Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
WEIL, GOTSHAL & MANGES PARTNERS' VARIABLE DEFINED BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 011

1c Effective date of plan 01/01/2010

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
WEIL, GOTSHAL & MANGES LLP

PAUL WESSEL

767 FIFTH AVE
NEW YORK, NY 10153-0119

2b Employer Identification Number (EIN)
13-1456110

2c Plan Sponsor's telephone number
212-310-8000

2d Business code (see instructions)
541110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2026	PAUL WESSEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	205
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)**	86
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	4
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	10
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	14
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	14
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 Characteristic Codes in the instructions:

1G 3B 3F 1I

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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)

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
WEIL, GOTSHAL & MANGES PARTNERS' VARIABLE DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 011

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
WEIL, GOTSHAL & MANGES LLP

D Employer Identification Number (EIN)
13-1456110

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	27449348
b Actuarial value	**2b**	27449348

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	119	14677457	14677457
c For active participants	86	11449464	11449464
d Total	205	26126921	26126921

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.41 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	21730
c Target normal cost	**6c**	21730

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

09/09/2026
Date

EPHRAIM SUDWERTS
Type or print name of actuary

26-06869
Most recent enrollment number

PWC US TAX LLP
Firm name

973-919-9229
Telephone number (including area code)

300 MADISON AVENUE
NEW YORK, NY 10017
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 9.39 %	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)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.16 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
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	105.06 %
15	Adjusted funding target attainment percentage	15	105.06 %
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	104.46 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

	1st segment: %	2nd segment: %	3rd segment: %	
a Segment rates:				[X] N/A, full yield curve used

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

22 Weighted average retirement age **22** 65

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

Part VI Miscellaneous Items

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

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

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... [ ] Yes [X] 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**	21730
b Excess assets, if applicable, but not greater than line 31a	**31b**	21730

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**	0

	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**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
WEIL, GOTSHAL & MANGES PARTNERS' VARIABLE DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 011

C Plan sponsor's name as shown on line 2a of Form 5500
WEIL, GOTSHAL & MANGES LLP

D Employer Identification Number (EIN)
13-1456110

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19 50	NONE	15069	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
WEIL, GOTSHAL & MANGES PARTNERS' VARIABLE DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 011

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WEIL, GOTSHAL & MANGES LLP

D Employer Identification Number (EIN)
13-1456110

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: WGM MASTER TRUST

b Name of sponsor of entity listed in (a): WEIL, GOTSHAL & MANGES LLP

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1456110-012	M	78600

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE SHORT TERM INVESTMENT

b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-084	C	2738300

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
WEIL, GOTSHAL & MANGES PARTNERS' VARIABLE DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 011

C Plan sponsor's name as shown on line 2a of Form 5500
WEIL, GOTSHAL & MANGES LLP

D Employer Identification Number (EIN)
13-1456110

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	1970958	2738300
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	25478390	78600
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	27449348	2816900
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	27449348	2816900

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	233350	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		233350
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		2692370
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2925720
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	27521369	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		27521369
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	15069	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	21730	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		36799
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		27558168
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-24632448
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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)** [X] 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: EISNERAMPER LLP **(2)** EIN: 87-1363769

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.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**	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.)	**4j**	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?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [X] Yes [ ] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 579719.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
WEIL, GOTSHAL & MANGES PARTNERS' VARIABLE DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 011

C Plan sponsor's name as shown on line 2a of Form 5500
WEIL, GOTSHAL & MANGES LLP

D Employer Identification Number (EIN)
13-1456110

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): 36-3046063

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** 191

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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_____.

WEIL, GOTSHAL & MANGES PARTNERS' VARIABLE DEFINED BENEFIT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2025 (in Liquidation) and 2024 (ongoing)
(with supplemental information)

WEIL, GOTSHAL & MANGES PARTNERS'
VARIABLE DEFINED BENEFIT PLAN

INDEX
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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator, Participants and Beneficiaries
of the Weil, Gotshal & Manges Partners' Variable Defined Benefit Plan

Opinion

We have audited the financial statements of Weil, Gotshal & Manges Partners' Variable Defined Benefit 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 as of December 31, 2025 (in liquidation) and 2024 (ongoing), the related statements of changes in net assets available for benefits for the years ended December 31, 2025 (in liquidation) and 2024 (ongoing), 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 of the Plan as of December 31, 2025 (in liquidation) and 2024 (ongoing), and the changes in its net assets available for benefits for the years ended December 31, 2025 (in liquidation) and 2024 (ongoing), 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 *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Emphasis of Matter — Plan Termination and Liquidation Basis of Accounting

As further discussed in Note 1 to the financial statements, the governing body of Weil, Gotshal & Manges LLP, the Plan Sponsor, approved a plan of liquidation on August 4, 2025, and management determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from the going-concern basis of accounting used in presenting the 2024 financial statements to the liquidation basis of accounting used in presenting the 2025 financial statements. Our opinion is not modified with respect to this matter.

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Responsibilities of Management for the Financial Statements

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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.

Other Matter

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 schedules of assets (held at the end of year) as of December 31, 2025 (in liquidation) and of reportable transactions for the year ended December 31, 2025 (in liquidation), 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.

EisnerAmper LLP

EISNERAMPER LLP
Iselin, New Jersey
October 12, 2026

EISNERAMPER LLP

WEIL, GOTSHAL & MANGES PARTNERS'
VARIABLE DEFINED BENEFIT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2025 (in Liquidation)	December 31, 2024 (ongoing)
ASSETS		
Investments, at fair value:		
Investment in WGM MASTER TRUST	$ 78,600	$ 25,478,390
Collective Short-Term Investment Fund	2,738,300	1,970,958
Total Investment	$ 2,816,900	$ 27,449,348
Receivables:		
Accrued Interest expected to be earned in liquidation	50,312	-
Total Receivables	$ 50,312	$ -
Total Assets	$ 2,867,212	
LIABILITIES		
Accrued expenses expected to be incurred in liquidation	11,239	
Benefits paid to participants upon liquidation	1,199,180	
Excess assets expected to be transferred to a related plan upon Liquidation	1,656,793	
Total Liabilities	$ 2,867,212	
Net assets available for benefits (ongoing)		$ 27,449,348
Net assets in liquidation	$ -	

WEIL, GOTSHAL & MANGES PARTNERS'
VARIABLE DEFINED BENEFIT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Years Ended December 31,	
	2025 (in Liquidation)	**2024 (ongoing)**
Additions to/(deductions from) net assets available for benefits:		
Investment income:		
Net realized/unrealized appreciation in fair value of WGM Master Trust	**$ 2,362,147**	$ 2,067,575
Interest and dividend income allocated from WGM Master Trust	**357,377**	$355,712
Interest and dividend income	**233,350**	$74,803
Investment fees allocated from WGM Master Trust	**(27,154)**	($29,645)
Net investment income	**$ 2,925,720**	2,468,445
Benefits paid to participants and beneficiaries	**(27,521,369)**	(3,432,758)
Pension Benefit Guaranty Corporation premiums	**(21,730)**	(21,816)
Administrative expenses	**(15,069)**	(10,947)
	$ (27,558,168)	**$ (3,465,521)**
Net (decrease) in net assets	**$ (24,632,448)**	**$ (997,076)**
Adjustment to liquidation basis		
Accrued Interest expected to be earned in liquidation	**$ 50,312**	
Accrued expenses expected to be incurred in liquidation	**$ (11,239)**	
Benefits paid to participants upon liquidation	**$ (1,199,180)**	
Excess assets expected to be transferred to a related plan upon Liquidation	**$ (1,656,793)**	
NET ASSETS AVAILABLE FOR BENEFITS :		
BEGINNING OF YEAR (ongoing)	**$ 27,449,348**	$ 28,446,424
END OF YEAR (ongoing)		$ 27,449,348
END OF YEAR (in liquidation)	**$ -**	

See accompanying notes to financial statements

NOTE 1 – DESCRIPTION OF THE PLAN

The Weil, Gotshal & Manges Partners' Variable Defined Benefit Plan (the "Plan") was established on January 1, 2010 as a defined benefit pension plan covering eligible Weil, Gotshal & Manges LLP (the "Sponsor") partners. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. The Plan meets the minimum funding requirements of ERISA. The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

The Plan's assets, except for the Collective Short-Term Investment Fund, are held in the WGM Master Trust (the "Master Trust"). See Note 3 for details of the Master Trust.

The Plan was funded through contributions received from the Sponsor. In general, an eligible employee became a Participant upon completion of one year of service and attainment of age 21. The entry date for the Plan was January 1st of each year. Eligible employees were (1) partners of the Firm, including nonresident aliens who were, from time to time, designated as eligible employees by the management committee of the firm, and (2) employees who were licensed to practice law in one or more states of Affiliated Employers that were Participating Employers.

The Plan provided for an annual benefit at the normal retirement age of 65 and at late retirement. The annual benefit was equal to the sum of the benefit calculated as of December 31st of the prior year (adjusted for the yield on assets for the plan year), divided by 1.075 and an actuarial adjustment for age greater than normal retirement age (if applicable), plus an accrual for the current plan year (determined under the formula subject to the maximum accrual margin). The formula for the annual accrual for the current plan year was determined as the 2010 Section 415(b)(1)(A) limitation under the Internal Revenue Code (the "Code") projected to normal retirement age (or later age if applicable), less the projected normal retirement benefit payable under all other defined benefit plans, divided by the number of calendar years from the calendar year that includes the entry date through the calendar year that includes the attainment of normal retirement (or later age if applicable, but not less than 10), multiplied by one (if 1,000 hours of service as an active partner as of December 31st), multiplied by the group factor. The group factor for each Participant varied depending on the profit allocation percentage for the active partner for the prior plan year and whether projected partner service to age 65 was less than 15. The accrual in the year the Participant separated from service was multiplied by a fraction whose numerator was the number of full calendar months as an eligible employee, and the denominator was 12 (provided the Participant worked 1,000 hours). In addition, the Plan provided for late retirement and death benefits. Participants were 100% vested upon completion of five years of service or normal retirement if earlier. At no time did a Participant's benefit payable in the form of a single life annuity commencing on the Participant's benefit commencement date exceed the lesser of the Participant's dollar limit or compensation limit. In the event that a Participant's benefit exceeded the lesser of the Participant's dollar limit or compensation limit, such benefit was automatically reduced by the amount required in order to eliminate such excess. The normal form of payment was a Life Annuity; other options were also available at retirement.

The Plan was amended to change the rate at which benefits accrued effective June 1, 2015. The change in the annual benefit accrual formula may have resulted in a reduction of benefits accrued after May 31, 2015. To accrue a benefit for a plan year, a Participant required to be credited with at least 1,000 hours of service during that plan year. If a Participant had been credited with 1,000 or more hours of service for the 2015 plan year as of June 1, 2015, such Participant's annual benefit accrual for the 2015 plan year was determined

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

under the terms of the Plan as in effect on May 31, 2015, and such Participant's annual benefit accrual reflected the change to the benefit accrual formula for plan years beginning after December 31, 2015.

Effective February 28, 2017, the Plan was frozen with respect to benefit accruals and eligibility to participate. As a result, the Plan was closed to new Participants, and those who already participated in the Plan continued to have a benefit under the plan based on benefits accrued through February 28, 2017. This benefit was recalculated as of December 31st of each year until normal retirement date, and at normal retirement date, to reflect the actual earnings of the assets of the Plan. Active Participants continued to earn vesting service for their accrued benefit if they were not fully vested as of February 28, 2017.

Effective August 4, 2025, the Plan was terminated, and all affected participants became fully vested in their accrued benefits as of that date. Upon plan termination, participants were provided the option to elect a distribution in the form of either an immediate lump sum payment or an immediate annuity, with an annuity starting date of October 1, 2025.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

(a) Basis of Accounting

As a result of the Plan termination effective August 4, 2025, the financial statements as of and for the year ended December 31, 2025 are prepared under the liquidation basis of accounting. Under the liquidation basis of accounting, assets are measured to reflect the estimated amount of cash expected to be collected in settling or disposing of assets during the liquidation process and liabilities are measured using the accrual basis of accounting and would include any expected costs of the disposal of assets and other costs expected to be incurred during the liquidation process. The financial statements as of and for the year ended December 31, 2024, were prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

(b) Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and, when applicable, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

(c) Valuation of Investments and Income Recognition

Under the liquidation basis of accounting, assets are reported at the estimated amounts expected to be collected upon liquidation when there is a reasonable basis to estimate. Management concluded that the amounts expected to be realized upon liquidation for the Plan's interest in the Master Trust and its other investments approximated fair value as of December 31, 2025. Accordingly, such investments are reported at amounts that approximate fair value.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (Continued)

The underlying investments held by the Master Trust are primarily stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. At December 31, 2024, the Plan is presented on the ongoing basis of accounting and investments are reported at fair value. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of WGM Master Trust includes the Plan's share of the Master Trust's gains and losses on investments bought and sold as well as held during each of the years ended December 31, 2025 and 2024.

(d) Payment of Benefits

The December 31, 2024 financial statements are prepared using the ongoing basis of accounting, under which benefit payments are recorded when paid. The December 31, 2025 financial statements are prepared using the liquidation basis of accounting, under which net assets available for benefits reflect the estimated amounts expected to be distributed to participants and beneficiaries in connection with the Plan's liquidation. Distributions reduce those estimated amounts when paid.

(e) Administrative Expenses

The Plan's expenses are paid either by the Plan or the Sponsor, as provided by the Plan document. Expenses that are paid directly by the Sponsor are excluded from the Plan's financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment-related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

(f) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (Note 5) are those estimated future periodic payments that are attributable under the Plan's provisions to services rendered by the Participants to the date the benefits were frozen. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated Participants or their beneficiaries and (b) beneficiaries of Participants who have died, and (c) present Participants or their beneficiaries. Benefits are determined by use of a certain formula set forth in the Plan. Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included, to the extent they are deemed attributable to Participant service rendered to the date benefits were frozen.

(g) Subsequent Events

The Plan has evaluated subsequent events through October 12, 2026, the date that the financial statements were available to be issued.

NOTE 3 – INVESTMENTS – MASTER TRUST

The Master Trust holds the investment assets of the Plan, the Weil, Gotshal & Manges Employees' Pension Plan, the Weil, Gotshal & Manges Partners' Target Pension Plan, the Weil, Gotshal & Manges Partners' Defined Benefit Plan, the Weil, Gotshal & Manges Partners' Variable Annuity Plan, the Weil, Gotshal & Manges LLP Cash Balance Plan and the Weil, Gotshal & Manges Closed Partners' Target Pension Plan. Each participating plan has an interest in specific assets in the Master Trust (a divided interest).

Investments and the income therefrom, are allocated to participating plans based on each plan's participation in the investment options within the Master Trust. Accordingly, the Plan's investment gain for the year ended December 31, 2025 includes its allocable share of the Master Trust's interest and dividends and net appreciation in fair value of investments.

The following table represents the fair value of assets, including investments, held by the Master Trust at December 31, 2025 and 2024:

	2025		2024	
	Master Trust	**Plan's Interest in Master Trust**	**Master Trust**	**Plan's Interest in Master Trust**
Collective Short-Term Investment Fund	$ 10,885,211	$ -	$ 2,742,753	$ 112,628
Mutual Funds	11,940,048	-	4,815,334	424,999
Collective Trusts	-	-	121,759,946	11,853,206
103-12 Investment Entities	-	-	14,110,948	1,403,926
Debt Instruments	527,909,578	-	584,792,310	6,374,420
Common Stocks	-	-	15,686,135	1,784,103
Pooled Separate Funds	-	-	7,804,285	814,321
Private Equity Funds	53,800,277	-	65,798,375	-
Hedge Funds	776,027	78,600	25,283,999	2,661,653
Total Investments at Fair Value	**605,311,141**	**78,600**	**842,794,085**	**25,429,256**
Plus:				
Due from broker for securities sold	58,769	-	31,351	661
Accrued interest and dividends	6,812,530	-	7,393,296	50,384
Less:	-	-	-	-
Due to broker for securities purchased	(39,440)	-	(37,999)	(1,250)
Accrued expenses	-	-	(6,338)	(661)
Total	**$ 612,143,000**	**$ 78,600**	**$ 850,174,395**	**25,478,390**

NOTE 3 – INVESTMENTS – MASTER TRUST (Continued)

The table below sets forth investment income of the Master Trust for the years ended December 31, 2025 and 2024:

	December 31 2025	December 31 2024
Investment income:		
Net appreciation in fair value of investments	$ 44,963,485	$ 3,261,204
Interest and dividend income	33,954,037	31,943,398
Management fees	(799,269)	(1,450,160)
Net investment income	$ 78,118,253	$ 33,754,442

NOTE 4 – FAIR VALUE OF FINANCIAL INSTRUMENTS

The Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclos*ures, provides the framework for measuring fair value. The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The Plan utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Based on the observability of the inputs used in the valuation techniques, the Plan is required to provide the following information according to the fair value hierarchy. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1) and the lowest priority to unobservable inputs (Level 3). Financial assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

Level 1

Valuation is based upon quoted prices for identical instruments traded in active markets.

Level 2

Observable inputs other than Level 1 including quoted prices for similar assets or liabilities, quoted prices in less active markets, or other observable inputs that can be corroborated by observable market data.

Level 3

Unobservable inputs supported by little or no market activity for financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation.

NOTE 4 – FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

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

Following is a description of the valuation methodologies used for investment assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Collective Short-Term Investment Funds

Valued at net asset value ("NAV"). The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV. Underlying investments are valued based upon the latest published market quotations, when available. When not available, fair values are determined by the fund manager by reference to quoted market values or other financial data pertaining to investments of similar nature, quality, and yield.

Admissions to and withdrawals from the fund are made daily. Interest is accrued daily and distributed monthly. The collective short-term investment fund held by the Plan at December 31, 2025 invests in high-grade money market instruments with short-term maturities to provide an investment vehicle for cash reserves while offering a competitive rate of return.

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 NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common Stocks

At December 31, 2024, the Master Trust held investments in common stock which were valued at the closing price reported on the active market on which the individual securities are traded. During 2025, common stock was redeemed as part of a change in the Master Trust's investment strategy, and no such investments were held at December 31, 2025.

Debt Instruments

Debt instruments include corporate bonds and government securities. The fair value of corporate bonds is estimated using various techniques, which may consider recently executed transactions in securities of the issuer or comparable issuers, market price quotations (when observable), bond spreads, fundamental data relating to the issuer and credit default swap spreads adjusted for differences between cash and derivative instruments. Credit ratings range from AAA to B. Government securities are valued using a model that incorporates market observable data, such as reported sales of similar securities, broker quotes, yields, bids, offers, and reference data. Certain securities are valued principally using dealer quotations.

NOTE 4 – FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

Investments Held by Master Trust measured at NAV

At December 31, 2024, the Master Trust held investments in pooled separate account funds, collective trust funds, and 103-12 investment entities that were measured at net asset value ("NAV"), as a practical expedient, and therefore were not classified within the fair value hierarchy. During 2025, these investments were redeemed as part of a change in the Master Trust's investment strategy, and no such investments were held at December 31, 2025.

Pooled Separate Account Funds

At December 31, 2024, pooled separate account funds were valued at NAV, as a practical expedient, based on the market value of the underlying investments. The NAV was not a publicly-quoted price in an active market. The Pooled Separate Account Funds sought to achieve a long-term total return greater than public bond portfolios of comparable credit quality and duration primarily by investing in privately placed corporate debt securities, with credit qualities ranging from AAA to CCC.

Collective Trust Funds and 103-12 Investment Entities

At December 31, 2024, collective trust funds and 103-12 investment entities were valued at NAV, as practical expedient, based on the fair value of the underlying investments. Underlying investments were valued based upon the latest published market quotations, when available. When not available, fair values were determined by the fund manager by reference to quoted market values or other financial data pertaining to investments of similar nature, quality, and yield.

Primary investment strategies of Collective Trust Funds held by the Master Trust at December 31, 2024 were as follows:

- to invest in a diversified portfolio of common stocks of US and Non-US companies to seek long-term capital appreciation.

- to invest in S&P common stock to provide results that approximate returns of the S&P 500 Composite Stock Price Index.

- to invest in S&P common stock to provide results that approximate returns of the S&P 400 Composite Stock Price Index.

- to invest in growth-oriented small cap US companies to seek long-term capital growth using a bottom-up investment process.

- to approximate the risk and return characteristics of the MSCI All Country World ex-US Index. This index represents the large and medium cap segments of the Non-US equity developed and emerging markets. The Fund employs a replication technique which generally seeks to hold each index constituent in its proportional index weight. The Fund may make limited use of futures and/or options for the purpose of maintaining equity exposure.

NOTE 4 – FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

103-12 Investment Entities held by the Master Trust at December 31, 2024 had investment strategies as follows:

- to seek long-term capital by investing in equity securities without limitation among geographic regions and individual countries throughout the world based on analysis of global economic, political and financial conditions.

Hedge Funds

The hedge fund investments were fully redeemed prior to December 31, 2025. The remaining balance of $776,027 represents a holdback receivable expected to be distributed in 2026 following the completion of the respective funds' final audits.

At December 31, 2024, hedge funds were valued based on NAV per unit as a practical expedient, without further adjustment. NAV was based upon the fair value of the underlying investments as determined by the hedge funds.

Primary investment strategies of Hedge Funds held by the Master Trust at December 31, 2024 were as follows:

- to invest in funds whose investment objective is to seek long-term capital appreciation and current income through investing in a combination of equity securities, fixed-income securities and derivatives including, but not limited to, options, credit default swaps, total return swaps, futures and forwards.

- to achieve net of fee returns in excess of traditional high yield credit through high income and credit loss-avoidance. The strategy focuses on investing and trading primarily in structured finance securities including collateralized debt obligations, collateralized loan obligations, mortgage-backed securities, asset-backed securities, bank debt, special situations, high-yield bonds and special situation equity securities, credit loss-avoidance.

- to achieve risk-adjusted total returns by buying and selling investments that are anticipated to have a primarily bank loan focus. Investments will be primarily in debt securities of midsize and large capitalizations.

Private Equity

Valued based on the NAV per unit as practical expedient, without further adjustment. NAV is based upon the fair value of the underlying investments as determined by the private equity funds.

Primary investment strategies of Private Equity Funds held by the Master Trust are as follows:

- to hold investments in partnerships that make investments as limited partners in the funds that hold investments in other limited partnerships and pooled investment vehicles and also hold direct investments such as common and preferred equity securities, debt, warrants, privately issued securities as well as investments in operating companies.

NOTE 4 – FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

Private Equity (Continued)

- to acquire, improve, lease, maintain, own, operate, manage, finance, refinance, mortgage, hold, divide, sell, reposition, exchange or otherwise deal in and with real estate investments, real estate assets, securities and instruments.

- to engage in the business of investing in portfolio companies that own, operate, develop, manage or support infrastructure assets.

- to generate current income and long-term capital appreciation through investments in a range of distressed and undervalued credit investments in North America and other parts of the world on an opportunistic basis.

-to generate current income and long-term capital appreciation through investments in technology companies located in North America.

- to generate attractive, risk-adjusted returns by investing primarily in residential and commercial whole loans, mortgage-backed securities and other credit sensitive financial instruments and by focusing on the acquisition and through its affiliates, the management and servicing of credit-sensitive loans and real estate owned, asset-backed securities and related derivative instruments.

The following tables summarize the Master Trust's and the Plan's investment assets at fair value as of December 31, 2025 and 2024 based on the inputs used to value them:

Investment Assets at Fair Value at December 31, 2025

Type of Security	Level 1	Level 2	Level 3	Total
Held by Plan:				
Collective Short-Term Investment Fund	$ -	-	-	$ 2,738,300
Total Investments Held By Plan	$ -	-	-	$ 2,738,300
Held by Master Trust:				
Mutual funds	$ 11,940,048			$ 11,940,048
Debt Instruments		527,909,578		527,909,578
Total Master Trust investments in the fair value hierarchy	11,940,048	527,909,578		539,849,626
Investments held by Master Trust measured at NAV (a):				
Collective Short-Term Investment Fund				10,885,211
Private equity funds				53,800,277
Hedge funds				776,027
Total investments held by Master Trust measured at NAV				65,461,515
Total investments Assets at Fair Value Held by Master Trust	$ 11,940,048	527,909,578	-	$ 605,311,141

(a) Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in Note 3.

NOTE 4 – FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

Investment Assets at Fair Value at December 31, 2024

Type of Security	Level 1	Level 2	Level 3	Total
Held by Plan:				
Collective Short-Term Investment Fund	$ -	-	-	$ 1,970,958
Total Investments Held By Plan	$ -	-	-	
Held by Master Trust:				
Mutual funds	$ 4,815,334			$ 4,815,334
Common stocks	15,686,135			$ 15,686,135
Debt Instruments		584,792,310		$ 584,792,310
Total Master Trust investments in the fair value hierarchy	20,501,469	584,792,310		605,293,779
Investments held by Master Trust measured at NAV (a):				
Collective Short-Term Investment Fund				2,742,753
Collective Trusts				121,759,946
103-12 investment entities				14,110,948
Pooled separate funds				7,804,285
Private equity funds				65,798,375
Hedge funds				25,283,999
Total investments held by Master Trust measured at NAV				237,500,306
Total investments Assets at Fair Value Held by Master Trust	$ 20,501,469	$ 584,792,310	$ -	$ 842,794,085

(a) Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in Note 3.

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

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

NOTE 4 – FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

The following tables summarize the Master Trust's investments measured at fair value based on NAVs per share as of December 31, 2025 and 2024:

	December 31, 2025			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Hedge funds (a)	776,027		(a)	(a)
Private equity funds (b)	53,800,277	$ 19,043,217 (c)	N/A	N/A
Collective Short-Term Investment Fund	10,885,211		Daily	0 days
	$ 65,461,515	$ 19,043,217		

	December 31, 2024			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective trusts	$ 121,759,946		Daily	0-30 days
Hedge funds (a)	25,283,999		Monthly, quarterly	30-180 days
Private equity funds (b)	65,798,375	$ 21,138,928 (c)	N/A	N/A
Pooled Separate Funds	7,804,285		Monthly	30 days
103-12 investment entities	14,110,948		Weekly	7 days
Collective Short-Term Investment Fund	2,742,753		Daily	0 days
	$ 237,500,306	$ 21,138,928		

N/A – Not applicable

(a) At December 31, 2025, the Master Trust had a receivable of $776,027 related to a holdback from a redeemed hedge fund investment. Receipt of the remaining holdback is expected in 2026 following completion of the respective funds' final audits.

NOTE 4 – FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

(b) The Master Trust's private equity fund investments with a fair value of $53,800,277 and $65,798,375 at December 31, 2025 and 2024, respectively, may not be redeemed prior to the liquidation of the fund investment, unless the Board of Directors of the funds, or the general partner, at its sole discretion, approves redemption.

(c) As of December 31, 2025 and 2024, the plans participating in the Master Trust, excluding the terminating plans that do not have obligations under the subscription agreements, have committed to invest $131,050,000 and $132,850,000, respectively, under subscription agreements. As of December 31, 2025 and 2024, approximately $112,006,783 and $111,711,072, respectively, have been invested pursuant to those commitments.

Certain collective trusts and hedge funds held by the Master Trust could impose withdrawal fees as a percentage of withdrawal amount if amount withdrawn exceeds specified threshold, and occurred within a specified time after subscription date, respectively. There were no withdrawal fees charged for the years ended December 31, 2025 and 2024.

NOTE 5 – ACCUMULATED PLAN BENEFITS

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

Significant assumptions underlying the actuarial computations as of December 31, 2024 (Ongoing basis) were as follows:

Interest rate for determination of accumulated benefits under FASB ASC 960	7.5%, as defined in the plan document.
Mortality basis	As of December 31, 2024: Pri-2012 white collar mortality table and the MP2021 mortality improvement scale. The mortality table used for determining lump sums is the 2024 Generational Mortality Table pursuant to Treasury Regulation 1.430(h)(3)-1.
Employee turnover	0% for age 20-29, 6% for age 30-39, 4% for age 40-49, 2% for age 50-59 and 0% for age 60 and over.
Retirement	Age 65.
Form of Payment	Lump sum option.

NOTE 5 – ACCUMULATED PLAN BENEFITS (Continued)

The actuarial assumptions as of December 31, 2024 shown in the table are based on the presumption that the Plan will continue (ongoing basis).

In accordance with the Plan termination, as further described in Note 9, participants may elect to receive a distribution in the form of an immediate lump sum payment or an immediate annuity with an annuity start date of October 1, 2025. Substantially all benefits payable to participants and beneficiaries were distributed by December 31, 2025. Actual amounts paid were based on the value of participant benefits and related investment gains and losses as of the participants' benefit commencement date as determined by the actuary when applying plan termination provisions. Excess assets will be transferred to a related Plan. Upon transfer, the Plan's actuarial present value of accumulated benefits will be $0.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the valuation been performed at December 31, 2024, there would be no material differences.

Accumulated plan benefits information, as estimated by consulting actuaries, as of December 31, 2024 (Ongoing):

Actuarial present value of accumulated plan benefits	
Vested benefits:	
Participants currently receiving benefits	$ -
Other participants	26,126,921
Total vested benefits	26,126,921
Nonvested benefits	-
Total actuarial present value of accumulated plan benefits	$26,126,921

Changes in accumulated plan benefits for the year ended December 31, 2024 are as follows:

Actuarial present value of accumulated plan benefits as of December 31, 2023 (Ongoing)	$27,229,571
Increase (decrease) during the year attributable to:	
Net benefits accumulated (including actuarial gains and losses)	413,412
Increase for interest due to the decrease in the discount period	1,915,817
Benefits paid	(3,432,758)
Changes in actuarial assumptions	879
Net Decrease	(1,102,650)
Actuarial present value of accumulated plan benefits as of December 31, 2024 (ongoing)	$26,126,921

NOTE 5 – ACCUMULATED PLAN BENEFITS (Continued)

The Plan's funding policy is for the Sponsor to contribute an amount that will meet or exceed the annual ERISA minimum funding requirement. During 2025 and 2024, the Sponsor made contributions of $0, which met the minimum funding requirements of ERISA.

NOTE 6 – ADJUSTED FUNDING TARGET ATTAINMENT PERCENTAGE ("AFTAP")

The Pension Protection Act (the "Act") included many provisions and numerous revisions to rules surrounding defined benefit plans, including rules that govern Plan funding. The Act established minimum funding standards for defined benefit plans and limited benefit increases and accruals for underfunded plans. Pursuant to the Act, each year the actuaries are required to certify to the Plan's funded percentage. The Plan received such certification for the 2025 Plan year for the AFTAP, which is one way of measuring the funded status of a plan using actuarial assumptions mandated by the IRS, and the actuary determined that the 2025 AFTAP for the Plan is 105.06%.

NOTE 7 – RELATED-PARTY AND PARTY IN INTEREST TRANSACTIONS

Northern Trust Corporation ("Northern Trust") is the custodian of the Plan's investments; therefore, transactions related to these investments qualify as party-in-interest transactions. Administrative expenses paid to Northern Trust and charged to the Plan for the years ended December 31, 2025 and 2024 were $15,069 and $10,947, respectively.

NOTE 8 – INCOME TAX STATUS

Due to the Plan termination, an application for a determination letter from the Internal Revenue Service ("IRS") was filed on June 22, 2026.

The Plan obtained its latest determination letter on August 24, 2017, in which the Internal Revenue Service ("IRS") stated that the Plan is qualified under the Internal Revenue Code ("IRC"), and therefore, the related trust is exempt from taxation. The Plan has been amended since receiving the tax determination letter. However, the Plan administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and therefore, believe the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by government authority. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan holds certain investments subject to IRS filings. To date, all filings have been made. The Plan is subject to routine examinations by taxing jurisdictions; however, there are currently no examinations for any tax periods in progress.

NOTE 9 – PLAN TERMINATION

On August 4, 2025, the Firm adopted an amendment to terminate the Plan effective as of August 4, 2025. Upon termination, all active participant accrued benefits became 100% vested, regardless of the employee's years of service. The Plan provided a Notice of Intent to Terminate and a Notice of Plan Benefits to all affected participants. The Standard Termination Notice was filed with the PBGC and after the review period ended, the Plan Administrator began distributing plan assets to participants and beneficiaries.

The Plan Administrator is in the process of liquidating and distributing all remaining plan assets to participants and beneficiaries as soon as administratively feasible, in accordance with the Internal Revenue Code and ERISA. Participants had the option to receive an immediate lump sum payment or an immediate annuity. No annuity contracts were purchased by the Plan in connection with the termination process, and no participants elected to receive their benefits in the form of an immediate annuity. Accordingly, the Plan has not transferred any obligations to an insurer. Excess assets will be transferred to a qualified replacement plan provided by section 4980 of the Code.

An application for a determination letter from the Internal Revenue Service ("IRS") was filed on June 22, 2026. The Plan filed a Form 501 Post Distribution Certification with the Pension Benefit Guaranty Corporation on August 5, 2026 and will file the final Form 5500 with the Internal Revenue Service upon complete distribution of all assets.

NOTE 10 – INVESTMENTS WITH OFF-BALANCE-SHEET RISK OR CONCENTRATION OF CREDIT RISK

The Plan and Master Trust invest in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the 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 prepared based on certain assumptions pertaining to interest rates, inflation rates and Participant demographics, all of which are subject to change. Due to uncertainties inherent in the estimates 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.

Volatility in the financial markets may significantly impact the subsequent valuation of the Plan's investments. Accordingly, the valuation of investments at December 31, 2025 may not necessarily be indicative of amounts that could be realized in a current market exchange.

The Master Trust invests in foreign currency and foreign securities investments through some of its investments in private equity funds. The securities exchanges of certain foreign markets are substantially smaller, less liquid and more volatile than the major securities markets in the United States of America. Consequently, acquisition and disposition of securities by the private equity funds may be inhibited. This may limit the number of shares available for acquisition or disposition by the private equity funds.

NOTE 10 – INVESTMENTS WITH OFF-BALANCE-SHEET RISK OR CONCENTRATION OF CREDIT RISK (Continued)

Some countries in which the private equity may invest require governmental approval for the repatriation of investment income, capital or the proceeds of sales of securities by foreign investors. In addition, if there is deterioration in a country's balance of payments or for other reasons, a country may impose temporary restrictions on foreign capital remittances abroad.

The Master Trust invests in emerging markets investments through some of its investments in private equity funds. Investing in emerging markets may involve special risks and considerations not typically associated with investing in the United States of America. These risks include revaluation of currencies, high rates of inflation, repatriation restrictions on income and capital, and future adverse political, social and economic developments. Moreover, securities issued in these markets may be less liquid, subject to government ownership control, delayed settlements and their prices more volatile than those of comparable securities in the United States of America.

The Master Trust's investments in some of its private equity funds are also subject to the risk of restrictions being imposed by foreign governments on the repatriation of cash and to political or economic uncertainties.

NOTE 11 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to amounts reported on the Form 5500 for the year ended December 31, 2025:

Net assets available for benefits per the financial statements	$ -
Adjustments for liquidation basis of accounting	2,816,900
Net assets available for benefits per the Form 5500	$ 2,816,900

SUPPLEMENTAL INFORMATION

WEIL, GOTSHAL & MANGES PARTNERS'
VARIABLE DEFINED BENEFIT PLAN

Employer Identification #13-1456110, Plan No. 011
Schedule H of Form 5500
Schedule of Assets (Held at End of Year)
December 31, 2025 (in Liquidation)

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	**Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value**	**Cost**	**Current Value**
*	Northern Trust	Collective Short-Term Investment Fund	$ 2,738,300	$ 2,738,300

* Party-in-interest, as defined by ERISA.

WEIL, GOTSHAL & MANGES PARTNERS'
VARIABLE DEFINED BENEFIT PLAN

Employer Identification #13-1456110, Plan No. 011
Schedule H, Part IV, Line 4(j) of Form 5500
Schedule of Reportable Transactions
Year Ended December 31, 2025 (in Liquidation)

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	**Description of Assets**	**Purchase Price**	**Sales Price**	**Cost of Asset**	**Current value of Asset on Transaction Date**	**Net Gain (Loss)**
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD	1		371,275	371,275	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD	1		126,080	126,080	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD	1		290,225	290,225	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD	1		446,958	446,958	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD	1		148,832	148,832	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD	1		367,919	367,919	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD	1		956,310	956,310	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD	1		740,686	740,686	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD	1		21,171,288	21,171,288	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD	1		958,717	958,717	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD	1		2,338,284	2,338,284	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	126,080	126,080	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	126,080	126,080	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	1,072,221	1,072,221	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	448,937	448,937	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	242,867	242,867	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	372,182	372,182	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	196,914	196,914	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	114,862	114,862	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	782,376	782,376	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	334,480	334,480	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	2,765,934	2,765,934	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	744,666	744,666	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	198,459	198,459	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	1,143,778	1,143,778	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	1,557,231	1,557,231	-

WEIL, GOTSHAL & MANGES PARTNERS'
VARIABLE DEFINED BENEFIT PLAN

Employer Identification #13-1456110, Plan No. 011
Schedule H, Part IV, Line 4(j) of Form 5500
Schedule of Reportable Transactions
Year ended December 31, 2025 (in Liquidation)

(Continued)

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	**Description of Assets**	**Purchase Price**	**Sales Price**	**Cost of Asset**	**Current value of Asset on Transaction Date**	**Net Gain (Loss)**
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	1,685,286	1,685,286	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	859,456	859,456	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	739,919	739,919	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	977,468	977,468	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	656,668	656,668	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	2,927,481	2,927,481	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	1,209,700	1,209,700	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	2,932,907	2,932,907	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	990,006	990,006	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	1,640,449	1,640,449	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	634,813	634,813	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	166,028	166,028	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	236,102	236,102	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	319,476	319,476	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	520,434	520,434	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	139,043	139,043	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	211,656	211,656	-

Attachment to 2025 Form 5500

Schedule SB, line 26(a) - Schedule of Active Participant Data

Plan Name: Weil, Gotshal & Manges Partners' Variable Defined Benefit Plan EIN: 13-1456110
Plan Sponsor's Name: Weil, Gotshal & Manges LLP PN: 011

Age and Service Distribution of Active Members

Completed Years of Service on January 1, 2025[1]

Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25											
25 – 29											
30 – 34											
35 – 39											
40 – 44		3									3
45 – 49		10	6								16
50 – 54		4	21								25
55 – 59		3	14								17
60 – 64		4	14								18
65 – 69			7								7
70 +											
Total		24	62								86

[1] Credited Service

Attachment to 2025 Form 5500

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

Plan Name: Weil, Gotshal & Manges Partners' Variable Defined Benefit Plan EIN: 13-1456110
Plan Sponsor's Name: Weil, Gotshal & Manges LLP PN: 011

A. Actuarial Assumptions for Funding Purposes

Valuation Date

January 1, 2025

Valuation Interest Rate

The funding target was determined using the rates based on the corporate bond yield curve, as prescribed under the Pension Protection Act of 2006.

Mortality

2024 Generational Mortality Table pursuant to Treasury Regulation 1.430(h)(3)-1.

Salary Scale

Not applicable.

Withdrawal

Age	Rates
20-29	0.0%
30-39	6.0%
40-49	4.0%
50-59	2.0%
60 and Over	0.0%

Retirement

Age 65.

Disability

No decrement.

IRC Section 415(b) Limit

$280,000 for 2025.

Form of Payment

It is assumed 100% of participants will elect the lump sum option upon retirement.

Provisions for expenses

PBGC premiums expected to be paid from the Trust.

Future Yield

In any calculation where an estimate of future yield is necessary, the interest rate applicable for that calculation will be used.

Asset Valuation Method

Fair market value of assets.

Percent Married

Not applicable.

Attachment to 2025 Form 5500

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods, cont'd

Plan Name: Weil, Gotshal & Manges Partners' Variable Defined Benefit Plan EIN: 13-1456110
Plan Sponsor's Name: Weil, Gotshal & Manges LLP PN: 011

B. Actuarial Methods for Funding Purposes

Actuarial Cost Method

The actuarial cost method used in this valuation is the Unit Credit Cost Method, as required under the Pension Protection Act of 2006.

The target liability is the present value of accrued benefits. The target liability is funded over time. Each year's funding shortfall is spread over 15 years. This shortfall is the result of gains or losses when actual experience differs from expectations based on actuarial assumptions, plan changes, assumption changes or changes in the asset valuation method.

The target normal cost, determined as of the valuation date, is the amount required to fund the benefits expected to be earned in the current year.

Attachment to 2025 Form 5500

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods, cont'd

Plan Name: Weil, Gotshal & Manges Partners' Variable Defined Benefit Plan EIN: 13-1456110
Plan Sponsor's Name: Weil, Gotshal & Manges LLP PN: 011

C. Actuarial Assumptions Rationale

Valuation Interest Rates (Funding)	The interest rate assumption used is prescribed by IRC section 430(h) subject to specified elections by the plan sponsor.
Mortality (Funding)	The mortality assumption used is prescribed by IRS section 430(h) subject to specified elections by the plan sponsor. The mortality table used for determining lump sums is consistent with the table defined in the plan document.
Retirement/Withdrawal	Retirement rates and withdrawal rates are based on the plan sponsor's historical experience and expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.
Form of Payment	This assumption was based on best expectations given plan provisions, based on historical experience of the plan.
Provisions for expenses	This assumption is set based on the plan sponsor's historical experience and expectations for future expenses to be paid from the trust.
Investment Yield	This rate is intended to represent the net yield after investment expenses over an extended period of time in the future.

WEIL, GOTSHAL & MANGES PARTNERS'
VARIABLE DEFINED BENEFIT PLAN

Employer Identification #13-1456110, Plan No. 011
Schedule H, Part IV, Line 4(j) of Form 5500
Schedule of Reportable Transactions
Year Ended December 31, 2025 (in Liquidation)

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	**Description of Assets**	**Purchase Price**	**Sales Price**	**Cost of Asset**	**Current value of Asset on Transaction Date**	**Net Gain (Loss)**
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD	1		371,275	371,275	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD	1		126,080	126,080	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD	1		290,225	290,225	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD	1		446,958	446,958	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD	1		148,832	148,832	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD	1		367,919	367,919	-
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Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	1,072,221	1,072,221	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	448,937	448,937	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	242,867	242,867	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	372,182	372,182	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	196,914	196,914	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	114,862	114,862	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	782,376	782,376	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	334,480	334,480	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	2,765,934	2,765,934	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	744,666	744,666	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	198,459	198,459	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	1,143,778	1,143,778	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	1,557,231	1,557,231	-

WEIL, GOTSHAL & MANGES PARTNERS'
VARIABLE DEFINED BENEFIT PLAN

Employer Identification #13-1456110, Plan No. 011
Schedule H, Part IV, Line 4(j) of Form 5500
Schedule of Reportable Transactions
Year ended December 31, 2025 (in Liquidation)

(Continued)

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	**Description of Assets**	**Purchase Price**	**Sales Price**	**Cost of Asset**	**Current value of Asset on Transaction Date**	**Net Gain (Loss)**
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	1,685,286	1,685,286	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	859,456	859,456	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	739,919	739,919	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	977,468	977,468	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	656,668	656,668	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	2,927,481	2,927,481	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	1,209,700	1,209,700	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	2,932,907	2,932,907	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	990,006	990,006	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	1,640,449	1,640,449	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	634,813	634,813	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	166,028	166,028	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	236,102	236,102	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	319,476	319,476	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	520,434	520,434	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	139,043	139,043	-
Northern Trust Asset Management	NT COLLECTIVE SHORT TERM INVT FD		1	211,656	211,656	-

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
Weil, Gotshal & Manges Partners' Variable Defined Benefit Plan

B Three-digit plan number (PN) ▶ 011

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
WEIL GOTSHAL & MANGES LLP

D Employer Identification Number (EIN)
13-1456110

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	27,449,348
b Actuarial value	**2b**	27,449,348

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	119	14,677,457	14,677,457
c For active participants	86	11,449,464	11,449,464
d Total	205	26,126,921	26,126,921

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.41%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	21,730
c Target normal cost	**6c**	21,730

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

Ephraim Sudwerts

Signature of actuary

September 9, 2026

Date

EPHRAIM SUDWERTS

Type or print name of actuary

2606869

Most recent enrollment number

PwC US Tax LLP

Firm name

973-919-9229

Telephone number (including area code)

300 Madison Avenue

New York NY 10017

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 9.39 %	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)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.16 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
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	105.06 %
15	Adjusted funding target attainment percentage	15	105.06 %
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	104.46 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

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

22 Weighted average retirement age	**22**	65

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

Part VI Miscellaneous Items

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

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

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment [ ] Yes [X] 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**	21,730
b Excess assets, if applicable, but not greater than line 31a	**31b**	21,730

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**	0

	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**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Attachment to 2025 Form 5500

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name: Weil, Gotshal & Manges Partners' Variable Defined Benefit Plan	EIN: 13-1456110
Plan Sponsor's Name: Weil, Gotshal & Manges LLP	PN: 011

The weighted average retirement age is equal to the normal retirement age of 65.

Attachment to 2025 Form 5500

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Weil, Gotshal & Manges Partners' Variable Defined Benefit Plan EIN: 13-1456110
Plan Sponsor's Name: Weil, Gotshal & Manges LLP PN: 011

Plan Name

Weil, Gotshal & Manges Partners' Variable Defined Benefit Plan

Entry Dates

Prior to February 28, 2017

The first day of January during a Plan year that includes the date on which an Eligible Employee is credited with one (1) Year of Eligibility Service and attains age twenty-one (21).

Effective February 28, 2017

The Plan is closed to new participants.

Eligible Employees

Prior to February 28, 2017

Employees who are Partners of the Firm and who are licensed to practice law in one or more states of Affiliated Employers that are Participating Employers. No other Employees shall be Eligible Employees. An individual shall not be treated as an Eligible Employee for any period during which the Employer did not originally classify him as an Employee even if he is later retroactively reclassified as an Employee.

Effective February 28, 2017

The Plan is closed to new participants.

Effective Date

January 1, 2010

Retirement Dates:

Normal: Age 65

Late: The first day of the first calendar month, that coincides with the date on which a Participant terminates employment from all Affiliated Employers after his Normal Retirement Date.

Annuity Ratio Factor

For participants whose age as of the end of the plan year does not exceed normal retirement age or who have commenced payment of their benefit, the factor is one (1).

For participants whose age as of the end of the plan year exceeds normal retirement age, the Annuity Ratio Factor is the product of (a) 1.075 and (b) the ratio of the present value of a monthly annuity for life computed as of the age of the Participant as of the last day of the immediately preceding Plan Year to the present value of such annuity computed as of the last day of the current Plan Year.

Group Factor

The Group Factor for Group 1 is 10%, for Group 2 is 35%, for Group 3 is 85%, and for Group 4 is 100%, where:

Prior to June 1, 2015

1. Group 1 consists of Participants whose Profit Allocation Percentage for the prior Plan Year (including the Plan Year before the Effective Date) is less than 0.17%.

2. Group 2 consists of (a) Participants whose Profit Allocation Percentage for the prior Plan Year (including the Plan Year before the Effective Date) equals or exceeds 0.17% but is less than 0.23% and (b) Participants for the first Plan Year during which they are Participants, provided that prior to becoming Participants they were Employes of the Employer other than by reason of being Partners.

3. Group 3 consists of Participants whose Profit Allocation Percentage for the prior Plan Year (including the Plan Year before the Effective Date) equals or exceeds 0.23% but is less than 0.33%.

4. Group 4 consists of Participants whose Profit Allocation Percentage for the prior Plan Year (including the Plan Year before the Effective Date) equals or exceeds 0.33%.

Effective June 1, 2015

1. Group 1 consists of Participants whose Profit Allocation Percentage for the Plan Year as of November 30 of such Plan Year is less than 0.18%.

2. Group 2 consists of (a) Participants whose Profit Allocation Percentage for the Plan Year as of November 30 of such plan year equals or exceeds 0.18% but is less than 0.24% and (b) Participants for the first Plan Year during which they are Participants, provided that prior to becoming Participants they were Employes of the Employer other than by reason of being Partners.

3. Group 3 consists of Participants whose Profit Allocation Percentage for the Plan Year as of November 30 of such Plan Year equals or exceeds 0.24% but is less than 0.36%.

4. Group 4 consists of Participants whose Profit Allocation Percentage for the Plan Year as of November 30 of such Plan Year equals or exceeds 0.36%.

Effective February 28, 2017

The Plan was frozen to new accruals

NDI Factor

Prior to June 1, 2015
The NDI Factor is 1.

Effective June 1, 2015
The NDI Factor is the lesser of 1 and (a)/(b), where:

(a) is the Participant's Profit Allocation Percentage for the Plan Year

(b) is the result of [(A/0.0475)/B], where:

A is the lump sum present value of Incremental TB for the Plan Year assuming a NDI Factor of 1, using the mortality table and interest rate defined for purposes of computing a distribution of a Benefit in the form of a single lump sum payment.

B is the adjusted NDI for all Partners with a share of pension expense for the Plan Year, where adjusted NDI is the amount of Partnership profits afer expenses for a fiscal year determined for each Partner including guaranteed payments paid to any active Partner.

Effective February 28, 2017
The Plan was frozen to new accruals.

Accrued Benefit

A Participant's Accrued Benefit (AB) as of any Plan Year is an amount determined by the formula: AB = ADJ AB' + Incremental AB, where:

ADJ AB' is the Participant's adjusted accrued benefit as of the last day of the preceding Plan Year increased to the last day of the current Plan Year, and is equal to AB' (the Accrued Benefit as of the last day of the preceding Plan Year) multiplied by the Annuity Ratio Factor at 7.50% and (1+Yield for the period from the last day of the preceding Plan Year to the last day of the current Plan Year)/1.075. The 1.075 shall be prorated based upon the number of calendar months from the last day of the preceding Plan Year to the last day of the current Plan Year.

Incremental AB is the lesser of Incremental TB or Maximum Accrual Margin actuarially adjust for late retirement. Effective February 28, 2017, Incremental AB is $0.

Incremental TB is [(W - X)/Y] x Z x Group Factor, but not less than $0, where:

i. W is the limit under section 415(b)(1)(A) of the Code for the 2010 calendar year projected (at a compound rate of increase of 2.5% per calendar year) through the calendar year that includes a Participant's attainment of Normal Retirement Age unless a later age is specified for the Participant,

ii. X is the Participant's benefit under any, and all, other defined benefit pension plans maintained by an Affiliated Employer (including the Employer), projected to his attainment of Normal Retirement Age, unless a later age is specified for the Participant, on the assumption that applicable limitations for a 2010 calendar-year plan year increase at a compound rate of 2.5% per plan year,

iii. Y is the number of calendar years from the calendar year that includes the Participant's Entry Date through the calendar year that includes his attainment of Normal Retirement Age unless a later age is specified for the Participant; provided that Y shall not be less than 10,

iv. Z is one (1) for any Participant with 1,000 or more Hours of Service for the Plan Year that includes the last day of the current Plan Year and Z is zero (0) for any Participant with less than 1,000 Hours of Service for such Plan Year; provided that, if during the Plan Year during which a Participant terminates employment from the Employer he has 1,000 or more Hours of Service, for such Plan Year Z is a fraction, the numerator of which is the number of calendar months during such Plan Year for which the Participant is credited with at least one (1) Hour of Service on the last day of such month and the denominator of which is 12, and

v. Prior to June 1, 2015

The Group Factor is one-half (0.5) the otherwise applicable Group Factor for a Participant whose years (measured as anniversaries) of being a Partner projected to age 65 are fewer than fifteen (15).

Effective June 1, 2015

The Group Factor is three-tenths (0.3) the otherwise applicable Group Factor for a Participant whose years (measured as anniversaries) of being a Partner projected to age 65 are fewer than fifteen (15).

Attachment to 2025 Form 5500

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Weil, Gotshal & Manges Partners' Variable Defined Benefit Plan EIN: 13-1456110
Plan Sponsor's Name: Weil, Gotshal & Manges LLP PN: 011

	Maximum Accrual Margin is the excess, if any, of (1) the lesser of the IRC Section 415(b) annual benefit limit, including any required adjustments for fewer than ten (10) years of service or participation, expressed as an annuity commencing at the later of Normal Retirement Age or the Participant's attained age over (2) the sum of ADJ AB' and any other benefit paid, or payable, from any other defined benefit pension plan maintained by an Affiliated Employer (including the Employer), also expressed as an annuity; provided that any limitation resulting from the IRC Section 415(b) annual benefit limit shall result in a limitation of Incremental AB under this Plan.
Normal Form of Benefit	The normal form of benefit is a life annuity for single participants. The normal form of benefit is a 50% Joint and Survivor annuity for married participants.
Optional Form of Benefit	Single lump sum or Life Annuity for married participants. 75% Joint and Survivor annuity is also available.
Preretirement Death Benefit	For the beneficiary of a deceased participant, an annuity for the life of the surviving spouse.
Termination Benefit	Accrued benefit payable at normal retirement age.

WEIL, GOTSHAL & MANGES PARTNERS'
VARIABLE DEFINED BENEFIT PLAN

Employer Identification #13-1456110, Plan No. 011
Schedule H of Form 5500
Schedule of Assets (Held at End of Year)
December 31, 2025 (in Liquidation)

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	**Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value**	**Cost**	**Current Value**
*	Northern Trust	Collective Short-Term Investment Fund	$ 2,738,300	$ 2,738,300

* Party-in-interest, as defined by ERISA.