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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                      |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                                                                                                                                                                                                                                                                                                                                                                               |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                     |
| D                                                                                          | Check box if filing under: <div><div><input type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                       |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                      |

|         |                                                                                                                                                                                                                                                                                                                                                |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                         |
| 1a      | Name of plan<br>LONE PINE CAPITAL LLC 401(K) PROFIT SHARING PLAN                                                                                                                                                                                                                                                                               |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                             |
| 1c      | Effective date of plan<br>01/01/1998                                                                                                                                                                                                                                                                                                           |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>LONE PINE CAPITAL LLC<br><br>2 GREENWICH PLAZA<br>SUITE 220<br>GREENWICH, CT 06830-6353 |
| 2b      | Employer Identification Number (EIN)<br>31-1679699                                                                                                                                                                                                                                                                                             |
| 2c      | Plan Sponsor's telephone number<br>203-618-7813                                                                                                                                                                                                                                                                                                |
| 2d      | Business code (see instructions)<br>523900                                                                                                                                                                                                                                                                                                     |

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. | 07/17/2024 | KERRY TYLER                                                  |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                      |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 171                                                                                                                                                                                                                                          |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 106<br><b>6a(2)</b> 109<br><b>6b</b> 0<br><b>6c</b> 67<br><b>6d</b> 176<br><b>6e</b> 0<br><b>6f</b> 176<br><b>6g(1)</b> 169<br><b>6g(2)</b> 174<br><b>6h</b> 0 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                                                                                                                                                                                                                                              |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2F 2G 2J 2K 3B 3D

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2023</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2023 or fiscal plan year beginning <b>01/01/2023</b> and ending <b>12/31/2023</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>LONE PINE CAPITAL LLC 401(K) PROFIT SHARING PLAN</b>                         | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>001</b> |
|                                                                                                          |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>LONE PINE CAPITAL LLC</b>            | <b>D</b> Employer Identification Number (EIN)<br><b>31-1679699</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                      | <b>1a</b>       | 438541                | 547263          |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                            | <b>1b(1)</b>    | 3835497               | 4164805         |
| <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>    | 0                     | 0               |
| <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:                                                                      |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 18035812              | 19913143        |
| <b>(2)</b> U.S. Government securities .....                                                        | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other .....                                                                         | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common .....                                                                            | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                               | <b>1c(5)</b>    | 146255947             | 184603457       |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                                | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans .....                                                                 | <b>1c(8)</b>    | 317997                | 386884          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    | 0                     | 0               |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 3372941               | 4349267         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   | 0                     | 0               |
| <b>(15)</b> Other .....                                                                            | <b>1c(15)</b>   | 0                     | 0               |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property .....                                          | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 172256735             | 213964819       |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    | 0                     | 0               |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    | 0                     | 0               |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    | 0                     | 0               |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    | 0                     | 521             |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 0                     | 521             |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 172256735             | 213964298       |

**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.

|                                                                                                            |                 |            |           |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 4164805    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 2327661    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 203148     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 6695614   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 44181      |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 20030      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 0          |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 64211     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> | 0          |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 0          |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 936832     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 936832    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            | 0         |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 1504412    |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 1455635    |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> | 37437384   |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 0          |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            | 0         |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | 2b(7)  |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts.....                       | 2b(8)  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 109436    |
| c Other income .....                                                                            | 2c     |            | 0         |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 45292254  |

**Expenses**

|                                                                                      |        |         |         |
|--------------------------------------------------------------------------------------|--------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |        |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1)  | 3584691 |         |
| (2) To insurance carriers for the provision of benefits.....                         | 2e(2)  | 0       |         |
| (3) Other .....                                                                      | 2e(3)  | 0       |         |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                        | 2e(4)  |         | 3584691 |
| f Corrective distributions (see instructions) .....                                  | 2f     |         | 0       |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g     |         | 0       |
| h Interest expense .....                                                             | 2h     |         | 0       |
| i Administrative expenses:                                                           |        |         |         |
| (1) Salaries and allowances .....                                                    | 2i(1)  | 0       |         |
| (2) Contract administrator fees.....                                                 | 2i(2)  | 0       |         |
| (3) Recordkeeping fees.....                                                          | 2i(3)  | 0       |         |
| (4) IQPA audit fees.....                                                             | 2i(4)  | 0       |         |
| (5) Investment advisory and investment management fees .....                         | 2i(5)  | 0       |         |
| (6) Bank or trust company trustee/custodial fees .....                               | 2i(6)  | 0       |         |
| (7) Actuarial fees .....                                                             | 2i(7)  | 0       |         |
| (8) Legal fees .....                                                                 | 2i(8)  | 0       |         |
| (9) Valuation/appraisal fees .....                                                   | 2i(9)  | 0       |         |
| (10) Other trustee fees and expenses .....                                           | 2i(10) | 0       |         |
| (11) Other expenses .....                                                            | 2i(11) | 0       |         |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....               | 2i(12) |         | 0       |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |         | 3584691 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 41707563 |
| l Transfers of assets:                                   |       |  |          |
| (1) To this plan .....                                   | 2l(1) |  |          |
| (2) From this plan .....                                 | 2l(2) |  |          |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **ERNST & YOUNG LLP**

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

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

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

**Part IV Compliance Questions**

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

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  | Amount   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|----------|
| <b>a</b> 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.) .....                 |                                     | <input checked="" type="checkbox"/> |          |
| <b>b</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.) ..... |                                     | <input checked="" type="checkbox"/> |          |
| <b>c</b> 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.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <b>d</b> 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.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 20000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |          |
| <b>g</b> 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? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |          |
| <b>h</b> 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? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |          |
| <b>j</b> 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.) .....                                                                                     |                                     | <input checked="" type="checkbox"/> |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                         |                                     |                                     |          |

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

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

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

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>LONE PINE CAPITAL LLC 401(K) PROFIT SHARING PLAN                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>LONE PINE CAPITAL LLC                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>31-1679699                                            |
| 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):<br><br>EIN(s): _____<br><br>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                                                                                               |
| 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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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. .... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2023 v. 230707                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**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): \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                  |            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> 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:                                                                                                             |            |  |
| <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) ..... | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                 | <b>14b</b> |  |
| <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                            | <b>14c</b> |  |
| <b>15</b> 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:                                                                                                                                           |            |  |
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                                                                                            | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                                                                                                       | <b>15b</b> |  |
| <b>16</b> Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                   |            |  |
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                         | <b>16a</b> |  |
| <b>b</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 .....                                                                                                                                                           | <b>16b</b> |  |
| <b>17</b> 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..... <input type="checkbox"/>                                                                    |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>18</b> 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..... <input type="checkbox"/> |  |
| <b>19</b> If the total number of participants is 1,000 or more, complete lines (a) and (b):                                                                                                                                                                                                                                                                                                                    |  |
| <b>a</b> Enter the percentage of plan assets held as:<br>Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%<br>High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%                                                                                                                                             |  |
| <b>b</b> Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:<br><input type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input type="checkbox"/> 15 years or more                                                                                                                                                  |  |
| <b>20 PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.                                                                                                                                                                                                                                                |  |
| <b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                 |  |
| <b>b</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:                                                                                                                                                                                                                                                                     |  |
| <input type="checkbox"/> Yes.                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <input type="checkbox"/> 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.                                                                                                                                                                                                |  |
| <input type="checkbox"/> 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.                                                                                                                                                         |  |
| <input type="checkbox"/> No. Other. Provide explanation: _____                                                                                                                                                                                                                                                                                                                                                 |  |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>21a</b> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                 |  |
| <b>21b</b> 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). |  |
| <input type="checkbox"/> Design-based safe harbor method                                                                                                                                                                                                                                |  |
| <input type="checkbox"/> "Prior year" ADP test                                                                                                                                                                                                                                          |  |
| <input checked="" type="checkbox"/> "Current year" ADP test                                                                                                                                                                                                                             |  |
| <input type="checkbox"/> N/A                                                                                                                                                                                                                                                            |  |
| <b>22</b> 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 <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q703995A</u> .                                         |  |



FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULE

Lone Pine Capital LLC 401(k) Profit Sharing Plan

December 31, 2023 and 2022  
and Year Ended December 31, 2023  
with Report of Independent Auditors

Lone Pine Capital LLC 401(k) Profit Sharing Plan

Financial Statements

and Supplemental Schedule

December 31, 2023 and 2022 and Year Ended December 31, 2023

**Contents**

|                                                                       |    |
|-----------------------------------------------------------------------|----|
| Report of Independent Auditors.....                                   | 1  |
| Financial Statements                                                  |    |
| Statements of Net Assets Available for Plan Benefits.....             | 3  |
| Statement of Changes in Net Assets Available for Plan Benefits .....  | 4  |
| Notes to Financial Statements.....                                    | 5  |
| Supplemental Schedule                                                 |    |
| Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)..... | 16 |

## Report of Independent Auditors

The Trustees  
Lone Pine Capital LLC 401(k) Profit Sharing Plan

### Opinion

We have audited the financial statements of Lone Pine Capital LLC 401(k) Profit Sharing 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 plan benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2023, and the related notes (collectively referred to as the “financial statements”).

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for plan benefits of the Plan at December 31, 2023 and 2022, and the changes in its net assets available for plan benefits for the year ended December 31, 2023, in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

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

### Responsibilities of Management for the Financial Statements

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

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

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

### Auditor’s Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

#### **Supplemental Schedule Required by ERISA**

Our audits were conducted for the purpose of forming an opinion of the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2023 (referred to as the "supplemental schedule"), is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 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 schedule, we evaluated whether the supplemental schedule, including its form and content, is 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 supplemental schedule 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.

*Ernst & Young LLP*

June 25, 2024

# Lone Pine Capital LLC 401(k) Profit Sharing Plan

## Statements of Net Assets Available for Plan Benefits

|                                        | December 31,   |                |
|----------------------------------------|----------------|----------------|
|                                        | 2023           | 2022           |
| <b>Assets</b>                          |                |                |
| Cash                                   | \$ 547,263     | \$ 438,541     |
| Investments, at fair value             | 208,865,867    | 167,664,700    |
| Receivables:                           |                |                |
| Employer contributions                 | 4,164,805      | 3,835,497      |
| Notes receivable from participants     | 386,884        | 317,997        |
| Total receivables                      | 4,551,689      | 4,153,494      |
| Total assets                           | 213,964,819    | 172,256,735    |
| <b>Liabilities</b>                     |                |                |
| Due to participants                    | 521            | —              |
| Total liabilities                      | 521            | —              |
| Net assets available for plan benefits | \$ 213,964,298 | \$ 172,256,735 |

## Lone Pine Capital LLC 401(k) Profit Sharing Plan

### Statement of Changes in Net Assets Available for Plan Benefits

Year ended December 31, 2023

#### Additions

##### Investment income:

|                                                       |                   |
|-------------------------------------------------------|-------------------|
| Net appreciation in fair value of investments         | \$ 37,595,594     |
| Interest and dividend income                          | 981,016           |
| Interest income on notes receivable from participants | 20,030            |
|                                                       | <u>38,596,640</u> |

##### Contributions:

|              |                  |
|--------------|------------------|
| Employer     | 4,164,805        |
| Participants | 2,327,661        |
| Rollovers    | 203,148          |
|              | <u>6,695,614</u> |

|               |                   |
|---------------|-------------------|
| Net additions | <u>45,292,254</u> |
|---------------|-------------------|

#### Deductions

##### Withdrawals:

|                                    |                  |
|------------------------------------|------------------|
| Distributions paid to participants | <u>3,584,691</u> |
|------------------------------------|------------------|

|                  |                  |
|------------------|------------------|
| Total deductions | <u>3,584,691</u> |
|------------------|------------------|

|                                                        |                   |
|--------------------------------------------------------|-------------------|
| Net increase in net assets available for plan benefits | <u>41,707,563</u> |
|--------------------------------------------------------|-------------------|

#### Net assets available for plan benefits:

|                   |                       |
|-------------------|-----------------------|
| Beginning of year | <u>172,256,735</u>    |
| End of year       | <u>\$ 213,964,298</u> |

# Lone Pine Capital LLC 401(k) Profit Sharing Plan

## Notes to Financial Statements

December 31, 2023

### **1. Description of Plan**

The following description of the Lone Pine Capital LLC 401(k) Profit Sharing Plan (the “Plan”), which was formed on January 1, 1998, provides only general information. Participants should refer to the Plan Document and Summary Plan Description for a more comprehensive description of the Plan’s provisions.

#### **General**

The Plan is a defined contribution plan sponsored by Lone Pine Capital LLC (the “Employer” or “Plan Sponsor”) and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The Plan provides for eligible employees of the Employer who are 21 years of age or older to participate on the first day of the month coincident with or following employment. A Plan year commences on January 1 and ends on December 31 (a “Plan Year”).

#### **Plan Administration**

The Plan is administered by the Plan Sponsor. Certain managing members of the Employer serve as trustees of the Plan (the “Trustees”). The Trustees are responsible for all investment related matters, including the establishment of an investment policy and monitoring of the performance of the Plan’s investments. The Trustees are not compensated for these services.

The Plan Sponsor periodically reviews the Plan provisions, related administrative procedures, investment options and fees and expenses associated with the Plan. This also includes continuous monitoring of the regulatory environment as well as other administrative requirements.

#### **Investment Options**

Participants in the Plan have the choice of investing their contributions into an alternative investment option comprised of (i) limited partnerships, for which the Employer serves as the Investment Manager (the “Employer Managed Funds”), and money market funds (collectively, “AIO-1”), (ii) Employer Managed Funds that allow for up to 15% of a partner’s capital to be invested in private placement investments, calculated at cost (the “Designated Investments”) and money market funds (collectively, “AIO-2”), and/or (iii) a pool of mutual funds and money market funds (the “Mutual Funds”), which are administered by Ascensus, LLC. The Trustees have decided to limit the Plan’s investment in AIO-2 to 75% of assets allocated to the Employer Managed Funds. Therefore, the maximum exposure to Designated Investments for AIO-2 participants will be 11.25%. AIO-1 will not participate in any class of investments in the Employer Managed Funds that invest in Designated Investments. AIO-1 and AIO-2 are

# Lone Pine Capital LLC 401(k) Profit Sharing Plan

## Notes to Financial Statements (continued)

### 1. Description of Plan (continued)

#### Investment Options (continued)

collectively referred to as the “Alternative Investment Options.” A participant may elect to invest in either AIO-1 or AIO-2, but not both. The AIO-1 and AIO-2 investments in the Employer Managed Funds are fee-exempt.

The Employer Managed Funds primarily invest directly or indirectly in securities and securities sold, not yet purchased. Contributions are made to the investment options, which allocate participant contributions within the Alternative Investment Options based on percentages determined exclusively by the Trustees. The Employer Managed Funds are subject to the terms and conditions of their respective limited partnership agreements. In order to make benefit payments to the Plan participants, the Plan is eligible to (i) make monthly withdrawals from AIO-1 and (ii) make quarterly withdrawals from AIO-2 subject to a 5-year tail (see “Benefit Payments” below). The terms of the Employer Managed Funds do not allow for withdrawals to be made from any portion of an investor’s account that has been allocated to Designated Investments until a realization or deemed realization event occurs. In certain circumstances, payments to Plan participants may be subject to other restrictions imposed upon withdrawals by the Employer Managed Funds in which the Plan’s assets have been invested. In such circumstances, the Plan will make benefit payments to the plan participant at the earliest practicable date.

No assurance can be given that the Trustees will continue to offer the same limited partnerships or invest the same percentage across the limited partnerships and money market funds (the “Money Market Funds”) that comprise the Alternative Investment Options as of December 31, 2023, or offer the same mutual funds or money market funds that comprise the Mutual Funds as of December 31, 2023.

#### Contributions

During each Plan Year, a participant may contribute up to 100% of their annual compensation, as defined by the Plan, subject to regulatory limitations. Employee contributions were limited to a maximum of \$22,500 and \$20,500 for the years ended December 31, 2023 and 2022, respectively, as permitted under Internal Revenue Service (“IRS”) regulations. Participants who are at least 50 years of age or older at any point during a Plan Year were eligible to contribute an additional \$7,500 and \$6,500 for the years ended December 31, 2023 and 2022, respectively, in catch-up contributions. Participants may also rollover into the Plan amounts representing distributions from other qualifying plans.

# Lone Pine Capital LLC 401(k) Profit Sharing Plan

## Notes to Financial Statements (continued)

### 1. Description of Plan (continued)

#### Contributions (continued)

Participants may elect to make pre-tax (“Traditional”) or post-tax (“Roth”) contributions through payroll deductions to both the Alternative Investment Options and Mutual Funds. During the year ended December 31, 2023, participants made \$1,504,442 and \$823,219 in Traditional and Roth contributions, respectively. Traditional and Roth participant contributions, made through payroll deductions, are reflected in participant contributions on the statement of changes in net assets available for plan benefits. Participants also made \$203,148 in rollover contributions during the year ended December 31, 2023, which are reflected in rollover contributions on the statement of changes in net assets available for plan benefits.

At the end of each Plan Year, the Employer, in its sole discretion, may elect to separately make matching and profit sharing contributions (the “Employer Contributions”) on behalf of the participants. Participants who have completed at least 1,000 hours of service with the Employer during the Plan Year and are employed as of the last day of the Plan Year are eligible to receive the Employer Contributions.

For the year ended December 31, 2023, the Employer matched 100% of eligible participants’ contributions, which is included in employer contributions on the statement of changes in net assets available for plan benefits.

For the year ended December 31, 2023, the Employer also recorded profit sharing contributions equal to 10.9% of an eligible participant’s annual compensation, subject to Internal Revenue Code (the “IRC”) Section 401(a)(17), plus 5.7% of the eligible participant’s excess compensation; the sum is limited to \$21,000 for the 2023 Plan Year and subject to the limitations under IRC 415(c). The profit sharing contributions are included in employer contributions on the statement of changes in net assets available for plan benefits.

The Employer Contributions are paid subsequent to the end of a Plan Year. As such, Employer Contributions are reflected in employer contributions receivable on the statements of net assets available for plan benefits. Employer Contributions are allocated to each participant’s account at their then-current investment elections.

#### Participant Accounts

Each participant’s account is increased or decreased by (i) the participant’s contributions, including rollovers, and distributions, (ii) the Employer Contributions, (iii) allocations of Plan income or loss and (iv) loan activity. Plan income or loss relating to the Alternative Investment Options is allocated to the individual participant’s account on a monthly basis based upon each participant’s proportionate share of the Plan’s investment as of the beginning of the month. Plan

# Lone Pine Capital LLC 401(k) Profit Sharing Plan

## Notes to Financial Statements (continued)

### 1. Description of Plan (continued)

#### Participant Accounts (continued)

income or loss relating to the Mutual Funds will be reflected in the individual participant's account on a daily basis based upon the change in the quoted market price of each respective investment in the Mutual Funds.

Assets under the Plan are participant-directed. Participants may (i) elect the amount they contribute, (ii) direct their contributions into either of the Alternative Investment Options and/or the Mutual Funds, (iii) change their deferral elections for future contributions on a monthly basis for Traditional and Roth contributions, (iv) change their investment election for future contributions on a monthly basis between AIO-1 and the Mutual Funds, (v) change their investment election from AIO-2 to either of the other investment options annually, subject to the 5-year tail, and (vi) annually change their investment election from AIO-1 or the Mutual Funds to AIO-2. The table below summarizes the general liquidity provisions of each investment option. The effective dates for all transactions occur on the first of a month, quarter or year.

|              | <b>Contributions/<br/>Rollovers</b> | <b>Investment<br/>Transfers In</b> | <b>Investment<br/>Transfers Out</b> | <b>Distributions</b>       |
|--------------|-------------------------------------|------------------------------------|-------------------------------------|----------------------------|
| Mutual Funds | Bi-Monthly                          | Daily                              | Daily                               | Daily                      |
| AIO-1        | Monthly                             | Monthly                            | Monthly                             | Monthly                    |
| AIO-2        | Monthly                             | Annually                           | Annually with 5-year tail           | Quarterly with 5-year tail |

Changes in the investment allocations between the Employer Managed Funds and the Money Market Funds comprising the Alternative Investment Options can only be made by the Trustees. The Plan allows participants to convert certain non-Roth amounts under the Plan to their designated Roth account under the Plan on an annual basis.

#### Vesting

Participants are immediately vested in their contributions, Employer Contributions, and earnings thereon. Participants are entitled to their account balances upon termination of employment.

#### Participant Loans

Any participant currently employed by the Employer may borrow from their account a minimum of \$1,000 and a maximum generally equal to the lesser of \$50,000 or 50% of his or her account balance. The term of a participant loan is five years unless the loan is for the purchase of the participant's primary residence, in which case the term of the loan is a period of time deemed reasonable by the Employer in its capacity as Plan administrator, with a maximum term of 20 years. Participants may not have more than two loans outstanding at any point in time.

# Lone Pine Capital LLC 401(k) Profit Sharing Plan

## Notes to Financial Statements (continued)

### 1. Description of Plan (continued)

#### Participant Loans (continued)

The loans are secured by the participant's account balance and bear interest at a fixed rate equivalent to the United States prime rate plus 1%, as determined on the first day of the month during which the loan was granted. Principal and interest are paid in accordance with the participant's respective loan agreement through payroll deductions and are reinvested into the participant's account at their then-current investment elections.

During the year ended December 31, 2023, the Plan recorded \$20,030 in interest income on notes receivable from participants, which is included on the statement of changes in net assets available for plan benefits. If a participant terminates employment with the Employer prior to repaying the loan fully, the participant must repay the loan by the end of the quarter immediately following the quarter of termination. If a loan is not repaid, it will automatically be treated as a distribution to the participant at the end of such quarter.

#### Benefit Payments

Upon termination of employment for reasons other than death, a participant shall receive a distribution notice from the Plan administrator with options to remain in the Plan, initiate a rollover to an Individual Retirement Account ("IRA") or another qualified plan or receive a lump-sum distribution of their account balance. Effective April 1, 2023, the Plan was amended to allow participants who are entitled to receive their benefits, for any reason other than death, to elect a partial distribution of their account which is limited to one withdrawal each Plan Year. A partial distribution from a participant's AIO-2 balance is limited to 60% of the participant's AIO-2 balance. Any distribution request from a participant's AIO-2 balance that is greater than 60% will be bifurcated to provide 85% of the participant's AIO-2 balance as a lump sum and 15% of the participant's AIO-2 balance in annual installments over the next five years (the 5-year tail), subject to any liquidity restrictions of the investment. Participants with an account balance of less than \$1,000 must take a lump-sum distribution. Upon termination of employment due to death, a Participant's account balance is required to be distributed in full by December 31 of the calendar year containing the fifth anniversary of the Participant's death if distributions to the Participant have not yet commenced. If the Participant dies after distributions of the Participant's account have begun, the remaining portion of such account will continue to be distributed in accordance with the Plan Document.

In the event of financial hardship, a participant may be granted a hardship withdrawal if the Plan administrator finds that there is an immediate and heavy financial need and a lack of other available resources. Hardship withdrawals may be used for, but are not limited to, expenses incurred for medical care, the purchase of a principal residence, tuition and education fees for the

# Lone Pine Capital LLC 401(k) Profit Sharing Plan

## Notes to Financial Statements (continued)

### 1. Description of Plan (continued)

#### Benefit Payments (continued)

next 12 months of post-secondary education, burial or funeral expenses, damage to a principal residence, or expenses incurred due to a federally declared disaster. Hardship withdrawals are strictly regulated by the IRS and a participant must exhaust all available distributions prior to requesting a hardship withdrawal.

A participant who has attained the age of 59 ½ is entitled to receive in-service distributions from accounts that are fully vested.

### 2. Summary of Significant Accounting Policies

#### Basis of Accounting

The accompanying financial statements have been prepared in compliance with the Department of Labor's rules and regulations for reporting and disclosure under ERISA and in conformity with United States generally accepted accounting principles ("U.S. GAAP").

#### Use of Estimates

The preparation of these financial statements requires the Trustees to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. The Trustees believe that the estimates utilized in preparing the financial statements and accompanying notes are reasonable and prudent; however, actual results could differ from these estimates.

#### Investment Valuation and Income Recognition

U.S. GAAP provides that a reporting entity is permitted, as a practical expedient, to estimate the fair value of its investments in investment partnerships using the net asset value ("NAV"), or its equivalent, of the investment partnership. Accordingly, the Plan values the investments in Employer Managed Funds at fair value using the NAV, which is an amount equal to the sum of the Plan's proportionate interests in the capital accounts of the Employer Managed Funds, as determined from audited financial statements and other financial information provided by the Investment Manager. These fair values represent the amount the Plan would expect to receive at December 31, 2023, if it were to liquidate its investments in the Employer Managed Funds. If a readily ascertainable market price or a formal securities exchange was available, these fair values could be materially different. The Employer Managed Funds' audited financial statements have been prepared in accordance with U.S. GAAP.

# Lone Pine Capital LLC 401(k) Profit Sharing Plan

## Notes to Financial Statements (continued)

### **2. Summary of Significant Accounting Policies (continued)**

#### **Investment Valuation and Income Recognition (continued)**

The Mutual Funds and the Money Market Funds are valued at the quoted market prices of their respective mutual funds and money market funds which represent the price per share of the shares held by the Plan at the close of each business day.

The Plan records contributions and withdrawals related to its investments on the transaction dates. The results of operations of these investments, to the extent that they result in changes in the Plan's investments, are reflected on the statement of changes in net assets available for plan benefits.

Interest and dividend income earned by the Mutual Funds and the Money Market Funds are recorded on the accrual basis and ex-dividend date, respectively.

#### **Cash**

Cash consists of cash held at Citibank, N.A. Cash deposited with a financial institution is subject to credit risk. In the event of the financial institution's insolvency, recovery of the Plan's cash may be limited to account insurance or other protection afforded by the financial institution with which the deposit is held.

#### **Notes Receivable from Participants**

Notes receivable from participants represent participant loans that are measured and recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest on loans is charged at a rate fixed by the Plan Administrator, based on rates charged on similar commercial loans by persons in the business of lending money (see Note 1). Interest income on notes receivable from participants is recorded when earned.

#### **Payment of Benefits**

Benefits are recorded when paid.

### **3. Fair Value Measurements**

In accordance with U.S. GAAP, the Plan discloses the fair value of its investments in a hierarchy that prioritizes the inputs to valuation techniques used to measure the fair value. The hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to significant unobservable inputs (Level 3). This guidance provides three levels of the fair value hierarchy as follows:

# Lone Pine Capital LLC 401(k) Profit Sharing Plan

## Notes to Financial Statements (continued)

### 3. Fair Value Measurements (continued)

Level 1 – Inputs are unadjusted and typically represent quoted prices in active markets for identical assets or liabilities at the measurement date. The types of assets and liabilities categorized at Level 1 fair value generally include highly liquid money market funds and mutual funds listed in active markets.

Level 2 – Inputs (other than quoted prices included in Level 1) are either directly or indirectly observable for the asset or liability through correlation with market data at the measurement date and for the duration of the instrument's anticipated life.

Level 3 – Inputs reflect the Plan's best estimate of what market participants would use in pricing the asset or liability at the measurement date. Consideration is given to the risk inherent in the valuation technique and/or the risk inherent in the inputs to the model.

At December 31, 2023 and 2022, investments in limited partnerships were valued using the NAV as a practical expedient and are therefore excluded from the fair value hierarchy in accordance with U.S. GAAP.

Investments measured at fair value, which comprise the Employer Managed Funds, the Money Market Funds and the Mutual Funds, are reflected in the following table:

|                                               | December 31,          |                       |
|-----------------------------------------------|-----------------------|-----------------------|
|                                               | 2023                  | 2022                  |
| <b>Assets</b>                                 |                       |                       |
| Level 1:                                      |                       |                       |
| Mutual funds                                  | \$ 4,349,267          | \$ 3,372,941          |
| Money market funds                            | 19,913,143            | 18,035,812            |
| Total Level 1                                 | 24,262,410            | 21,408,753            |
| Investments measured at net asset value:      |                       |                       |
| Limited partnerships                          | 184,603,457           | 146,255,947           |
| Total investments measured at net asset value | 184,603,457           | 146,255,947           |
| Total investments, at fair value              | <u>\$ 208,865,867</u> | <u>\$ 167,664,700</u> |

For the years ended December 31, 2023 and 2022, there were no transfers into or out of Level 3 and there were no investments bought or sold with carrying values associated with Level 3 financial instruments.

## Lone Pine Capital LLC 401(k) Profit Sharing Plan

### Notes to Financial Statements (continued)

#### **3. Fair Value Measurements (continued)**

In the previous table, limited partnerships represent the investment in the Employer Managed Funds within the Alternative Investment Options. As of December 31, 2023 and 2022, the Plan had investments in Lone Cascade, L.P. and Lone Redwood, L.P.

#### **4. Plan Termination**

Although the Employer has not expressed any intention to do so, it has the right under the Plan Document to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, participant account balances will be distributed to the participants in accordance with the Plan Document.

#### **5. Related-Party Transactions**

In the normal course of business, certain employees of the Employer (who may also be participants in the Plan) perform administrative services related to the Plan's operation, recordkeeping and financial reporting. The Employer pays the salaries of such individuals and also pays substantially all other expenses on the Plan's behalf.

The foregoing transactions are not deemed prohibited party-in-interest transactions because they are covered by statutory and administrative exemptions under IRC section 4975(c)(2) and section 408(a) of ERISA rules on prohibited transactions.

#### **6. Risks and Uncertainties**

The Plan investments are exposed to various risks such as interest rate, market, liquidity, credit risks, and public health events. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported on the statements of net assets available for plan benefits.

#### **7. Tax Status**

The Plan received an opinion letter from the IRS dated June 30, 2020, stating that the form of the Plan is qualified under section 401 of the IRC and therefore the related trust is tax-exempt. In accordance with the IRC, the Trustees have determined that the Plan is eligible to, and does, rely on the current IRS pre-approved Plan opinion letter. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualified status. The Trustees believe the Plan is 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.

## Lone Pine Capital LLC 401(k) Profit Sharing Plan

### Notes to Financial Statements (continued)

#### **7. Tax Status (continued)**

U.S. GAAP requires the Plan to determine whether an uncertain tax position is more-likely-than-not to be sustained upon examination, including resolution of any related appeals or litigation processes, based on the technical merits of the position. Management of the Plan Sponsor has analyzed its tax positions (including interest and penalties, if any) for all open tax years and has not recorded a liability for uncertain tax positions relating to the years ended December 31, 2023 and 2022. Tax penalties and interest, if any, would be accrued as incurred and would be classified as tax expense on the statement of changes in net assets available for plan benefits. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

The Plan may be subject to Unrelated Business Income Tax (“UBIT”) due to the receipt of Unrelated Business Taxable Income from certain limited partnerships which comprise the Alternative Investment Options. For the year ended December 31, 2023, the Plan did not incur any UBIT expense.

#### **8. Subsequent Events**

The Trustees have evaluated subsequent events from January 1, 2024, through June 25, 2024, the date the financial statements were available to be issued, and determined that no events required disclosure in or adjustment to the financial statements.

## Supplemental Schedule

# Lone Pine Capital LLC 401(k) Profit Sharing Plan

EIN #31-1679699      Plan #001

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

December 31, 2023

| Identity of Issuer, Borrower, Lessor or Similar Party                                                                  | Fair Value                   |
|------------------------------------------------------------------------------------------------------------------------|------------------------------|
| <b>Investments, at fair value</b>                                                                                      |                              |
| <i>Limited partnerships</i>                                                                                            |                              |
| Lone Cascade, L.P.*                                                                                                    | \$ 94,457,721                |
| Lone Redwood, L.P.*                                                                                                    | 90,145,736                   |
| Total limited partnerships                                                                                             | <u>184,603,457</u>           |
| <i>Money market funds</i>                                                                                              |                              |
| Federated Hermes Government Obligations Fund Institutional Shares                                                      | 877,989                      |
| Fidelity Investments Money Market Treasury Only Portfolio - Institutional Class                                        | 14,177,970                   |
| Fidelity Investments Money Market Treasury Portfolio - Institutional Class                                             | 4,857,184                    |
| Total money market funds                                                                                               | <u>19,913,143</u>            |
| <i>Mutual funds</i>                                                                                                    |                              |
| Allspring Emerging Markets Equity Institutional Class                                                                  | 16,241                       |
| American Funds Target Date Retirement 2040 R6                                                                          | 62,567                       |
| American Funds Target Date Retirement 2050 R6                                                                          | 189,617                      |
| American Funds Target Date Retirement 2060 R6                                                                          | 91,923                       |
| Columbia Seligman Global Technology Fund Institutional 2 Class                                                         | 170,453                      |
| Delaware Small Cap Value Fund Institutional Class                                                                      | 313,845                      |
| Delaware Value Fund Institutional Class                                                                                | 318,370                      |
| Janus Henderson Enterprise Fund Class I                                                                                | 271,465                      |
| Janus Henderson Venture Fund Class N                                                                                   | 87,874                       |
| MFS International Diversification Fund Class R4                                                                        | 102,130                      |
| MFS Mid Cap Value Fund Class R6                                                                                        | 38,218                       |
| PIMCO International Bond Fund (U.S. Dollar-Hedged) Institutional Class                                                 | 23,930                       |
| T. Rowe Price Blue Chip Growth Fund I Class                                                                            | 463,748                      |
| Vanguard Balanced Index Fund Admiral Shares                                                                            | 578,719                      |
| Vanguard High-Yield Corporate Fund Admiral Shares                                                                      | 350,764                      |
| Vanguard Inflation-Protected Securities Fund Admiral Shares                                                            | 6,085                        |
| Vanguard Large Cap Index Fund Admiral Shares                                                                           | 1,075,050                    |
| Vanguard Mid-Cap Index Fund Admiral Shares                                                                             | 90,812                       |
| Vanguard Short-Term Corporate Bond Index Fund Admiral Shares                                                           | 20,678                       |
| Vanguard Small-Cap Index Fund Admiral Shares                                                                           | 60,173                       |
| Voya Intermediate Bond R6                                                                                              | 16,605                       |
| Total mutual funds                                                                                                     | <u>4,349,267</u>             |
| <b>Total investments, at fair value</b>                                                                                | <u>208,865,867</u>           |
| <b>Notes receivable</b>                                                                                                |                              |
| Notes receivable from participants (varying maturity dates between 2024 and 2043 and interest rates of 4.25% - 9.25%)* | <u>386,884</u>               |
| <b>Total</b>                                                                                                           | <u><u>\$ 209,252,751</u></u> |

\*Represents party-in-interest to the Plan.

*Note: Cost information is not required for participant directed investments. All investments are participant directed, and therefore cost information is not included.*

SCHEDULE H, LINE 4(i)-SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
LONE PINE CAPITAL LLC 401(k) PROFIT SHARING PLAN  
FOR THE PLAN YEAR 01/01/2023 THROUGH 12/31/2023  
EIN: 31-1679699 PLAN # 001

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party                       | (c ) Description of                                                                               | (d) Cost                    | (e ) Current Value |
|-----|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------|--------------------|
|     |                                                                                 | Investment including<br>Maturity Date, Rate of<br>Interest, Collateral, Par,<br>or Maturity Value | (see footnote<br>(a) below) |                    |
|     | <b>Alternative Investment Option (AIO)</b>                                      |                                                                                                   |                             |                    |
| *   | Lone Cascade, L.P.                                                              | AIO                                                                                               |                             | 94,457,721         |
| *   | Lone Redwood, L.P.                                                              | AIO                                                                                               |                             | 90,145,736         |
|     | <b>Total Alternative Investment Option</b>                                      |                                                                                                   |                             | <b>184,603,457</b> |
|     | <b>Money Market Funds</b>                                                       |                                                                                                   |                             |                    |
|     | Federated Hermes Government Obligations Fund Institutional Shares               | Money Market Fund                                                                                 |                             | 877,989            |
|     | Fidelity Investments Money Market Treasury Only Portfolio - Institutional Class | Money Market Fund                                                                                 |                             | 14,177,970         |
|     | Fidelity Investments Money Market Treasury Portfolio - Institutional Class      | Money Market Fund                                                                                 |                             | 4,857,184          |
|     | <b>Total Money Market Funds</b>                                                 |                                                                                                   |                             | <b>19,913,143</b>  |
|     | <b>Mutual Fund</b>                                                              |                                                                                                   |                             |                    |
|     | Allspring Emerging Markets Equity Institutional Class                           | Mutual Fund                                                                                       |                             | 16,241             |
|     | American Funds Target Date Retirement 2040 R6                                   | Mutual Fund                                                                                       |                             | 62,567             |
|     | American Funds Target Date Retirement 2050 R6                                   | Mutual Fund                                                                                       |                             | 189,617            |
|     | American Funds Target Date Retirement 2060 R6                                   | Mutual Fund                                                                                       |                             | 91,923             |
|     | Columbia Seligman Global Technology Fund Institutional 2 Class                  | Mutual Fund                                                                                       |                             | 170,453            |
|     | Delaware Small Cap Value Fund Institutional Class                               | Mutual Fund                                                                                       |                             | 313,845            |
|     | Delaware Value Fund Institutional Class                                         | Mutual Fund                                                                                       |                             | 318,370            |
|     | Janus Henderson Enterprise Fund Class I                                         | Mutual Fund                                                                                       |                             | 271,465            |
|     | Janus Henderson Venture Fund Class N                                            | Mutual Fund                                                                                       |                             | 87,874             |
|     | MFS International Diversification Fund Class R4                                 | Mutual Fund                                                                                       |                             | 102,130            |
|     | MFS Mid Cap Value Fund Class R6                                                 | Mutual Fund                                                                                       |                             | 38,218             |
|     | PIMCO International Bond Fund (U.S. Dollar-Hedged) Institutional Class          | Mutual Fund                                                                                       |                             | 23,930             |
|     | T. Rowe Price Blue Chip Growth Fund I Class                                     | Mutual Fund                                                                                       |                             | 463,748            |
|     | Vanguard Balanced Index Fund Admiral Shares                                     | Mutual Fund                                                                                       |                             | 578,719            |
|     | Vanguard High-Yield Corporate Fund Admiral Shares                               | Mutual Fund                                                                                       |                             | 350,764            |
|     | Vanguard Inflation-Protected Securities Fund Admiral Shares                     | Mutual Fund                                                                                       |                             | 6,085              |
|     | Vanguard Large Cap Index Fund Admiral Shares                                    | Mutual Fund                                                                                       |                             | 1,075,050          |
|     | Vanguard Mid-Cap Index Fund Admiral Shares                                      | Mutual Fund                                                                                       |                             | 90,812             |
|     | Vanguard Short-Term Corporate Bond Index Fund Admiral Shares                    | Mutual Fund                                                                                       |                             | 20,678             |
|     | Vanguard Small-Cap Index Fund Admiral Shares                                    | Mutual Fund                                                                                       |                             | 60,173             |
|     | Voya Intermediate Bond R6                                                       | Mutual Fund                                                                                       |                             | 16,605             |
|     | <b>Total Mutual Funds</b>                                                       |                                                                                                   |                             | <b>4,349,267</b>   |
|     | <b>Total Investments at Fair Value</b>                                          |                                                                                                   |                             | <b>208,865,867</b> |
|     | <b>Notes Receivable</b>                                                         |                                                                                                   |                             |                    |
| *   | Participant Loans                                                               | 4.25% - 9.25%                                                                                     |                             | <b>386,884</b>     |
|     | <b>Grand Total</b>                                                              |                                                                                                   |                             | <b>209,252,751</b> |

(a) The cost is not required for participant-directed investments, and all investments are participant-directed.