

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2023</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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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: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>SCHULTE ROTH & ZABEL LLP PARTNERS' CASH BALANCE PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>031</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SCHULTE ROTH & ZABEL LLP</u></p> <p><u>919 THIRD AVENUE</u> <u>NEW YORK, NY 10022-1260</u></p>	<p>1c Effective date of plan <u>01/01/2002</u></p> <p>2b Employer Identification Number (EIN) <u>13-2633996</u></p> <p>2c Plan Sponsor's telephone number <u>212-756-2000</u></p> <p>2d Business code (see instructions) <u>541110</u></p>

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.	09/27/2024	DAVID COHEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor EMPLOYEE BENEFITS COMMITTEE C/O SCHULTE ROTH & ZABEL LLP 919 THIRD AVENUE NEW YORK, NY 10022-1260	3b Administrator's EIN 13-3527762 3c Administrator's telephone number 212-756-2000
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	92
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	91
a(2) Total number of active participants at the end of the plan year	6a(2)	93
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	5
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	98
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	98
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1C 3B 3F

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

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

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>SCHULTE ROTH & ZABEL LLP PARTNERS' CASH BALANCE PLAN</u>	B Three-digit plan number (PN) ▶	<u>031</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SCHULTE ROTH & ZABEL LLP</u>	D Employer Identification Number (EIN) <u>13-2633996</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>33572473</u>
	b Actuarial value	2b	<u>33572473</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>
	b For terminated vested participants	<u>5</u>	<u>1959290</u>
	c For active participants	<u>93</u>	<u>27403203</u>
	d Total	<u>98</u>	<u>29362493</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.00 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>5661509</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>5661509</u>

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

SIGN HERE		
	Signature of actuary	<u>09/23/2024</u> Date
	<u>YOSEF ZIEGLER</u> Type or print name of actuary	<u>23-08225</u> Most recent enrollment number
	<u>PWC US CONSULTING LLP</u> Firm name	<u>646-331-5372</u> Telephone number (including area code)
	<u>300 MADISON AVENUE NEW YORK, NY 10017-6204</u> Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>1.70</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		3961614
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.20</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		3961614
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	114.33 %
15	Adjusted funding target attainment percentage	15	106.64 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	119.07 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/11/2024	1454949	0			
08/30/2024	2438304	0			
			Totals ▶	18(b)	3893253
				18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3778577
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age **22** 62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	5661509
b Excess assets, if applicable, but not greater than line 31a	31b	4209980

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	1451529
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	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35).....	36	1451529
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	3778577

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

a Total (excess, if any, of line 37 over line 36)	38a	2327048
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

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

SCHEDULE I (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information—Small Plan This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan SCHULTE ROTH & ZABEL LLP PARTNERS' CASH BALANCE PLAN	B Three-digit plan number (PN) ▶ 031
C Plan sponsor's name as shown on line 2a of Form 5500 SCHULTE ROTH & ZABEL LLP	D Employer Identification Number (EIN) 13-2633996

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

		(a) Beginning of Year	(b) End of Year
1 Plan Assets and Liabilities:			
a Total plan assets	1a	34172953	37465726
b Total plan liabilities	1b		
c Net plan assets (subtract line 1b from line 1a)	1c	34172953	37465726
2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable:			
(1) Employers	2a(1)	3893253	
(2) Participants	2a(2)		
(3) Others (including rollovers)	2a(3)		
b Noncash contributions	2b		
c Other income	2c	3490294	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		7383547
e Benefits paid (including direct rollovers)	2e	3998859	
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Administrative service providers (salaries, fees, and commissions)	2h		
i Other expenses	2i	91915	
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		4090774
k Net income (loss) (subtract line 2j from line 2d)	2k		3292773
l Transfers to (from) the plan (see instructions)	2l		

3 Specific Assets: If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

		Yes	No	Amount
a Partnership/joint venture interests	3a		X	
b Employer real property	3b		X	
c Real estate (other than employer real property)	3c		X	
d Employer securities	3d		X	
e Participant loans	3e		X	
f Loans (other than to participants)	3f		X	
g Tangible personal property	3g		X	

Part II Compliance Questions

	Yes	No	Amount
4 During the plan year:			
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)		X	
e Was the plan covered by a fidelity bond?	X		50000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?.....	X		33572468
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 510778.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>SCHULTE ROTH & ZABEL LLP PARTNERS' CASH BALANCE PLAN</u>	B Three-digit plan number (PN) ▶	<u>031</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SCHULTE ROTH & ZABEL LLP</u>	D Employer Identification Number (EIN) <u>13-2633996</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-2633996</u>		
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	1

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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment.....

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment.....

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Schulte Roth & Zabel LLP Partners' Cash Balance Plan

(EIN/PN: 13-2633996/031)

Attachment to 2023 Form 5500 Schedule SB

Line 26 - Schedule of Active Participant Data

Age and Service Distribution of Active Members

Attained Age	Years of Credited Service										Total
	Under 1 year	1 to 4 years	5 to 9 years	10 to 14 years	15 to 19 years	20 to 24 years	25 to 29 years	30 to 34 years	35 to 39 years	Over 40 years	
<25											
25-29											
30-34	1	1									2
35-39		6									6
40-44	3	9	5								17
45-49	1	6	1	2	1						11
50-54	2	11	3	2	2						20
55-59		3	3	1	2	8					17
60-64		1	1	1	1	5					9
65-69						5					5
70&Up				1	1	4					6
Total	7	37	13	7	7	22					93

Schulte Roth & Zabel LLP Partners' Cash Balance Plan

(EIN/PN: 13-2633996/031)

Attachment to 2023 Form 5500 Schedule SB

Part VI - Statement of Actuarial Assumptions

A. Actuarial Assumptions for Funding Purposes

Valuation Date	December 31, 2023								
Valuation Interest Rate	Valuation interest rate is based on the 24-month applicable segment rates for December 2023 pursuant to IRC 430(h), taking into account the corridor around the 25-year average segment rates, with each 25-year average segment rate having a floor of 5%, in accordance with MAP-21, HATFA, BBA, ARPA and IIJA.								
	<table><thead><tr><th><u>December segment rates</u></th><th><u>Reflecting Corridor</u></th></tr></thead><tbody><tr><td>4.21%</td><td>4.75%</td></tr><tr><td>4.86%</td><td>5.00%</td></tr><tr><td>4.87%</td><td>5.74%</td></tr></tbody></table>	<u>December segment rates</u>	<u>Reflecting Corridor</u>	4.21%	4.75%	4.86%	5.00%	4.87%	5.74%
<u>December segment rates</u>	<u>Reflecting Corridor</u>								
4.21%	4.75%								
4.86%	5.00%								
4.87%	5.74%								
Mortality	No Pre-retirement mortality assumed. The postretirement mortality is based on the 2023 Static Mortality Table pursuant to Internal Revenue Code Section 1.430(h)(3)-1(b). Separate table for annuitants and non-annuitants.								
Withdrawal	None.								
Retirement	Age 62.								
Disability	None.								
Salary Scale	None.								
Social Security Wage Base Increase	N/A								
IRS Section 415(b) Limit	For 2023, the maximum benefit limitation is \$265,000								
Form of Payment	All participants are assumed to elect a lump sum form of payment								
Maximum Compensation	Compensation was limited to \$330,000 for 2022 for purposes of calculating benefits.								
Expected Future Interest Crediting Rate									
Cash Balance Account	4.00%								
Maximum and Protected Account Balances	4.15%								
Expenses	Assumed expenses are \$0 for 2023, based on actual administrative expenses paid from the trust during 2023.								

Schulte Roth & Zabel LLP Partners' Cash Balance Plan

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Attachment to 2023 Form 5500 Schedule SB

Part VI - Statement of Actuarial Assumptions

B. Actuarial Methods for Funding Purposes

1. Actuarial Cost Method

The actuarial cost method is the Unit Credit Actuarial Cost Method.

Under this cost method, the target liability is defined as the present value of the accrued benefits on the valuation date. The funding shortfall is the excess, if any, of the amount by which the target liability exceeds the actuarial value of Plan Assets.

The target normal cost, determined on the valuation date, is the amount required to fund the benefit expected to be earned in the current year plus the administrative expenses that are expected to be paid from the plan in the current year as required by PPA.

2. Asset Valuation Method

The actuarial value of assets is equal to the market value of assets.

C. Actuarial Assumptions Rationale

Valuation Interest Rates The interest rate assumption used is prescribed by IRC section 430(h) subject to specified elections by the plan sponsor.

Mortality For annuitants, the mortality assumption used is prescribed by IRC section 1.430(h)(3)-1(b) subject to specified elections by the plan sponsor.

**Retirement/Withdrawal/
Disability** These assumptions do not have a material effect on the cash balance benefits. Hence, no withdrawal or disability assumptions are used for the valuation. All participants are assumed to retire at the plan's normal retirement date.

Form of Payment This assumption was based on best expectations given plan provisions, based on historical experience of the plan.

Provisions for Expenses This assumption is set equal to actual expenses paid from the trust.

**Interest Crediting Rate
(Cash Balance Account)** This rate is intended to represent the net yield after investment expenses over an extended period of time in the future.

**Interest Crediting Rate
(Maximum & Protected
Account Balances)** This is based on the 30-year treasury rate in effect at the time of the valuation.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> <hr/> 2023 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan SCHULTE ROTH & ZABEL LLP PARTNERS' CASH BALANCE PLAN	B Three-digit plan number (PN) ▶	031
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SCHULTE ROTH & ZABEL LLP	D Employer Identification Number (EIN) 13-2633996	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2023</u>			
2 Assets:			
a Market value.....	2a	33,572,473	
b Actuarial value	2b	33,572,473	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants.....	5	1,959,290	1,959,290
c For active participants.....	93	27,403,203	27,403,203
d Total	98	29,362,493	29,362,493
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate.....	5	5.00%	
6 Target normal cost			
a Present value of current plan year accruals.....	6a	5,661,509	
b Expected plan-related expenses	6b	0	
c Target normal cost.....	6c	5,661,509	

Statement by Enrolled Actuary

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

SIGN HERE	Yosef Ziegler Yz.	9/23/2024
	Signature of actuary	Date
	YOSEF ZIEGLER	2308225
	Type or print name of actuary	Most recent enrollment number
	PWC US CONSULTING LLP	646-331-5372
	Firm name	Telephone number (including area code)
	300 Madison Avenue	
	NEW YORK NY 10017-6204	
	Address of the firm	

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years.....	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	5,661,509	
b Excess assets, if applicable, but not greater than line 31a	31b	4,209,980	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	1,451,529	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	1,451,529	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	3,778,577	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	2,327,048	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021

Schulte Roth & Zabel LLP Partners' Cash Balance Plan

(EIN/PN: 13-2633996/031)

Attachment to 2023 Form 5500 Schedule SB

Line 22 - Weighted Average Retirement Age

The assumed retirement age for all participants is age 62, the plan's normal retirement age.

Schulte Roth & Zabel LLP Partners' Cash Balance Plan

(EIN/PN: 13-2633996/031)

Attachment to 2023 Form 5500 Schedule SB

Part VII - Summary of Plan Provisions

<u>Plan Name</u>	Schulte Roth & Zabel LLP Partners' Cash Balance Plan
<u>Effective Date</u>	January 1, 2002.
<u>Eligibility Requirement</u>	Employees of the Firm who are Partners or the Chief Operating Officer, have attained age 21 and are not a non-resident alien, who receive no earned income from the Firm which constitutes income from sources within the United States. Entry dates are on the first day of the calendar month coincident with or following the date the employee meets all the requirements.
<u>Year(s) of Service</u>	The consecutive 12-month period(s) that have elapsed since such individual's employment date.
<u>Year of Benefit Service</u>	A Year of Benefit Service shall be credited to a Participant for each full Plan Year during which such Participant is a Partner of the Firm or the Chief Operating Officer of the Firm. Notwithstanding the above, in the Plan Year containing a Participant's Entry Date, he or she shall be granted a Year of Benefit Service - provided he or she is a Partner of the Firm or the Chief Operating Officer of the Firm on each day of the Plan Year following his or her Entry Date. Any period prior to the Effective Date (or the first day of the Plan Year in which a Partner or the Chief Operating Officer becomes a Participant in the Plan, if later) shall be disregarded in computing a Participant's Years of Benefit Service. Except as required by law, or as provided by the committee, any period of unpaid leave of absence will be disregarded in computing such Participant's Years of Benefit Service.
<u>Vesting</u>	Participants are 100% vested in their notional Cash Balance account balances at all times.
<u>Normal Retirement Age</u>	Age 62.

Schulte Roth & Zabel LLP Partners' Cash Balance Plan

(EIN/PN: 13-2633996/031)

Attachment to 2023 Form 5500 Schedule SB

Part VII - Summary of Plan Provisions

Optional Forms of Retirement Benefits

Normal form for unmarried participants is a life annuity. Other optional forms for a single participant include a 50% or 100% joint & survivor annuity or a lump sum payment.

Normal form for married participants is a 50% or 75% qualified joint & survivor annuity.

Other optional forms for a married participant include a 100% joint & survivor annuity, a life annuity, or a lump sum payment.

The value of the lump sum is equal to the participant's account balance on their benefit commencement date. The value of the annuity is equal to the Actuarial Equivalent of the Participant's vested Cash Balance Account as of the Annuity Starting Date, based on the age of the Participant and the Participant's Spouse on the Annuity Starting Date.

Notional Cash Balance Account Balance

A participant's notional Cash Balance account balance is equal to the sum of such participants Pay Credits and Interest Credits. Upon benefit commencement, the notional account balance cannot be less than the greater of:

- 1) the sum of all Pay Credits accrued as a participant, and
- 2) the minimum Cash Balance Account

Interest Credits

Prior to January 1, 2008, Interest Credits are based upon the annual rate of interest on the 30-year Treasury securities as published by the Secretary in effect for the month of December preceding the Plan Year under consideration. Post January 1, 2008, Interest Credits shall be based upon the return on the investment portfolio in which the trust assets are invested. However, in no event shall the cumulative rate of return be greater than the cumulative rate of return employing the rate of interest on 30-year Treasury securities, as published by the Secretary, in effect for the month of December preceding each Plan Year.

Interest will be credited to Participants' Cash Balance Accounts semi-annually (June 30th and December 31st)

Schulte Roth & Zabel LLP Partners' Cash Balance Plan

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Attachment to 2023 Form 5500 Schedule SB

Part VII - Summary of Plan Provisions

Pay Credits

Each eligible Participant who completes a Year of Benefit Service and who has Compensation in excess of \$275,000 for such Plan Year shall receive a Cash Balance Credit equal to:

- (a) For a Partner who was a Participant as of December 31, 2003, 50% of the Maximum Credit Amount rounded up to the nearest whole dollar amount.
- (b) For a Partner who becomes a Participant after December 31, 2003, and who was hired by the Firm at a Partner level, 50% of the Maximum Credit Amount rounded up to the nearest whole dollar amount.
- (c) For a Partner who is listed with no points of the Firm's Schedule of Points with respect to a particular Plan Year and with respect to whom the Executive Committee Shall have budgeted compensation of less than \$600,000 for such Plan Year, the Maximum Credit Amount multiplied by a fraction, the numerator of which is one (1) and the denominator of which is six (6). The result is rounded up to the nearest whole dollar amount.
- (d) For the Chief Operating Officer of the Firm, 25% of the Maximum Credit Amount rounded up to the nearest whole dollar amount.
- (e) For all other Participants, the Maximum Credit Amount multiplied by a fraction, not to exceed 0.5, the numerator of which is Years of Benefit Service and the denominator of which is six. The result is rounded up to the nearest whole dollar amount.
- (f) If the aggregate normal allocation rate, as determined in accordance with Regulation section 1.401(a)(4)-(9)(b)(2)(D), is less than 7.5% of Plan Year Compensation for any NHCE benefiting under the Schulte Roth & Zabel LLP Thrift Plan or the Schulte Roth & Zabel Savings Plan for the current Plan Year, the Cash Balance Credit for the current Plan Year for any HCE benefiting under this plan shall be limited to the Limited Credit Amount. For each benefiting HCE whose Cash Balance Credit is limited by the Limited Credit Amount, the Cash Balance Credit shall be increased to the amount of the Cash Balance Credit determined for the oldest Participant or hypothetical Participant whose Maximum Credit Amount multiplied by 0.5 is not limited by the Limited Credit Amount.

Notwithstanding any provision to the contrary, the Cash Balance Credit determined in accordance with (a) through (f) shall not exceed the lesser of the amount determined in (f) and 50% of Compensation.

Schulte Roth & Zabel LLP Partners' Cash Balance Plan

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Attachment to 2023 Form 5500 Schedule SB

Part VII - Summary of Plan Provisions

Maximum and Limited Credit Amounts

<i>Age</i>	<i>Maximum Credit Amount</i>	<i>Limited Credit Amount</i>
31	46,432	23,216
32	48,849	24,425
33	51,394	25,697
34	54,076	27,038
35	56,900	28,450
36	59,875	29,938
37	63,010	31,505
38	66,314	33,157
39	69,796	34,898
40	73,464	36,732
41	77,331	38,666
42	81,407	40,704
43	85,702	42,851
44	90,230	45,115
45	95,002	47,501
46	100,033	50,017
47	105,338	52,669
48	110,930	55,465
49	116,824	58,412
50	123,039	61,520
51	129,590	64,795
52	136,497	68,249
53	143,777	71,889
54	151,449	75,725
55	159,537	79,769

<i>Age</i>	<i>Maximum Credit Amount</i>	<i>Limited Credit Amount</i>
56	168,062	84,031
57	177,048	88,524
58	186,517	93,259
59	196,496	98,248
60	207,011	103,506
61	216,595	108,298
62	216,595	108,298
63	216,595	108,298
64	216,595	108,298
65	216,595	108,298
66	228,178	108,298
67	240,375	108,298
68	253,216	108,298
69	266,729	108,298
70	280,947	108,298
71	295,898	108,298
72	311,612	108,298
73	328,123	108,298
74	345,460	108,298
75	363,655	108,298
76	382,738	108,298
77	402,732	108,298
78	423,676	108,298
79	445,592	108,298
80	468,502	108,298

Schulte Roth & Zabel LLP Partners' Cash Balance Plan

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Line 24 - Change in Actuarial Assumptions

The assumed retirement age was updated to age 62 to align with the plan amendment that changed the normal retirement age from age 65 to age 62.