENDED JANUARY 31, 2025

ADDITIONS:	
Partnership contributions	\$ 33,843,851
Investment income:	
Net appreciation of investments	5,799,311
Interest	1,663,865
Dividends	<u>1,845,860</u>
Net investment income	<u>9,309,036</u>
Total additions	<u>43,152,887</u>
DEDUCTIONS:	
Benefits paid directly to participants	(13,503,970)
Administrative expenses	<u>(102,227)</u>
Total deductions	<u>(13,606,197)</u>
INCREASE IN NET ASSETS	29,546,690
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	<u>118,914,682</u>
End of year	<u>\$ 148,461,372</u>

See notes to financial statements.

WINSTON & STRAWN LLP CASH BALANCE PLAN

STATEMENTS OF ACCUMULATED PLAN BENEFITS AS OF JANUARY 31, 2025 AND 2024

	2025	2024
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS—Vested benefits:		
Participants with deferred benefits	\$ 4,646,637	\$ 2,868,054
Active participants	<u>123,409,162</u>	<u>97,564,330</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u>\$ 128,055,799</u>	<u>\$ 100,432,384</u>

See notes to financial statements.

WINSTON & STRAWN LLP CASH BALANCE PLAN

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS FOR THE YEAR ENDED JANUARY 31, 2025

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS—Beginning of year	<u>\$ 100,432,384</u>
INCREASE/(DECREASE) DURING THE YEAR ATTRIBUTABLE TO:	
Benefits accumulated	31,098,813
Decrease in discount period	7,486,753
Benefits paid	(13,503,970)
Actuarial loss	2,528,527
Assumption change	<u>13,292</u>
Net increase during the year	<u>27,623,415</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS—End of year	<u>\$ 128,055,799</u>

See notes to financial statements.

WINSTON & STRAWN LLP CASH BALANCE PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF JANUARY 31, 2025 AND 2024, AND FOR THE YEAR ENDED JANUARY 31, 2025

1. DESCRIPTION OF THE PLAN

The Winston & Strawn LLP Cash Balance Plan (the “Plan”) was established effective February 1, 2018, and is a defined benefit plan subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The following description of the Plan provides only general information. Participants should refer to the Plan document for more specific information.

General—The Plan sponsor is Winston & Strawn LLP, a Delaware limited liability partnership (the “Partnership”). The Winston & Strawn LLP Retirement Plans Committee is the Plan administrator and consists of partners of the Partnership who are appointed by the Executive Committee of the Partnership. Bank of America and its affiliate Merrill Lynch (“BAML”) serve as trustee of the Plan and custodian of the Plan’s investments. A “Plan Year” covers the 12-month period commencing on February 1 and ending on the following January 31.

Eligibility and Vesting—Eligibility to participate in the Plan is limited to partners who have been allocated at least one variable point during the Plan Year and certain employees who hold the titles of Chief Officer, Managing Director, Senior Pro Bono Counsel, and Assistant General Counsel of the Partnership who are treated by the Partnership as an employee for purposes of employment taxes and wage withholding, regardless of any subsequent reclassification by the Partnership, any governmental agency or court (an “Eligible Employee”). The Plan excludes partners and employees who are not citizens or permanent residents of the United States of America. Eligible individuals begin accruing a benefit in the Plan on February 1 or August 1 coincident with or next following his or her date of hire. Once a participant begins accumulating benefits, he or she is 100% vested in those benefits.

Cash Balance Benefits—The following are the three methods in which a participant’s benefits may be paid from the Plan:

Retirement—A participant qualifies for normal retirement on the date on which he or she attains age 62, regardless of years of service with the Partnership, at which point he or she is eligible to receive their cash balance account.

A participant qualifies for early retirement on the date on which he or she attains age 60, regardless of years of service with the Partnership. A participant may elect to receive his or her pension at the end of the Plan Year in which he or she attains the Plan’s early retirement age, regardless of whether he or she has terminated employment with the Partnership.

Termination from Partnership—A Participant who withdraws from the Partnership prior to retirement is eligible to receive the sum of the accrued benefits for the Plan Years in which he or she was a participant, commencing as of the first day of any month after his or her employment or association with the Partnership has terminated.

Death—In the event of a participant’s death, his or her designated beneficiary shall be entitled to a death benefit in an amount equal to the cash balance account at the time of death.

A participant's benefits may be distributed in the form of a lump-sum payment, life annuity, or joint and survivor annuity for married participants.

As of January 31 of each Plan Year, the Cash Balance Account of each Participant who has earned a year of Benefit Service for the following dates shall be credited with a "Pay Credit" equal to the percentage specified in the table below, based on (a) the number of points (as determined by the Executive Committee of the Partnership pursuant to the annual Partner compensation process) of a Participant who is a Partner or the Earnings of a Participant who is an Employee, and (b) the Participant's age as of the beginning of the Plan Year (or subsequent Entry Date, if later), multiplied by his or her Earnings (subject to Internal Revenue Services "IRS" limitations) for the following date:

Effective January 31, 2023:

Cash Balance Tier	Partner Points or Employee Earnings	Percentage of Earnings Under Age 50	Percentage of Earnings Age 50 and Over
1	At least 1 Variable Point but less than 6 Total Points or Employee Earnings \$500,000 or Under	6 %	8 %
2	At least 6 Total Points but less than 10 Total Points or Employee Earnings Over \$500,000	15	20
3	At least 10 Total Points but less than 14 Total Points	27	36
4	At least 14 Total Points but less than 18 Total Points	39	52
5	At least 18 Total Points but less than 22 Total Points	57	76
6	At least 22 Total Points	75	100

2. SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting—The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates—The preparation of financial statements in conformity with GAAP requires management to make significant estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits and changes therein. Actual results could differ from those estimates.

Risks and Uncertainties—The Plan utilizes various investment securities. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflicts. 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 financial statements.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Investment Valuation and Income Recognition—The Plan's investments are stated at fair value. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date.

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

Administrative Expenses—The Plan's administrative expenses, including Pension Benefit Guaranty Corporation ("PBGC") premiums and audit and actuarial fees, are paid by the Partnership and are not included in the Plan's financial statements. Management fees and operating expenses charged to the Plan for investments are included as a reduction of the return on each investment.

Payment of Benefits—Benefit payments to participants are recorded upon distribution.

3. FAIR VALUE MEASUREMENTS

FASB Accounting Standards Codification ("ASC") 820, "Fair Value Measurements and Disclosures," establishes a single authoritative definition of fair value, sets a framework for measuring fair value, and requires disclosures about fair value measurements. In accordance with ASC 820, the Plan classifies its investments into a fair value hierarchy that prioritizes inputs to valuation techniques used to measure fair value, as follows: Level 1 refers to securities valued using unadjusted quoted prices from active markets for identical assets; Level 2 refers to securities not traded on an active market, but for which observable market inputs are readily available; and Level 3 refers to securities valued based on significant unobservable inputs. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan had no Level 3 investments as of January 31, 2025 and 2024.

Asset Valuation Techniques—Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of January 31, 2025 and 2024.

Money Market Mutual Funds and Cash, Cash Equivalents, and Short-Term Investments—Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Mutual Funds—Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Exchange-Traded Funds—Includes exchange traded funds (ETFs) that are valued at the end of each trading day at its net asset value ("NAV") per share, with the ability to trade throughout the day on a national securities exchange at market prices. ETFs are SEC-registered investment companies that offer investors a way to pool their money in a fund that invests in stocks, bonds, or other assets. In return, investors receive an interest in the fund. ETFs are classified within Level 1 in the fair value hierarchy. The ETFs held by the Plan are deemed to be actively traded.

Common Stocks—Valued at the daily closing price based on unadjusted quoted market prices. The common stocks held by the Plan are deemed to be actively traded.

Corporate Debt Instruments—Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

US Government and Foreign Obligations—Valued using pricing models maximizing the use of observable inputs for similar securities. These securities are categorized in level 2 of the fair value hierarchy, depending on the inputs used and market activity levels.

A summary of the Plan’s investments measured at fair value on a recurring basis as of January 31, 2025 and 2024, set forth by level within the fair value hierarchy, is as follows:

	Investment at Fair Value at January 31, 2025			
	Level 1	Level 2	Level 3	Total
Money market mutual funds	\$ 7,488,425	\$ -	\$ -	\$ 7,488,425
Mutual funds	19,732,235			19,732,235
Exchange-traded funds	36,479,165			36,479,165
Common stocks	10,327,979			10,327,979
Corporate debt instruments		18,616,798		18,616,798
US Government Bonds		22,322,847		22,322,847
	<u>\$74,027,804</u>	<u>\$40,939,645</u>	<u>\$ -</u>	<u>\$114,967,449</u>
	Investment at Fair Value at January 31, 2024			
	Level 1	Level 2	Level 3	Total
Cash, cash equivalents, and short-term investments	\$25,286,036	\$ -	\$ -	\$ 25,286,036
Mutual funds	16,581,282			16,581,282
Exchange-traded funds	27,566,510			27,566,510
Common stocks	6,665,973			6,665,973
Corporate debt instruments		10,979,419		10,979,419
Government and foreign obligations		14,029,370		14,029,370
	<u>\$76,099,801</u>	<u>\$25,008,789</u>	<u>\$ -</u>	<u>\$101,108,590</u>

4. FUNDING POLICY

Contributions to provide benefits under the Plan are made solely by the Partnership. The Partnership’s funding policy is to make cash contributions to the Plan in amounts as determined by the Plan’s independent actuary. The Plan met the minimum funding requirements of ERISA as of January 31, 2025. During plan year ending January 31, 2025, the Partnership made contributions of \$33,843,851.

5. ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those benefits expected to be paid, including lump-sum distributions permitted under the Plan’s provisions, based on services rendered as of the valuation date. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) current participants or their beneficiaries. Benefits payable under all circumstances (e.g., retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to participant services rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits

to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The actuarial present value of accumulated plan benefits presented in the accompanying financial statements at January 31, 2025 and 2024, are presented using end of year benefit information date. The actuarial present value of accumulated plan benefits is measured as of February 1, 2025 and 2024. Had the valuations been performed as of January 31, 2025 and 2024, there would be no material differences. The effect of Plan amendments on accumulated Plan benefits is recognized during the year in which such amendment was adopted.

Significant actuarial assumptions used in the valuations as of January 31, 2025, include: (a) life expectancy assumptions based on the Pri-2012 mortality tables without collar adjustments, (b) assumed valuation interest rate (based on asset allocations) of 6.0%, and (c) assumed average retirement age of 60. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan was to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. Significant actuarial assumptions used in the valuation as of January 31, 2024, were consistent with significant actuarial assumptions used in the valuation as of January 31, 2025.

6. PLAN TERMINATION

Although it has not expressed any intention to do so, the Partnership has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

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 survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits if the Plan is terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

7. FEDERAL INCOME TAX STATUS

The Plan obtained its latest determination letter dated March 16, 2020, in which the IRS stated that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). In December 2016, the IRS began publishing a Required Amendments List for individually designed plans which specifies changes in qualification requirements. The list is published annually and requires plans to be amended for each item on the list, as applicable, to retain its tax-exempt status. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC, and the Plan and related trust continue to be tax exempt. Therefore, no provision for income taxes has been included in these financial statements.

8. RELATED PARTY TRANSACTIONS AND EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Transactions executed by BAML as the investment manager, qualify as exempt party-in-interest transactions. Fees paid by the Plan for the investment management services are included as Administrative Expenses on the financial statements.

9. SUBSEQUENT EVENTS

Management has evaluated subsequent events through November 13, 2025, the date the financial statements were available to be issued and concluded that no subsequent events have occurred that would require recognition or additional disclosure.

* * * * *

SUPPLEMENTAL SCHEDULES

WINSTON & STRAWN LLP CASH BALANCE PLAN

EMPLOYER IDENTIFICATION NUMBER: 36-1975990

PLAN NUMBER: 004

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF JANUARY 31, 2025

(a) Cusip	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
09248U437	BLF FEDFUND CASH RESERVE	Money Market Mutual Fund	\$ 1,765,315	\$ 1,765,315
608919437	FEDERATED HERMES GOVT	Money Market Mutual Fund	5,723,110	5,723,110
		Money Market Mutual Fund total	7,488,425	7,488,425
543916688	LORD ABBETT SHORT	Mutual Funds	8,690,177	8,518,706
72201M719	PIMCO INCOME FUND CL I2	Mutual Funds	11,735,648	11,213,529
		Mutual Funds total	20,425,825	19,732,235
464287200	ISHARES CORE S&P 500 ETF	Exchange-traded Fund	12,941,663	17,922,123
464287507	ISHARES CORE S&P MID-CAP	Exchange-traded Fund	4,852,562	5,880,564
464287804	ISHARES CORE S&P SMALL	Exchange-traded Fund	4,897,579	5,818,483
46434G103	ISHARES INC CORE MSCI	Exchange-traded Fund	2,232,072	2,173,703
46432F842	ISHARES TR CORE MSCI EAF	Exchange-traded Fund	4,542,433	4,352,698
922908553	VANGUARD REAL ESTATE ETF	Exchange-traded Fund	312,999	331,594
		Exchange-traded Fund total	29,779,308	36,479,165
88579Y101	3M COMPANY	Common Stock	140,463	152,352
9158106	AIR PRODUCTS&CHEM	Common Stock	101,387	120,023
23608102	AMEREN CORP	Common Stock	87,282	103,432
26874784	AMERICAN INTERNATIONAL	Common Stock	89,278	104,450
03076C106	AMERIPRISE FINL INC	Common Stock	89,133	131,493
32654105	ANALOG DEVICES INC COM	Common Stock	89,059	101,495
03769M106	APOLLO GLOBAL MANAGEMENT	Common Stock	81,034	84,122
71813109	BAXTER INTERNTL INC	Common Stock	133,925	119,495
75887109	BECTON DICKINSON CO	Common Stock	156,128	161,188
84670702	BERKSHIRE HATHAWAYINC	Common Stock	335,987	409,149
97023105	BOEING COMPANY	Common Stock	102,925	119,151
110122108	BRISTOL-MYERS SQUIBB CO	Common Stock	95,991	96,324
14040H105	CAPITAL ONE FINL	Common Stock	133,395	238,544
149123101	CATERPILLAR INC DEL	Common Stock	113,164	136,690
166764100	CHEVRON CORP	Common Stock	213,043	196,483
H1467J104	CHUBB LTD	Common Stock	129,709	157,147
17275R102	CISCO SYSTEMS INC COM	Common Stock	172,932	189,254
172967424	CITIGROUP INC COM NEW	Common Stock	93,514	141,688
20030N101	COMCAST CORP NEW CL A	Common Stock	114,173	94,484
20825C104	CONOCOPHILLIPS	Common Stock	170,838	142,216
219350105	CORNING INC	Common Stock	137,581	193,008
23331A109	D R HORTON INC	Common Stock	76,116	59,740

(Continued)

WINSTON & STRAWN LLP CASH BALANCE PLAN

EMPLOYER IDENTIFICATION NUMBER: 36-1975990

PLAN NUMBER: 004

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF JANUARY 31, 2025

(a) Cusip	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
247361702	DELTA AIR LINES INC	Common Stock	\$ 59,462	\$ 92,698
254687106	DISNEY (WALT) CO COM STK	Common Stock	142,730	184,627
26614N102	DUPONT DE NEMOURS INC	Common Stock	72,117	71,654
G29183103	EATON CORP PLC	Common Stock	139,273	193,252
278642103	EBAY INC COM	Common Stock	80,661	81,786
26875P101	EOG RESOURCES INC	Common Stock	100,215	97,487
343412102	FLUOR CORP NEW DEL COM	Common Stock	81,510	107,605
302491303	FMC CORP COM NEW	Common Stock	114,802	100,014
37045V100	GENERAL MOTORS CO	Common Stock	97,263	140,961
375558103	GILEAD SCIENCES INC COM	Common Stock	125,586	142,495
42809H107	HESS CORP	Common Stock	112,487	102,743
437076102	HOME DEPOT INC	Common Stock	95,075	115,766
458140100	INTEL CORP	Common Stock	88,456	50,732
459200101	INTL BUSINESS MACHINES	Common Stock	121,874	189,218
478160104	JOHNSON AND JOHNSON COM	Common Stock	183,427	176,646
G51502105	JOHNSON CONTROLS INTER	Common Stock	55,066	70,746
46625H100	JPMORGAN CHASE & CO	Common Stock	239,510	423,938
501044101	KROGER CO	Common Stock	101,171	126,485
571903202	MARRIOTT INTL INC NEW A	Common Stock	101,103	131,928
580135101	MCDONALDS CORP COM	Common Stock	85,535	89,786
30303M102	META PLATFORMS INC	Common Stock	64,230	115,093
595112103	MICRON TECHNOLOGY INC	Common Stock	79,155	86,131
617446448	MORGAN STANLEY	Common Stock	89,260	138,984
651639106	NEWMONT CORPORATION	Common Stock	55,544	54,682
65339F101	NEXTERA ENERGY INC SHS	Common Stock	189,901	202,014
666807102	NORTHROP GRUMMAN CORP	Common Stock	97,902	104,763
674599105	OCCIDENTAL PETE CORP CAL	Common Stock	78,746	60,458
690742101	OWENS CORNING INC	Common Stock	81,018	77,880
701094104	PARKER HANNIFIN CORP	Common Stock	110,237	168,985
70450Y103	PAYPAL HOLDINGS INC SHS	Common Stock	95,777	132,693
718172109	PHILIP MORRIS INTL INC	Common Stock	79,086	103,379
693506107	PPG INDUSTRIES INC SHS	Common Stock	94,129	80,074
742718109	PROCTER & GAMBLE CO	Common Stock	92,841	97,602
747525103	QUALCOMM INC	Common Stock	95,519	127,449
773903109	ROCKWELL AUTOMATION INC	Common Stock	81,410	79,909
75513E 101	RTX CORP	Common Stock	123,142	154,998
79466L302	SALESFORCE INC	Common Stock	133,242	188,277
806857108	SCHLUMBERGER LTD	Common Stock	98,697	76,331
808513105	SCHWAB CHARLES CORP NEW	Common Stock	106,344	152,536
87612E BE5	TARGET CORP COM	Common Stock	95,810	102,191

(Continued)

WINSTON & STRAWN LLP CASH BALANCE PLAN

EMPLOYER IDENTIFICATION NUMBER: 36-1975990

PLAN NUMBER: 004

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF JANUARY 31, 2025

(a) Cusip	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
879369106	TELEFLEX INC	Common Stock	\$ 116,272	\$ 95,347
883556CL4	THERMO FISHER SCIENTIFIC	Common Stock	198,381	208,017
902494103	TYSON FOODS INC CL A	Common Stock	89,454	94,790
907818108	UNION PACIFIC CORP	Common Stock	109,288	121,417
911363109	UNITED RENTALS INC COM	Common Stock	102,140	104,612
91324P102	UNITEDHEALTH GROUP INC	Common Stock	254,643	252,258
918204108	V F CORPORATION	Common Stock	102,721	148,782
92343V104	VERIZON COMMUNICATNS COM	Common Stock	95,989	104,029
92532F100	VERTEX PHARMCTLS INC	Common Stock	119,198	145,429
92826C839	VISA INC CL A SHRS	Common Stock	80,544	111,085
931142103	WALMART INC	Common Stock	87,769	143,314
92939U106	WEC ENERGY GROUP INC SHS	Common Stock	88,574	102,933
949746101	WELLS FARGO & CO	Common Stock	162,977	287,226
G96629103	WILLIS TOWERS WATSON PLC	Common Stock	<u>112,511</u>	<u>161,816</u>
		Common Stock total	<u>8,716,831</u>	<u>10,327,979</u>
00287YAW9	ABBVIE INC	Corporate Bond	190,196	186,344
00287YCX5	ABBVIE INC	Corporate Bond	212,250	215,808
031162DE7	AMGEN INC	Corporate Bond	198,874	201,215
035240AV2	ANHEUSER-BUSCH INBEV WOR	Corporate Bond	199,220	201,844
037833DK3	APPLE INC	Corporate Bond	205,362	209,687
00206RGQ9	AT&T INC	Corporate Bond	199,176	203,847
0641594A1	BANK OF NOVA SCOTIA	Corporate Bond	394,884	412,303
06406RBM8	BANK OF NY MELLON CORP	Corporate Bond	198,771	200,531
05565QDN5	BP CAPITAL MARKETS PLC	Corporate Bond	208,776	212,861
14040HCZ6	CAPITAL ONE FINANCIAL CO	Corporate Bond	389,859	398,983
14040HDA0	CAPITAL ONE FINANCIAL CO	Corporate Bond	207,699	203,535
14448CBC7	CARRIER GLOBAL CORP	Corporate Bond	265,783	260,913
808513CH6	CHARLES SCHWAB CORP	Corporate Bond	243,991	245,927
172967LD1	CITIGROUP INC	Corporate Bond	403,641	407,223
20030NCT6	COMCAST CORP	Corporate Bond	212,361	206,782
22160KAM7	COSTCO WHOLESALE CORP	Corporate Bond	206,934	210,811
126650CX6	CVS HEALTH CORP	Corporate Bond	224,222	211,883
126650CZ1	CVS HEALTH CORP	Corporate Bond	404,222	380,307
26078JAD2	DOWDUPONT INC	Corporate Bond	206,703	207,971
29278NAE3	ENERGY TRANSFER PARTNERS	Corporate Bond	189,297	191,866
26875PAP6	EOG RESOURCES INC	Corporate Bond	436,007	442,708
30231GBN1	EXXON MOBIL CORPORATION	Corporate Bond	198,175	201,766
38141GWB6	GOLDMAN SACHS GROUP INC	Corporate Bond	398,890	407,223
404119CV9	HCA INC	Corporate Bond	387,993	376,409
437076CS9	HOME DEPOT INC	Corporate Bond	205,739	204,437
437076DE9	HOME DEPOT INC	Corporate Bond	165,364	160,902
42824CBW8	HP ENTERPRISE CO	Corporate Bond	207,751	201,649

(Continued)

PLAN NUMBER: 004

**FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF JANUARY 31, 2025**

(a) Cusip	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
42824CAW9	HP ENTERPRISE CO CLD	Corporate Bond	\$ 209,128	\$ 211,171
452308AX7	ILLINOIS TOOL WORKS INC	Corporate Bond	206,317	212,064
46647PCU8	JPMORGAN CHASE & CO	Corporate Bond	200,521	206,951
46647PAJ5	JPMORGAN CHASE & CO	Corporate Bond	512,037	512,032
49456BAR2	KINDER MORGAN INC	Corporate Bond	196,521	205,189
501044DV0	KROGER CO	Corporate Bond	412,654	394,916
548661DM6	LOWE'S COS INC	Corporate Bond	206,347	212,783
548661ED5	LOWE'S COS INC	Corporate Bond	197,448	204,071
58013MFJ8	MCDONALD'S CORP	Corporate Bond	201,182	205,880
30303M8Q8	META PLATFORMS INC	Corporate Bond	375,530	370,862
59156RBZ0	METLIFE INC	Corporate Bond	202,274	203,582
595112CD3	MICRON TECHNOLOGY INC	Corporate Bond	248,650	246,128
61746BEF9	MORGAN STANLEY	Corporate Bond	206,593	212,393
61747YFG5	MORGAN STANLEY	Corporate Bond	321,344	326,010
651639AZ9	NEWMONT CORP	Corporate Bond	194,340	200,706
65339KBM1	NEXTERA ENERGY CAPITAL	Corporate Bond	200,971	206,883
666807CH3	NORTHROP GRUMMAN CORP	Corporate Bond	205,003	204,676
717081FA6	PFIZER INC	Corporate Bond	418,001	392,074
717081ET6	PFIZER INC	Corporate Bond	207,053	209,515
718546AK0	PHILLIPS 66	Corporate Bond	180,812	173,691
693475AW5	PNC FINANCIAL SERVICES	Corporate Bond	200,284	206,823
693475AX3	PNC FINANCIAL SERVICES	Corporate Bond	532,899	547,920
747525BP7	QUALCOMM INC	Corporate Bond	166,671	171,847
760759AX8	REPUBLIC SERVICES INC	Corporate Bond	388,403	401,240
78016EZQ3	ROYAL BANK OF CANADA	Corporate Bond	526,567	550,475
78016HZW3	ROYAL BANK OF CANADA	Corporate Bond	205,685	203,875
82481LAD1	SHIRE ACQ INV IRELAND DA	Corporate Bond	340,701	342,801
855244AZ2	STARBUCKS CORP	Corporate Bond	32,744	31,702
87612EBE5	TARGET CORP	Corporate Bond	207,451	212,204
883556CL4	THERMO FISHER SCIENTIFIC	Corporate Bond	195,780	201,588
89114TZN5	TORONTO-DOMINION BANK	Corporate Bond	527,071	544,086
89114TZJ4	TORONTO-DOMINION BANK	Corporate Bond	195,879	202,732
89788MAH5	TRUIST FINANCIAL COR CLD	Corporate Bond	537,995	548,493
89788MAP7	TRUIST FINANCIAL CORP	Corporate Bond	199,488	201,877
913017DD8	UNITED TECHNOLOGIES CORP	Corporate Bond	211,694	215,298
913017CY3	UNITED TECHNOLOGIES CORP	Corporate Bond	393,715	399,171
91324PEJ7	UNITEDHEALTH GROUP INC	Corporate Bond	29,878	28,361
91324PCP5	UNITEDHEALTH GROUP INC	Corporate Bond	206,159	209,393
91159HHZ6	US BANCORP	Corporate Bond	499,854	519,567
91159HHN3	US BANCORP	Corporate Bond	206,915	214,180
92343VFL3	VERIZON COMMUNICATIONS	Corporate Bond	163,669	172,735
931142EE9	WALMART INC	Corporate Bond	206,545	208,595
95000U3B7	WELLS FARGO & COMPANY	Corporate Bond	200,964	204,522
Corporate Bond total			<u>18,441,877</u>	<u>18,616,798</u>

(Continued)

WINSTON & STRAWN LLP CASH BALANCE PLAN

EMPLOYER IDENTIFICATION NUMBER: 36-1975990

PLAN NUMBER: 004

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF JANUARY 31, 2025

(a) Cusip	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
3133KL7C5	FHLMC RA 5391 03%2051	US Government and Foreign Obligations	\$ 245,238	\$241,810
3132CXKA9	FHLMC SB 1189 02 50%2035	US Government and Foreign Obligations	210,246	212,315
3132CXL42	FHLMC SB 1247 02 50%2036	US Government and Foreign Obligations	448,954	443,748
3132CXQP0	FHLMC SB 1362 02 50%2036	US Government and Foreign Obligations	38,242	38,105
3132DNF40	FHLMC SD 1087 03 50%2052	US Government and Foreign Obligations	11,368	11,547
3132DQ2K1	FHLMC SD 3478 02 50%2052	US Government and Foreign Obligations	196,636	194,236
3132E0A93	FHLMC SD 3632 02 50%2052	US Government and Foreign Obligations	412,732	397,873
3132DWDK6	FHLMC SD 8206 03%2052	US Government and Foreign Obligations	51,879	47,845
3132DWD59	FHLMC SD 8213 03%2052	US Government and Foreign Obligations	943,829	911,966
3132DWDY6	FHLMC SD 8219 02 50%2052	US Government and Foreign Obligations	13,940	14,196
3132DWDZ3	FHLMC SD 8220 03%2052	US Government and Foreign Obligations	48,266	45,632
3132DWD67	FHLMC SD 8225 03%2052	US Government and Foreign Obligations	219,667	216,399
3132DWD75	FHLMC SD 8226 03 50%2052	US Government and Foreign Obligations	947,273	939,288
3132DWE41	FHLMC SD 8255 03 50%2052	US Government and Foreign Obligations	668,183	647,473
3132DWGH0	FHLMC SD 8300 05 50%2053	US Government and Foreign Obligations	48,605	48,117
3132DWH73	FHLMC SD 8342 05 50%2053	US Government and Foreign Obligations	507,995	513,530
3132DWLT8	FHLMC SD 8438 05 50%2054	US Government and Foreign Obligations	302,744	295,941
3132DWM59	FHLMC SD 8469 05 50%2054	US Government and Foreign Obligations	17,907	18,122
3140QN6Y3	FNMA PCB3586 03%2052	US Government and Foreign Obligations	31,400	29,844
3140XCAE8	FNMA PFM8104 03%2051	US Government and Foreign Obligations	1,002,616	972,187
3140XFVY4	FNMA PFS0630 03%2052	US Government and Foreign Obligations	4,835	4,083
3140XGQ44	FNMA PFS1374 03%2052	US Government and Foreign Obligations	418,608	419,354
3140XJ3F8	FNMA PFS3497 03 50%2052	US Government and Foreign Obligations	30,510	29,183
3140XKAH3	FNMA PFS3607 02 50%2037	US Government and Foreign Obligations	549,184	554,152
3140XKVV7	FNMA PFS4228 03 50%2052	US Government and Foreign Obligations	211,073	216,956
3140XK2D1	FNMA PFS4371 03 50%2052	US Government and Foreign Obligations	24,902	24,443
3140XLN38	FNMA PFS4909 02 50%2037	US Government and Foreign Obligations	108,649	111,373
3140XLV39	FNMA PFS5133 03%2051	US Government and Foreign Obligations	30,786	30,131
3140XL6Z6	FNMA PFS5387 02 50%2052	US Government and Foreign Obligations	3,095	3,031
3140XMBW5	FNMA PFS5452 03 50%2052	US Government and Foreign Obligations	148,608	147,202
3140XNKK9	FNMA PFS6597 03 50%2052	US Government and Foreign Obligations	9,399	9,269
3140XNLM4	FNMA PFS6631 02 50%2052	US Government and Foreign Obligations	26,557	26,269
3140XNZ72	FNMA PFS7065 03%2053	US Government and Foreign Obligations	17,973	18,369
3140XPXH7	FNMA PFS7879 02 50%2052	US Government and Foreign Obligations	317,078	295,195
31418ECR9	FNMA PMA4579 03%2052	US Government and Foreign Obligations	201,069	187,734
31418EDD9	FNMA PMA4599 03%2052	US Government and Foreign Obligations	193,804	193,517
31418EEA4	FNMA PMA4628 02 50%2037	US Government and Foreign Obligations	56,062	54,823
31418EE48	FNMA PMA4654 03 50%2052	US Government and Foreign Obligations	68,895	65,881
31418EHH6	FNMA PMA4731 03 50%2052	US Government and Foreign Obligations	171,825	162,504
31418ELY4	FNMA PMA4842 05 50%2052	US Government and Foreign Obligations	41,897	41,215
31418EU99	FNMA PMA5107 05 50%2053	US Government and Foreign Obligations	74,360	74,276
31418FHM2	FNMA PMA5635 03 50%2055	US Government and Foreign Obligations	67,799	69,059
912810TR9	U.S. TREASURY BOND	US Government and Foreign Obligations	971,002	904,545

(Continued)

WINSTON & STRAWN LLP CASH BALANCE PLAN

EMPLOYER IDENTIFICATION NUMBER: 36-1975990

PLAN NUMBER: 004

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF JANUARY 31, 2025

(a) Cusip	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
912810SH2	U.S. TREASURY BOND	US Government and Foreign Obligations	\$ 602,163	\$ 562,819
912810RU4	U.S. TREASURY BOND	US Government and Foreign Obligations	809,280	767,097
912810QX9	U.S. TREASURY BOND	US Government and Foreign Obligations	973,649	937,160
9128286T2	U.S. TREASURY NOTE	US Government and Foreign Obligations	658,924	664,938
912828ZF0	U.S. TREASURY NOTE	US Government and Foreign Obligations	270,099	278,396
912828Y95	U.S. TREASURY NOTE	US Government and Foreign Obligations	1,822,009	1,854,906
91282CHC8	U.S. TREASURY NOTE	US Government and Foreign Obligations	1,911,391	1,870,506
91282CFJ5	U.S. TREASURY NOTE	US Government and Foreign Obligations	665,371	666,034
91282CFH9	U.S. TREASURY NOTE	US Government and Foreign Obligations	1,735,066	1,742,172
91282CFF3	U.S. TREASURY NOTE	US Government and Foreign Obligations	1,535,780	1,513,571
91282CAE1	U.S. TREASURY NOTE	US Government and Foreign Obligations	<u>1,552,004</u>	<u>1,582,510</u>
		US Government Bond total	<u>22,651,426</u>	<u>22,322,847</u>
		Grand total	<u>\$ 107,503,692</u>	<u>\$ 114,967,449</u>

(Concluded)

WINSTON & STRAWN LLP CASH BALANCE PLAN

EMPLOYER IDENTIFICATION NUMBER: 36-1975990

PLAN NUMBER: 004

FORM 5500, SCHEDULE H, PART IV, LINE 4j-SCHEDULE OF REPORTABLE TRANSACTIONS FOR THE YEAR ENDED JANUARY 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity In Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	Number of Transactions	(f) Expense Incurred with Transaction*	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
SINGLE TRANSACTIONS									
Money Market Mutual Fund	BLF FEDFUND CASH RESERVE	\$ 8,599,040	\$ -	\$ -	1	\$ -	\$ 8,599,040	\$ 8,599,040	\$ -
Money Market Mutual Fund	BLF FEDFUND CASH RESERVE	15,146,345			1		15,146,345	15,146,345	-
Money Market Mutual Fund	BLF FEDFUND CASH RESERVE		8,500,000		1		8,500,000	8,500,000	-
Money Market Mutual Fund	BLF FEDFUND CASH RESERVE		11,742,019		1		11,742,019	11,742,019	-
	Money Market Mutual Fund Investments	<u>23,745,385</u>	<u>20,242,019</u>	<u>-</u>		<u>-</u>	<u>43,987,404</u>	<u>43,987,404</u>	<u>-</u>
	Total	<u>\$23,745,385</u>	<u>\$20,242,019</u>	<u>\$ -</u>		<u>\$ -</u>	<u>\$ 43,987,404</u>	<u>\$ 43,987,404</u>	<u>\$ -</u>
SERIES IN SAME SECURITY									
Mutual FundMoney Market N	BLF FEDFUND CASH RESERVE	\$42,498,326	\$ -	\$ -	185	\$ -	\$ 42,498,326	\$ 42,498,326	\$ -
Mutual FundMoney Market N	BLF FEDFUND CASH RESERVE		57,888,803		89		57,888,803	57,888,803	-
	Money Market Mutual Fund Investments	<u>42,498,326</u>	<u>57,888,803</u>	<u>-</u>		<u>-</u>	<u>100,387,129</u>	<u>100,387,129</u>	<u>-</u>
	Total	<u>\$42,498,326</u>	<u>\$57,888,803</u>	<u>\$ -</u>		<u>\$ -</u>	<u>\$100,387,129</u>	<u>\$100,387,129</u>	<u>\$ -</u>

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of February 1, 2024

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	2	3	0	0	0	0	0	0	0	0	0	5
35-39	15	36	4	0	0	0	0	0	0	0	0	55
40-44	10	31	35	0	0	0	0	0	0	0	0	76
45-49	4	22	42	0	0	0	0	0	0	0	0	68
50-54	6	14	31	0	0	0	0	0	0	0	0	51
55-59	3	20	31	0	0	0	0	0	0	0	0	54
60-64	1	10	34	0	0	0	0	0	0	0	0	45
65-69	0	6	20	0	0	0	0	0	0	0	0	26
70 & over	0	3	8	0	0	0	0	0	0	0	0	11
Total	41	145	205	0	0	0	0	0	0	0	0	391

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

Plan Name: Winston & Strawn LLP Cash Balance Plan
 EIN / PN: 36-1975990/004
 Plan Sponsor: Winston & Strawn LLP
 Valuation Date: February 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 - Schedule of Active Participant Data as of February 1, 2024 Number and average account balance distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ¹²										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
30-34	0	3	0	0	0	0	0	0	0	0	0	3
	-	-	-	-	-	-	-	-	-	-	-	-
35-39	4	36	4	0	0	0	0	0	0	0	0	44
	-	75,903	-	-	-	-	-	-	-	-	-	78,616
40-44	7	31	35	0	0	0	0	0	0	0	0	73
	-	92,632	208,938	-	-	-	-	-	-	-	-	142,157
45-49	3	22	42	0	0	0	0	0	0	0	0	67
	-	108,007	255,748	-	-	-	-	-	-	-	-	196,893
50-54	6	14	31	0	0	0	0	0	0	0	0	51
	-	-	468,267	-	-	-	-	-	-	-	-	330,363
55-59	3	20	31	0	0	0	0	0	0	0	0	54
	-	182,426	453,709	-	-	-	-	-	-	-	-	330,350
60-64	1	10	34	0	0	0	0	0	0	0	0	45
	-	-	439,384	-	-	-	-	-	-	-	-	378,560
65-69	0	6	20	0	0	0	0	0	0	0	0	26
	-	-	664,109	-	-	-	-	-	-	-	-	550,401
70 & over	0	3	8	0	0	0	0	0	0	0	0	11
	-	-	-	-	-	-	-	-	-	-	-	-
Total	24	145	205	0	0	0	0	0	0	0	0	374
	49,638	121,715	386,327	-	-	-	-	-	-	-	-	262,131

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

² Participants with zero account balance as of February 1, 2024 are excluded.

Plan Name: Winston & Strawn LLP Cash Balance Plan
 EIN / PN: 36-1975990/004
 Plan Sponsor: Winston & Strawn LLP
 Valuation Date: February 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month October
- Interest rate basis 3-Segment Rates

Interest rates:	Reflecting Interest Rate Stabilization	Not Reflecting Interest Rate Stabilization
-----------------	--	--

Annual rates of increase

- Interest Crediting Rate 6.00%

Administrative expenses \$0; administrative expenses are not expected to be paid from plan assets

Plan Name: Winston & Strawn LLP Cash Balance Plan
EIN / PN: 36-1975990/004
Plan Sponsor: Winston & Strawn LLP
Valuation Date: February 1, 2024

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the member of the Eligible Group becomes a participant.

New or rehired participants It was assumed there will be no new or rehired members of the Eligible Group.

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

Termination Rates varying by age
Representative Termination Rates

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

Disability None.

Retirement 100% of participants retire at the later of age 60 or 1 year after the valuation date.

Benefit commencement date The first day of the month coincident with or next following termination of active service.

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

Plan compensation Plan compensation was provided by the plan sponsor.

Plan Name: Winston & Strawn LLP Cash Balance Plan
EIN / PN: 36-1975990/004
Plan Sponsor: Winston & Strawn LLP
Valuation Date: February 1, 2024

SCHEDULE SB ATTACHMENTS

At-Risk assumptions	For at-risk calculations, all participants eligible to elect benefits during the current year and subsequent ten years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan. In the case of the valuation the lump sum payment is assumed since all forms are actuarially equivalent.
Timing of benefit payments	Lump sums are payable on the first of the month coincident with or next following the date of decrement.
Participant data	Participant data as of the census date was supplied electronically by the plan sponsor.

Methods

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

Plan Name: Winston & Strawn LLP Cash Balance Plan
EIN / PN: 36-1975990/004
Plan Sponsor: Winston & Strawn LLP
Valuation Date: February 1, 2024

SCHEDULE SB ATTACHMENTS

Actuarial value of assets	The actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the prior plan year, discounted using the effective interest rate for the prior plan year.
Tax policy	The actuarial valuation performed for the plan year ending January 31, 2025 is used to determine the maximum deductible contribution for the tax year ending January 31, 2025.
Future increases in maximum benefits and plan compensation limitations	Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.
Benefits not valued	WTW has reviewed the plan provisions with Winston & Strawn LLP and based on that review, is not aware of any other significant benefits required to be valued that were not.

Sources of Data and Other Information

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

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

Assumptions Rationale - Significant Economic Assumptions

Cash balance interest crediting rate	The plan credits interest to cash balance accounts using the plan's actual rate of return on assets. The long-term estimate of the plan's actual rate of return on plan assets is 6.00%, based on the plan's expected investment mix and the plan sponsor's expectations for future market conditions.
---	--

Plan Name:	Winston & Strawn LLP Cash Balance Plan
EIN / PN:	36-1975990/004
Plan Sponsor:	Winston & Strawn LLP
Valuation Date:	February 1, 2024

SCHEDULE SB ATTACHMENTS

Plan-related expenses As required by regulation, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

Assumptions Rationale - Significant Demographic Assumptions

Mortality Assumptions used for funding purposes are as prescribed by IRC §430(h).

Termination Termination rates are based on a published table for pension participants believed to have similar characteristics to the plan population.

Retirement Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than expected.

Source of Prescribed Methods

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

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.

The mortality table used to calculate the funding target and target normal cost was changed from using a static projection of mortality improvement to a generational projection as required by guidance issues updated to reflect the latest mortality improvement scale, as required by guidance issued by IRS under IRC §430.

Plan Name: Winston & Strawn LLP Cash Balance Plan
EIN / PN: 36-1975990/004
Plan Sponsor: Winston & Strawn LLP
Valuation Date: February 1, 2024

Plan Name	Winston & Strawn LLP Cash Balance Plan
Plan Sponsor EIN	36-1975990
ERISA Plan #	004
Plan Year Ending	January 31, 2025

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X

**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 02/01/2024 and ending 01/31/2025

▶ **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 WINSTON & STRAWN LLP CASH BALANCE PLAN		B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WINSTON & STRAWN LLP		D Employer Identification Number (EIN) 36-1975990	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>02</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	118,382,437	
b Actuarial value	2b	118,382,437	
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	0	0	0
b For terminated vested participants	25	2,884,594	2,884,594
c For active participants	391	104,501,222	104,501,222
d Total	416	107,385,816	107,385,816
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	4.96%	
6 Target normal cost			
a Present value of current plan year accruals	6a	33,615,979	
b Expected plan-related expenses	6b	0	
c Target normal cost	6c	33,615,979	

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	Michael Kravitz <i>MK</i>	<u>10/8/2025</u>
	Signature of actuary	Date
Michael Kravitz		2306149
	Type or print name of actuary	Most recent enrollment number
Willis Towers Watson US LLC		312-288-7700
	Firm name	Telephone number (including area code)
233 South Wacker Drive Suite 1800 Chicago IL 60606		
	Address of the firm	

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

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

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

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>7.52%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		11,444,261
	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>5.07%</u>		580,224
	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		12,024,485
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III		Funding Percentages	
14	Funding target attainment percentage	14	110.24%
15	Adjusted funding target attainment percentage	15	110.24%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	114.65%
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
09/24/2024	144,900	0			
10/25/2024	312,800	0			
11/21/2024	154,674	0			
12/23/2024	37,892	0			
01/10/2025	30,525	0			
01/28/2025	95,162	0			
01/30/2025	13,736,537	0			
02/20/2025	188,262	0			
04/10/2025	14,825	0			
07/25/2025	120,774	0			
07/30/2025	7,500	0			
09/03/2025	19,000,000	0			
			Totals ▶	18(b)	33,843,851
				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	31,742,049

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 60
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 33,615,979
b Excess assets, if applicable, but not greater than line 31a				31b 10,996,621
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....				34 22,619,358
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35).....				36 22,619,358
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 31,742,049
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 9,122,691
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Winston & Strawn LLP
EIN/PN	36-1975990/004
Plan Name	Winston & Strawn LLP Cash Balance Plan
Valuation Date	February 1, 2024
Enrolled Actuary	Michael Kravitz
Enrollment Number	23-06149

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

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

SCHEDULE SB ATTACHMENTS

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

Each participant is assumed to retire at a single retirement age which is entered on Line 22.

Plan Name: Winston & Strawn LLP Cash Balance Plan
EIN / PN: 36-1975990/004
Plan Sponsor: Winston & Strawn LLP
Valuation Date: February 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month October
- Interest rate basis 3-Segment Rates

Interest rates:	Reflecting Interest Rate Stabilization	Not Reflecting Interest Rate Stabilization
-----------------	--	--

Annual rates of increase

- Interest Crediting Rate 6.00%

Administrative expenses \$0; administrative expenses are not expected to be paid from plan assets

Plan Name: Winston & Strawn LLP Cash Balance Plan
EIN / PN: 36-1975990/004
Plan Sponsor: Winston & Strawn LLP
Valuation Date: February 1, 2024

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the member of the Eligible Group becomes a participant.

New or rehired participants It was assumed there will be no new or rehired members of the Eligible Group.

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

Termination Rates varying by age
Representative Termination Rates

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

Disability None.

Retirement 100% of participants retire at the later of age 60 or 1 year after the valuation date.

Benefit commencement date The first day of the month coincident with or next following termination of active service.

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

Plan compensation Plan compensation was provided by the plan sponsor.

Plan Name: Winston & Strawn LLP Cash Balance Plan
EIN / PN: 36-1975990/004
Plan Sponsor: Winston & Strawn LLP
Valuation Date: February 1, 2024

SCHEDULE SB ATTACHMENTS

At-Risk assumptions	For at-risk calculations, all participants eligible to elect benefits during the current year and subsequent ten years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan. In the case of the valuation the lump sum payment is assumed since all forms are actuarially equivalent.
Timing of benefit payments	Lump sums are payable on the first of the month coincident with or next following the date of decrement.
Participant data	Participant data as of the census date was supplied electronically by the plan sponsor.

Methods

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

Plan Name: Winston & Strawn LLP Cash Balance Plan
EIN / PN: 36-1975990/004
Plan Sponsor: Winston & Strawn LLP
Valuation Date: February 1, 2024

SCHEDULE SB ATTACHMENTS

Actuarial value of assets	The actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the prior plan year, discounted using the effective interest rate for the prior plan year.
Tax policy	The actuarial valuation performed for the plan year ending January 31, 2025 is used to determine the maximum deductible contribution for the tax year ending January 31, 2025.
Future increases in maximum benefits and plan compensation limitations	Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.
Benefits not valued	WTW has reviewed the plan provisions with Winston & Strawn LLP and based on that review, is not aware of any other significant benefits required to be valued that were not.

Sources of Data and Other Information

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

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

Assumptions Rationale - Significant Economic Assumptions

Cash balance interest crediting rate	The plan credits interest to cash balance accounts using the plan's actual rate of return on assets. The long-term estimate of the plan's actual rate of return on plan assets is 6.00%, based on the plan's expected investment mix and the plan sponsor's expectations for future market conditions.
---	--

Plan Name:	Winston & Strawn LLP Cash Balance Plan
EIN / PN:	36-1975990/004
Plan Sponsor:	Winston & Strawn LLP
Valuation Date:	February 1, 2024

SCHEDULE SB ATTACHMENTS

Plan-related expenses As required by regulation, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

Assumptions Rationale - Significant Demographic Assumptions

Mortality Assumptions used for funding purposes are as prescribed by IRC §430(h).

Termination Termination rates are based on a published table for pension participants believed to have similar characteristics to the plan population.

Retirement Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than expected.

Source of Prescribed Methods

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

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.

The mortality table used to calculate the funding target and target normal cost was changed from using a static projection of mortality improvement to a generational projection as required by guidance issues updated to reflect the latest mortality improvement scale, as required by guidance issued by IRS under IRC §430.

Plan Name: Winston & Strawn LLP Cash Balance Plan
EIN / PN: 36-1975990/004
Plan Sponsor: Winston & Strawn LLP
Valuation Date: February 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

Plan Sponsor	Winston & Strawn LLP
EIN/PN	36-1975990 / 004
Plan	Winston & Strawn LLP Cash Balance Plan
Effective Date and Most Recent Amendment	The plan was effective February 1, 2018. The plan was restated effective February 1, 2019. The most recent amendment reflected herein is the Sixth Amendment effective February 1, 2023.
Plan Year	The twelve-month period ending January 31
Eligible Group	Partners with at least 1 variable point, or a Chief Officer, a Managing Director, a Senior Pro Bono Counsel, or an Assistant General Counsel of the Firm.
Participation Date	For members of the Eligible Group, participation shall become effective on the Entry Date (i.e., February 1 or August 1).

Definitions

Plan Compensation	Plan compensation for a Partner is the distribution share of the Firm's net profits less Firm contributions to other qualified plans made on the Partner's behalf and one-half of the Partner's self-employment tax. Plan compensation for an Employee is total cash remuneration, plus any amounts not included in cash remuneration by reason of application of Code Sections 125, 132(f), 401(k), 402(a)(18), 402(h), and 403(b). Plan compensation is limited in accordance with IRC Section 401(a)(17).
Vesting	Participants are always 100% vested.

Plan Name: Winston & Strawn LLP Cash Balance Plan
EIN / PN: 36-1975990/004
Plan Sponsor: Winston & Strawn LLP
Valuation Date: February 1, 2024

SCHEDULE SB ATTACHMENTS

Benefit Service	The participant will be credited with one year of Benefit Service for each plan year in which the participant completes 1,000 hours of service. For each month in which the participant works 1 hour, he/she is credited with 190 hours of service.
Year of Eligibility Service	Twelve months of service with the Firm. For certain participants, service with their prior employer is included.
Normal Retirement Age	Age 62
Early Retirement Age	Age 60. In-Service distributions are allowed as of February 1 of each plan year upon attainment of the Early Retirement Age.

Plan Name: Winston & Strawn LLP Cash Balance Plan
EIN / PN: 36-1975990/004
Plan Sponsor: Winston & Strawn LLP
Valuation Date: February 1, 2024

SCHEDULE SB ATTACHMENTS

Cash Balance Account Balance

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

- (a) The Participant's Cash Balance Account will be credited with a Pay Credit at the earlier of termination during the year or the end of the plan year, equal to a percentage of Plan Compensation based on his/her Partnership Points or Employee Earnings (as applicable) as of the beginning of the year as shown below. For Participants that terminate during the plan year, after completing a year of Benefit Service in the year of termination, Plan Compensation is limited to the maximum allowed under IRC §401(a)(17) for the year, prorated based on the number of months of service credited during the year:

Cash Balance Tier	Partnership Points / Employee Earnings	Percentage of Compensation	
		Accruals before Age 50	Accruals on and after Age 50
1	At least 1 Variable Point but less than 6 Total Points / Employee Earnings <= \$500,000	6%	8%
2	At least 6 Total Points but less than 10 Total Points / Employee Earnings > \$500,000	15%	20%
3	At least 10 Total Points but less than 14 Total Points	27%	36%
4	At least 14 Total Points but less than 18 Total Points	39%	52%
5	At least 18 Total Points but less than 22 Total Points	57%	76%
6	At least 22 Total Points	75%	100%

- (b) At the end of each calendar month, the Participant's Cash Balance Account is credited with an Interest Credit equal to the Account Balance at the end of the prior calendar month, adjusted for distribution made during the month, multiplied by a rate equivalent to the actual rate of return on the aggregate assets of the Plan for the given month.

Accrued Benefit

Cash Balance Account

Plan Name: Winston & Strawn LLP Cash Balance Plan
 EIN / PN: 36-1975990/004
 Plan Sponsor: Winston & Strawn LLP
 Valuation Date: February 1, 2024

SCHEDULE SB ATTACHMENTS

Eligibility and Benefits Paid Upon the Following Events

Normal Retirement Benefit

Eligibility: Each Participant will be eligible for normal retirement on the first day of the month coincident with or next following the attainment of age 62.

Benefit: The Normal Retirement Benefit of a Participant shall be his/her Cash Balance Account Balance or an actuarially equivalent annuity payable as of his/her Normal Retirement Date.

Early Retirement Benefit

Eligibility: Each Participant will be eligible for early retirement on the first day of the month coincident with or next following the attainment of age 60. Participants who are eligible for Early Retirement may take an in-service distribution on February 1st of each year.

Benefit: The Early Retirement Benefit of a Participant shall be his/her Cash Balance Account Balance or an actuarially equivalent annuity payable as of his/her Early Retirement Date.

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

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

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

Late Retirement

Eligibility: Retirement after age 62

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

Plan Name: Winston & Strawn LLP Cash Balance Plan
EIN / PN: 36-1975990/004
Plan Sponsor: Winston & Strawn LLP
Valuation Date: February 1, 2024

SCHEDULE SB ATTACHMENTS

Active Withdrawals for Postponed Retirement

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

Other Plan Provisions

Forms of Payment

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

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

Plan Participants' Contributions

None.

Limit on Benefits and Plan Compensation

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

Future Plan Changes

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

Changes in Plan Provisions Since Last Actuarial Valuation

None.

Plan Name: Winston & Strawn LLP Cash Balance Plan
EIN / PN: 36-1975990/004
Plan Sponsor: Winston & Strawn LLP
Valuation Date: February 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of February 1, 2024

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	2	3	0	0	0	0	0	0	0	0	5
35-39	15	36	4	0	0	0	0	0	0	0	55
40-44	10	31	35	0	0	0	0	0	0	0	76
45-49	4	22	42	0	0	0	0	0	0	0	68
50-54	6	14	31	0	0	0	0	0	0	0	51
55-59	3	20	31	0	0	0	0	0	0	0	54
60-64	1	10	34	0	0	0	0	0	0	0	45
65-69	0	6	20	0	0	0	0	0	0	0	26
70 & over	0	3	8	0	0	0	0	0	0	0	11
Total	41	145	205	0	0	0	0	0	0	0	391

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

Plan Name: Winston & Strawn LLP Cash Balance Plan
 EIN / PN: 36-1975990/004
 Plan Sponsor: Winston & Strawn LLP
 Valuation Date: February 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 - Schedule of Active Participant Data as of February 1, 2024 Number and average account balance distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ¹²										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
30-34	0	3	0	0	0	0	0	0	0	0	0	3
	-	-	-	-	-	-	-	-	-	-	-	-
35-39	4	36	4	0	0	0	0	0	0	0	0	44
	-	75,903	-	-	-	-	-	-	-	-	-	78,616
40-44	7	31	35	0	0	0	0	0	0	0	0	73
	-	92,632	208,938	-	-	-	-	-	-	-	-	142,157
45-49	3	22	42	0	0	0	0	0	0	0	0	67
	-	108,007	255,748	-	-	-	-	-	-	-	-	196,893
50-54	6	14	31	0	0	0	0	0	0	0	0	51
	-	-	468,267	-	-	-	-	-	-	-	-	330,363
55-59	3	20	31	0	0	0	0	0	0	0	0	54
	-	182,426	453,709	-	-	-	-	-	-	-	-	330,350
60-64	1	10	34	0	0	0	0	0	0	0	0	45
	-	-	439,384	-	-	-	-	-	-	-	-	378,560
65-69	0	6	20	0	0	0	0	0	0	0	0	26
	-	-	664,109	-	-	-	-	-	-	-	-	550,401
70 & over	0	3	8	0	0	0	0	0	0	0	0	11
	-	-	-	-	-	-	-	-	-	-	-	-
Total	24	145	205	0	0	0	0	0	0	0	0	374
	49,638	121,715	386,327	-	-	-	-	-	-	-	-	262,131

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

² Participants with zero account balance as of February 1, 2024 are excluded.

Plan Name: Winston & Strawn LLP Cash Balance Plan
 EIN / PN: 36-1975990/004
 Plan Sponsor: Winston & Strawn LLP
 Valuation Date: February 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Winston & Strawn LLP
EIN/PN	36-1975990/004
Plan Name	Winston & Strawn LLP Cash Balance Plan
Valuation Date	February 1, 2024
Enrolled Actuary	Michael Kravitz
Enrollment Number	23-06149

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

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

SCHEDULE SB ATTACHMENTS

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

Each participant is assumed to retire at a single retirement age which is entered on Line 22.

Plan Name: Winston & Strawn LLP Cash Balance Plan
EIN / PN: 36-1975990/004
Plan Sponsor: Winston & Strawn LLP
Valuation Date: February 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

Plan Sponsor	Winston & Strawn LLP
EIN/PN	36-1975990 / 004
Plan	Winston & Strawn LLP Cash Balance Plan
Effective Date and Most Recent Amendment	The plan was effective February 1, 2018. The plan was restated effective February 1, 2019. The most recent amendment reflected herein is the Sixth Amendment effective February 1, 2023.
Plan Year	The twelve-month period ending January 31
Eligible Group	Partners with at least 1 variable point, or a Chief Officer, a Managing Director, a Senior Pro Bono Counsel, or an Assistant General Counsel of the Firm.
Participation Date	For members of the Eligible Group, participation shall become effective on the Entry Date (i.e., February 1 or August 1).

Definitions

Plan Compensation	Plan compensation for a Partner is the distribution share of the Firm's net profits less Firm contributions to other qualified plans made on the Partner's behalf and one-half of the Partner's self-employment tax. Plan compensation for an Employee is total cash remuneration, plus any amounts not included in cash remuneration by reason of application of Code Sections 125, 132(f), 401(k), 402(a)(18), 402(h), and 403(b). Plan compensation is limited in accordance with IRC Section 401(a)(17).
Vesting	Participants are always 100% vested.

Plan Name: Winston & Strawn LLP Cash Balance Plan
EIN / PN: 36-1975990/004
Plan Sponsor: Winston & Strawn LLP
Valuation Date: February 1, 2024

SCHEDULE SB ATTACHMENTS

Benefit Service	The participant will be credited with one year of Benefit Service for each plan year in which the participant completes 1,000 hours of service. For each month in which the participant works 1 hour, he/she is credited with 190 hours of service.
Year of Eligibility Service	Twelve months of service with the Firm. For certain participants, service with their prior employer is included.
Normal Retirement Age	Age 62
Early Retirement Age	Age 60. In-Service distributions are allowed as of February 1 of each plan year upon attainment of the Early Retirement Age.

Plan Name: Winston & Strawn LLP Cash Balance Plan
EIN / PN: 36-1975990/004
Plan Sponsor: Winston & Strawn LLP
Valuation Date: February 1, 2024

SCHEDULE SB ATTACHMENTS

Cash Balance Account Balance

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

- (a) The Participant's Cash Balance Account will be credited with a Pay Credit at the earlier of termination during the year or the end of the plan year, equal to a percentage of Plan Compensation based on his/her Partnership Points or Employee Earnings (as applicable) as of the beginning of the year as shown below. For Participants that terminate during the plan year, after completing a year of Benefit Service in the year of termination, Plan Compensation is limited to the maximum allowed under IRC §401(a)(17) for the year, prorated based on the number of months of service credited during the year:

Cash Balance Tier	Partnership Points / Employee Earnings	Percentage of Compensation	
		Accruals before Age 50	Accruals on and after Age 50
1	At least 1 Variable Point but less than 6 Total Points / Employee Earnings <= \$500,000	6%	8%
2	At least 6 Total Points but less than 10 Total Points / Employee Earnings > \$500,000	15%	20%
3	At least 10 Total Points but less than 14 Total Points	27%	36%
4	At least 14 Total Points but less than 18 Total Points	39%	52%
5	At least 18 Total Points but less than 22 Total Points	57%	76%
6	At least 22 Total Points	75%	100%

- (b) At the end of each calendar month, the Participant's Cash Balance Account is credited with an Interest Credit equal to the Account Balance at the end of the prior calendar month, adjusted for distribution made during the month, multiplied by a rate equivalent to the actual rate of return on the aggregate assets of the Plan for the given month.

Accrued Benefit

Cash Balance Account

Plan Name: Winston & Strawn LLP Cash Balance Plan
 EIN / PN: 36-1975990/004
 Plan Sponsor: Winston & Strawn LLP
 Valuation Date: February 1, 2024

SCHEDULE SB ATTACHMENTS

Eligibility and Benefits Paid Upon the Following Events

Normal Retirement Benefit

Eligibility: Each Participant will be eligible for normal retirement on the first day of the month coincident with or next following the attainment of age 62.

Benefit: The Normal Retirement Benefit of a Participant shall be his/her Cash Balance Account Balance or an actuarially equivalent annuity payable as of his/her Normal Retirement Date.

Early Retirement Benefit

Eligibility: Each Participant will be eligible for early retirement on the first day of the month coincident with or next following the attainment of age 60. Participants who are eligible for Early Retirement may take an in-service distribution on February 1st of each year.

Benefit: The Early Retirement Benefit of a Participant shall be his/her Cash Balance Account Balance or an actuarially equivalent annuity payable as of his/her Early Retirement Date.

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

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

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

Late Retirement

Eligibility: Retirement after age 62

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

Plan Name: Winston & Strawn LLP Cash Balance Plan
EIN / PN: 36-1975990/004
Plan Sponsor: Winston & Strawn LLP
Valuation Date: February 1, 2024

SCHEDULE SB ATTACHMENTS

Active Withdrawals for Postponed Retirement

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

Other Plan Provisions

Forms of Payment

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

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

Plan Participants' Contributions

None.

Limit on Benefits and Plan Compensation

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

Future Plan Changes

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

Changes in Plan Provisions Since Last Actuarial Valuation

None.

Plan Name: Winston & Strawn LLP Cash Balance Plan
EIN / PN: 36-1975990/004
Plan Sponsor: Winston & Strawn LLP
Valuation Date: February 1, 2024

Plan Name	Winston & Strawn LLP Cash Balance Plan
Plan Sponsor EIN	36-1975990
ERISA Plan #	004
Plan Year Ending	January 31, 2025

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X