

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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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
1a	Name of plan CINCINNATI STAGE EMPLOYEES LOCAL 5 PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 07/01/1976
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) THE TRUSTEES OF THE CINCINNATI STAGE EMPLOYEES LOCAL 5 PENSION PLAN 35 E 7TH STREET SUITE 501 CINCINNATI, OH 45202-2411
2b	Employer Identification Number (EIN) 31-0329926
2c	Plan Sponsor's telephone number 513-721-1302
2d	Business code (see instructions) 713900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2024	MICHAEL C SMITH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2024	STEPHEN LOFTIN
	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 ☐ Same as Plan Sponsor THE TRUSTEES OF THE CINCINNATI STAG 35 EAST 7TH STREET, SUITE 501 CINCINNATI, OH 45202-2411	3b Administrator's EIN 31-0329926 3c Administrator's telephone number 513-721-1302
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 199
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 105 6a(2) 111 6b 40 6c 36 6d 187 6e 19 6f 206 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 14

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

1B

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) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ 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 _____
- (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 MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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 CINCINNATI STAGE EMPLOYEES LOCAL 5 PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE TRUSTEES OF THE CINCINNATI STAGE EMPLOYEES LOCAL 5 PENSION PLAN	D Employer Identification Number (EIN) 31-0329926

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 13080032
(2) Actuarial value of assets for funding standard account.....	1b(2) 13922969
c (1) Accrued liability for plan using immediate gain methods	1c(1) 12474890
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method.....	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method.....	1c(3) 12474890
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 21667344
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 257476
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 771515
(3) Expected plan disbursements for the plan year	1d(3) 891515

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 RICHARD L KUBIAK	Date 23-08540	
Type or print name of actuary CUNI RUST & STRENK	Most recent enrollment number 513-891-0270	
Firm name 4555 LAKE FOREST DRIVE, SUITE 620, CINCINNATI, OH 45242-3760	Telephone number (including area code)	
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 ☐

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	13080032
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	59	9235029
(2) For terminated vested participants	35	2584860
(3) For active participants:		
(a) Non-vested benefits		625682
(b) Vested benefits		9221773
(c) Total active	105	9847455
(4) Total	199	21667344
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	60.37 %

3 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
01/01/2023	0	0			
12/31/2023	734514	0			
Totals ►			3(b)	734514	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total				3(d)	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	111.6 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** ☐ Attained age normal
b ☐ Entry age normal
c ☒ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☒ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability			6a	2.55 %
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	A	A	
(2) Females	6c(2)	AF	AF	
d Valuation liability interest rate	6d	6.50 %	6.50 %	
e Salary scale	6e	% ☒ N/A		
f Withdrawal liability interest rate:				
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A		
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.50 %		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	7.3 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-13.4 %		
i Expense load included in normal cost reported in line 9b	6i	☐ N/A		
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%		
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)			
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	102013	10187

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☐ Yes ☒ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☐ Yes ☒ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	217607

c Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended**(2)** Funding waivers**(3)** Certain bases for which the amortization period has been extended

	Outstanding balance	
9c(1)	4700182	715119
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c**9d** 60627**e** Total charges. Add lines 9a through 9d**9e** 993353**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 3778120**g** Employer contributions. Total from column (b) of line 3**9g** 734514**h** Amortization credits as of valuation date**9h** 2370141 376187**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 293526**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

	Outstanding balance	
9j(1)	3610973	
9j(2)	5611339	

k (1) Waived funding deficiency**(2)** Other credits**9j(3)****9k(1)****9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 5182347**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 4188994**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**(3)** Total as of valuation date**9o(1)****9o(2)(a)****9o(2)(b)****9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan CINCINNATI STAGE EMPLOYEES LOCAL 5 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE TRUSTEES OF THE CINCINNATI STAGE EMPLOYEES LOCAL 5 PENSION PLAN	D Employer Identification Number (EIN) 31-0329926	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

CINCINNATI STAGE EMPLOYEES LOCAL 5

35 E 7TH STREET SUITE 501
CINCINNATI, OH 45202

31-0329926

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	EMPLOYER	49398	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CUNI RUST & STRENK

4540 COOPER RD SUITE 304
CINCINNATI, OH 45242

31-1227755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 11	NONE	38250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STANDARD VALUATIONS INC

790 CLEVELAND AVE SO., STE 220
ST. PAUL, MN 55116

41-1327339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 51	NONE	17313	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BARNES DENNIG

150 E 4TH ST
CINCINNATI, OH 45202

31-1119890

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	17000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEDBETTER PARISI SOLLARS LLC

9240 MARKETPLACE DRIVE
MIAMISBURG, OH 45342

03-0599899

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	12066	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SOPER SOPER & WEINEL, LLP

35 E 7TH STREET SUITE 501
CINCINNATI, OH 45202

31-1222293

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	11500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

US BANK NA

1555 N. RIVERCENTER DR. STE 300
MILWAUKEE, WI 53212

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	7854	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MANNING & NAPIER

PO BOX 925
FAIRPORT, NY 14450

45-3328488

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 51	NONE	5762	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL SELECT INSURANCE SERVICES INC

333 WEST 34TH ST
NEW YORK, NY 10001-2402

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22	NONE	5495	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan CINCINNATI STAGE EMPLOYEES LOCAL 5 PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE TRUSTEES OF THE CINCINNATI STAGE EMPLOYEES LOCAL 5 PENSION PLAN		
		D Employer Identification Number (EIN) 31-0329926

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	109458	127647
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	11296	10038
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	207132	106236
(2) U.S. Government securities	1c(2)	1007704	1249831
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	378057	232573
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	2278942	2077730
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9121909	10987081
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	13114498	14791136
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	34466	39290
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	34466	39290
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	13080032	14751846

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	734514	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		734514
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4959	
(B) U.S. Government securities	2b(1)(B)	35736	
(C) Corporate debt instruments	2b(1)(C)	8466	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		49161
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	210871	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		210871
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	795574	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	844958	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-49384
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1518223	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		89785
d Total income. Add all income amounts in column (b) and enter total	2d		2553170

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	702638	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		702638
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	35075	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	17000	
(5) Investment advisory and investment management fees	2i(5)	23335	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	8000	
(8) Legal fees	2i(8)	11801	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	83507	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		178718
j Total expenses. Add all expense amounts in column (b) and enter total	2j		881356

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1671814
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: **BARNES DENNIG**

(2) EIN: **31-1119890**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?	☒		2077730
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
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 500673.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 CINCINNATI STAGE EMPLOYEES LOCAL 5 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE TRUSTEES OF THE CINCINNATI STAGE EMPLOYEES LOCAL 5 PENSION PLAN	D Employer Identification Number (EIN) 31-0329926	

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): _____ 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	0

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
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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 CINCINNATI ARTS ASSOCIATION

b EIN 31-1310265

c Dollar amount contributed by employer 225134

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 08 Day 31 Year 2024

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): 8% OF COMPENSATION

a Name of contributing employer CINCINNATI STAGE EMPLOYEES LOCAL 5

b EIN 31-0329926

c Dollar amount contributed by employer 133287

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 09 Day 30 Year 2024

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): 10% OF COMPENSATION

a Name of contributing employer ARENA MANAGEMENT HOLDINGS LLC

b EIN 38-3609030

c Dollar amount contributed by employer 136785

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 07 Day 31 Year 2024

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): 10% OF COMPENSATION

a Name of contributing employer CHILDRENS THEATRE OF CINCINNATI

b EIN 31-6026285

c Dollar amount contributed by employer 16794

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 09 Day 30 Year 2024

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): 8% OF COMPENSATION

a Name of contributing employer CINCINNATI SYMPHONY ORCHESTRA

b EIN 31-0537080

c Dollar amount contributed by employer 38020

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 10 Day 10 Year 2024

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): 5% OF WAGES FOR EXTRAS 3%

a Name of contributing employer MUSIC & EVENT MANAGEMENT

b EIN 31-1378179

c Dollar amount contributed by employer 82080

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 10 Day 31 Year 2024

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): 6% OF COMPENSATION

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 **CINCINNATI PLAYHOUSE IN THE PARK**

b EIN **31-0624790**

c Dollar amount contributed by employer **45197**

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 **06** Day **30** Year **2024**

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): **5.5% OF COMPENSATION**

a Name of contributing employer **CINCINNATI BALLET**

b EIN **31-6050354**

c Dollar amount contributed by employer **10741**

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 **08** Day **31** Year **2024**

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): **8% OF COMPENSATION**

a Name of contributing employer **FERN**

b EIN _____

c Dollar amount contributed by employer **20591**

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 **06** Day **30** Year **2024**

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): **10% OF COMPENSATION**

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

14c

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

a The corresponding number for the plan year immediately preceding the current plan year

15a

b The corresponding number for the second preceding plan year

15b

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

a Enter the number of employers who withdrew during the preceding plan year

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation. _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Cincinnati Stage Employees Local No. 5 Pension Plan

**Financial Statements
With Supplementary Information
Years Ended December 31, 2023 and 2022
With Independent Auditors' Report**



Independent Auditors' Report

To the Plan Administrator of the
Cincinnati Stage Employees Local No. 5 Pension Plan
Cincinnati, Ohio

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

We have performed audits of the accompanying financial statements of Cincinnati Stage Employees Local No. 5 Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Cincinnati Stage Employees Local No. 5 Pension Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

**Independent Auditors' Report
(Continued)**

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Cincinnati Stage Employees Local No. 5 Pension Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Cincinnati Stage Employees Local No. 5 Pension Plan's ability to continue as a going concern for one year after the date 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.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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.

**Independent Auditors' Report
(Continued)**

Auditors' Responsibilities for the Audit of the Financial Statements (Continued)

- 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 Cincinnati Stage Employees Local No. 5 Pension 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 Cincinnati Stage Employees Local No. 5 Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedules Required by ERISA

The supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2023 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

BARNES DENNIG

**Independent Auditors' Report
(Continued)**

Supplemental Schedules Required by ERISA (Continued)

In our opinion:

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

Barnes Dennig & Co. Ltd.

October 15, 2024
Cincinnati, OH

CINCINNATI STAGE EMPLOYEES LOCAL NO. 5 PENSION PLAN

Statements of Net Assets Available for Benefits December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
Investments, at fair value:		
Money market fund	\$ 106,236	\$ 207,132
U.S. government securities	1,143,152	905,889
Municipal bonds	106,679	101,815
Corporate bonds - U.S.	221,686	368,719
Corporate bonds - foreign	10,887	9,338
Partnerships	2,077,730	2,278,942
Mutual funds - equity	8,930,850	7,178,663
Mutual funds - fixed income	<u>2,056,231</u>	<u>1,943,246</u>
Total investments at fair value	<u>14,653,451</u>	<u>12,993,744</u>
Receivables:		
Employers contribution	71,889	48,121
Cincinnati Stage Employees Local No. 5	55,758	61,337
Interest	<u>8,509</u>	<u>9,190</u>
Total receivables	<u>136,156</u>	<u>118,648</u>
Prepaid insurance	1,529	2,106
Total assets	14,791,136	13,114,498
Liabilities:		
Payables	<u>39,290</u>	<u>34,466</u>
Total liabilities	<u>39,290</u>	<u>34,466</u>
Net assets available for benefits	<u><u>\$ 14,751,846</u></u>	<u><u>\$ 13,080,032</u></u>

The accompanying notes are an integral part of these financial statements

CINCINNATI STAGE EMPLOYEES LOCAL NO. 5 PENSION PLAN

Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
Additions		
Investment income		
Interest income, net	\$ 49,161	\$ 43,108
Dividend income	210,871	183,776
Partnership distributions	89,758	92,419
Net appreciation in fair value of investments	1,518,223	-
Miscellaneous income	<u>26</u>	<u>275</u>
Total investment income	<u>1,868,039</u>	<u>319,578</u>
Employer contributions	<u>734,514</u>	<u>750,700</u>
Total additions	<u>2,602,553</u>	<u>1,070,278</u>
Deductions		
Net depreciation in fair value of investments	-	2,321,359
Net loss on sale of investments	49,384	3,949
Investment management fees	23,335	22,574
Benefits paid to participants	702,638	683,947
Plan administrator fees	35,075	22,465
Accounting fees	26,675	11,500
Actuarial fees	8,000	8,000
Custodial fees	8,119	7,712
Insurance expense	13,037	11,164
Reimbursement of sponsor's office expense	49,755	38,781
Cyber security services	2,920	-
Legal fees	<u>11,801</u>	<u>18,454</u>
Total deductions	<u>930,739</u>	<u>3,149,905</u>
Net increase (decrease)	1,671,814	(2,079,627)
Net assets available for benefits		
Beginning of year	<u>13,080,032</u>	<u>15,159,659</u>
End of year	<u><u>\$ 14,751,846</u></u>	<u><u>\$ 13,080,032</u></u>

The accompanying notes are an integral part of these financial statements

CINCINNATI STAGE EMPLOYEES LOCAL NO. 5 PENSION PLAN

Notes to Financial Statements

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of Cincinnati Stage Employees Local No. 5 Pension Plan (the Plan) have been prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for a discussion of fair value measurements.

Investment securities, in general, are exposed to various risks such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

Receivables

Employers contributions based on services performed prior to December 31 and not received are recorded as receivables.

Payment of Benefits

Benefit payments to participants are recorded upon distribution and include benefits payable.

Benefits Payable

Benefits payable consist of benefits due a participant whose payments have been adjusted due to a clerical error. There were no benefits payable at December 31, 2023 and 2022, respectively.

Administrative Expenses

The Plan's expenses are paid either by the Plan or Cincinnati Stage Employees Local No. 5 Pension Plan (the Company), as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

CINCINNATI STAGE EMPLOYEES LOCAL NO. 5 PENSION PLAN

Notes to Financial Statements (Continued)

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Funding Policy

The plan is funded primarily by employer contributions determined through contract negotiations between the employers and the Union. The employer contributions for 2023 and 2022, exceeded the minimum funding requirements of ERISA and at December 31, 2023, the plan does not have a projected funding deficiency.

Termination

This plan shall be terminated if no employers are obligated to contribute to the Trust Fund. This Plan may also be terminated by the unanimous consent of all Trustees upon giving reasonable notice of intention to vote on such termination and the reasons therefore to all Trustees, the Union and the employers who designate the Employer Trustee.

Allocation at Termination

Upon termination of the Plan, the rights of all employees to benefit accrued to the date of such termination to the extent then funded, or the amounts credited to the employees' accounts, shall be non-forfeitable, and upon the occurrence of such event, the assets of the Fund shall be allocated among the employees and their beneficiaries in accordance with Section 4044(a) of the Employee Retirement Income Security Act of 1974 and administered and distributed at such time or times as is determined by the Trustees.

Certain benefits under the plan are insured by the Pension Benefit Guarantee Corporation (PBGC) if the plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. Vested benefits under the plan are guaranteed at the level in effect on the date of the plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. Whether all participants receive their benefits should the plan terminate at some future time will depend on the sufficiency, at that time, of the plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during December 31, 2023 and 2022, that ceiling is \$6,750 and \$6,205 per month respectively. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial conditions of the Plan sponsor and the level of benefits guaranteed by the PBGC. PBGC insurance guarantees are backed by the solvency of the PBGC. PBGC – a U.S. Government agency. Should the PGGC become insolvent, additional appropriations to the agency would need to be authorized by the U.S. Government in order to pay guaranteed benefits.

CINCINNATI STAGE EMPLOYEES LOCAL NO. 5 PENSION PLAN

Notes to Financial Statements (Continued)

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the Plan Administrator to make estimates and assumptions that affect the reported amounts and disclosures. Accordingly, actual results may differ from those estimates. Management believes that the estimates utilized in preparing its financial statements are reasonable and prudent.

Related Party Transactions

Certain investments are managed by U.S. Bank National Association. Fees paid by the Plan to U.S. Bank National Association for investment management services totaled \$8,119 and \$7,712 for the years ended December 31, 2023 and 2022 respectively. U.S. Bank National Association is the custodian of the Plan and therefore, these transactions qualify as party in interest transactions.

Several employees of the Company provide administrative services to the Plan. These services include Plan oversight and day-to-day Plan administration. The Plan is not charged by the Company for the services of the employees to the Plan.

The following party-in-interest transactions occurred during the years ended December 31, 2023 and 2022:

<u>Nature of Relationship</u>	<u>Description of Transactions</u>	<u>Amount</u>	
		<u>2023</u>	<u>2022</u>
Plan Sponsor	Reimbursed expenses for bookkeeping and secretarial services, rent, and utilities	\$ 49,755	\$ 38,781

The Plan reimbursed the Plan Sponsor for bookkeeping and secretarial services, rent, and utilities in accordance with an agreement entered into on January 26, 1989.

Amounts due to the Plan Sponsor at December 31, 2023 and 2022, were \$10,329 and \$9,972, respectively.

Subsequent Events

The Plan has evaluated subsequent events through October 15, 2024, the date the financial statements were available to be issued.

NOTE 2 PLAN DESCRIPTION

The following description of the Plan provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

CINCINNATI STAGE EMPLOYEES LOCAL NO. 5 PENSION PLAN

Notes to Financial Statements (Continued)

NOTE 2 PLAN DESCRIPTION (CONTINUED)

General

The Plan is a defined benefit pension plan. The Plan provides for monthly retirement benefits to be paid to employees who are covered by a collective bargaining agreement between the employers and the Union. The plan does not require or permit any contributions by employees. The plan became effective January 1, 1976. The date of the most recent IRS determination letter is June 18, 2015.

Pension Benefits

Employees with five or more years of vested service are entitled to annual pension benefits beginning at normal retirement age, 65. The normal monthly retirement benefit is equal to \$43.00 multiplied by the number of years of vested service prior to January 1, 2016, and \$20.00 per year of vested service after December 31, 2015. The plan permits early retirement at age 55 with 10 years of vested service. Effective August 1, 2001, the plan permits participants who have 10 years of vested service and are age 62 to retire with a reduced pension. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity. Employees receive their benefits as a monthly life annuity from retirement. Lump sum distributions are not provided.

Death and Disability Benefits

If, when an active member dies, he/she had been credited with at least 5 years of vesting service and if he/she was married at the time of his/her death, the spouse will receive a monthly pension equal to the Survivor Benefit calculated under the assumption that the member had retired as of the later of date of death or earliest retirement age and had elected the Joint and Full Survivor form of annuity payment. Benefit payments will commence at the first of the month following the later of his/her earliest retirement age or the date of death.

A participant who is totally and permanently disabled, with 10 years of vesting service is eligible to receive a normal retirement benefit. A participant with a trade disability who is 60, with 10 years of vesting is also eligible for a normal retirement benefit.

NOTE 3 FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities and the lowest priority to unobservable inputs.

The hierarchy is broken down into three levels base on the ability to observe inputs as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

CINCINNATI STAGE EMPLOYEES LOCAL NO. 5 PENSION PLAN

Notes to Financial Statements (Continued)

NOTE 3 FAIR VALUE MEASUREMENTS (CONTINUED)

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2023 and 2022.

Money market fund: Value at the daily closing prices as reported by the fund. The money market fund held by the Plan is an open-ended mutual fund that is registered with the Securities and Exchange Commission (SEC). This fund is required to publish its daily NAV and to transact at that price.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

U.S. Government Securities: U.S. Government securities classified as Level 1 are valued based upon quoted market prices reported on the active market on which they are traded. U.S. government securities classified as Level 2 are valued using pricing models maximizing the use of observable inputs for similar securities.

Partnership Interest: Valued using unobservable inputs supplied by the partnership.

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

CINCINNATI STAGE EMPLOYEES LOCAL NO. 5 PENSION PLAN

Notes to Financial Statements (Continued)

NOTE 3 FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

	Level 1	Level 2	Level 3	Total
Money market funds	\$ -	\$ 106,236	\$ -	\$ 106,236
Mutual funds	10,987,081	-	-	10,987,081
Corporate bonds	-	232,573	-	232,573
Municipal bonds	-	106,679	-	106,679
U.S. government securities	-	1,143,152	-	1,143,152
Partnership interest	-	-	2,077,730	2,077,730
Total assets at fair value	<u>\$ 10,987,081</u>	<u>\$ 1,588,640</u>	<u>\$ 2,077,730</u>	<u>\$ 14,653,451</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022:

	Level 1	Level 2	Level 3	Total
Money market funds	\$ -	\$ 207,132	\$ -	\$ 207,132
Mutual funds	9,121,909	-	-	9,121,909
Corporate bonds	-	378,057	-	378,057
Municipal bonds	-	101,815	-	101,815
U.S. government securities	-	905,889	-	905,889
Partnership interest	-	-	2,278,942	2,278,942
Total assets at fair value	<u>\$ 9,121,909</u>	<u>\$ 1,592,893</u>	<u>\$ 2,278,942</u>	<u>\$ 12,993,744</u>

The following is a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2023 and 2022:

	2023	2022
Beginning balance	\$ 2,278,942	\$ 2,093,004
Capital contributions	89,760	92,419
Distributions	(105,466)	-
Unrealized gain/(loss)	<u>(185,506)</u>	<u>93,519</u>
Balance end of year	<u>\$ 2,077,730</u>	<u>\$ 2,278,942</u>

CINCINNATI STAGE EMPLOYEES LOCAL NO. 5 PENSION PLAN

Notes to Financial Statements (Continued)

NOTE 4 INFORMATION CERTIFIED BY QUALIFIED INSTITUTION

The following information provided by U.S. Bank National Association was certified to be complete and accurate:

- (a) The assets held by U.S. Bank National Association at December 31, 2023 and 2022, as well as the transactions involving these assets for the years then ended.
- (b) The amount of investment income (loss) for the years ended December 31, 2023 and 2022.
- (c) Schedule H, Line 4i – Schedule of Assets (Held at End of Year) at December 31, 2023.

NOTE 5 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributable under the plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their spouses, spouses of employees who have died, and present employees or their spouses. Benefits under the plan are based on the Entry Age Normal Cost Method. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from Cuni, Rust & Strenk. The actuarial present value is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits. The time value of money and the probability of payment between valuation date and the expected payment date are factors considered. The significant actuarial assumptions used in the valuations are (a) life expectancy of participants, (b) turnover, (c) rate of disability, (d) retirement rates and (e) investment return. For December 31, 2023, the mortality rates of nondisabled, retired, survivor, and disabled participants were based on the Blue Collar Adjusted Pri-2012 and future mortality improvements based on Generational projection using scale MP-2021. For current liability 2023 combined static mortality table with small plan adjustment under IRS Notice 2022-22. The valuation included an assumed funding rate of return of 6.5% and current liability rate of 2.55%. Administrative expenses were assumed to be \$120,000. The foregoing actuarial assumptions are based on the presumption that the plan will continue. Were the plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2023 and 2022. Had the valuations been performed as of December 31, there would be no material differences.

CINCINNATI STAGE EMPLOYEES LOCAL NO. 5 PENSION PLAN

Notes to Financial Statements (Continued)

NOTE 5 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

Accumulated plan benefits are those future periodic payments that are attributable under the plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their spouses, spouses of employees who have died, and present employees or their spouses. Benefits under the plan are based on the Entry Age Normal Cost Method. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The components of the actuarial present value of accumulated Plan benefits as of January 1, 2023 and 2022 are:

	<u>2023</u>	<u>2022</u>
Vested benefits:		
Retired vested participants	\$ 6,699,644	\$ 6,768,948
Terminated vested participants	1,518,965	1,399,403
Active vested participants	<u>5,081,818</u>	<u>4,824,257</u>
	13,300,427	12,992,608
Nonvested benefits	<u>280,808</u>	<u>233,112</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 13,581,235</u></u>	<u><u>\$ 13,225,720</u></u>

CINCINNATI STAGE EMPLOYEES LOCAL NO. 5 PENSION PLAN

Notes to Financial Statements (Continued)

NOTE 5 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The actuarial value of Plan assets was \$13,922,969 and \$13,028,427 as of January 1, 2023 and 2022, respectively.

The components of the changes in accumulated Plan benefits for the years ended January 1, 2023 and 2022 are:

	<u>2023</u>	<u>2022</u>
Total actuarial present value of accumulated plan benefits at beginning of period	\$ 13,225,720	\$12,918,696
Increase (decrease) during the period:		
Plan experience and and benefit accrual	298,372	226,076
Assumption change	-	41,224
Interest due to the decrease in the discount period	741,090	723,443
Benefits paid to participants	<u>(683,947)</u>	<u>(683,719)</u>
Net increase	<u>355,515</u>	<u>307,024</u>
Total actuarial present value of accumulated plan benefits at end of period	<u>\$ 13,581,235</u>	<u>\$ 13,225,720</u>

Due to inherent uncertainties in actuarial estimates, it is reasonably possible that actuarial estimates could change in the near term.

NOTE 6 INCOME TAX STATUS

The Plan obtained its latest determination letter on June 18, 2015, in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has not been amended since receiving the determination letter. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

CINCINNATI STAGE EMPLOYEES LOCAL NO. 5 PENSION PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2023

Schedule H (Form 5500)
EIN 31-0329926
Plan Number – 001

Column A	Column B	Column C	Column D	Column E
	Identity of issuer, borrower, lessor, or similar party	Description of Investment	Cost	Current Value
	FIRST AN TREAS IV FD CL A	Money Market	\$ 106,236	\$ 106,236
	US TREASURY NT 2.125% 5/15/25	US Govt Securities	14,745	14,521
	FHLMC GD C90945 5.000% 1/01/26	US Govt Securities	3,447	3,094
	US TREASURY NT 2.375% 5/15/27	US Govt Securities	37,534	33,243
	FNMA GTD REMIC 3.064% 3/25/28	US Govt Securities	29,261	25,286
	US TREASURY NT 2.875% 5/15/28	US Govt Securities	88,808	80,548
	US TREASURY NT 2.375% 5/15/29	US Govt Securities	48,427	48,198
	US TREASURY NT 0.625% 5/15/30	US Govt Securities	72,801	73,547
	US TREASURY NT 1.625% 5/15/31	US Govt Securities	72,419	72,910
	US TREASURY NT 1.875% 2/15/32	US Govt Securities	58,205	56,742
	US TREASURY NT 2.875% 5/15/32	US Govt Securities	101,343	101,004
	FNMA 3.000% 8/01/34	US Govt Securities	10,668	9,858
	FNMA 5.500% 4/01/36	US Govt Securities	3,613	3,326
	FHLM C GD 5.500% 5/01/38	US Govt Securities	7,521	6,921
	US TREASURY BD 3.500% 2/15/39	US Govt Securities	18,313	14,206
	FNMA 5.000% 11/1/39	US Govt Securities	7,619	7,005
	US TREASURY BD 3.875% 8/15/40	US Govt Securities	56,520	42,885
	FNMA 2.500% 12/01/40	US Govt Securities	32,823	27,880
	FHLM C GD 4.500% 1/01/41	US Govt Securities	3,743	3,440
	US TREASURY BD 2.375% 2/15/42	US Govt Securities	46,195	42,967
	FHLM C GD 3.500% 1/01/44	US Govt Securities	5,429	4,873
	US TREASURY NT 2.500% 2/15/45	US Govt Securities	84,842	66,636
	FHLM C GD 4.000% 10/01/45	US Govt Securities	3,114	2,812
	FNMA 4.000% 4/01/46	US Govt Securities	1,594	1,430
	FHLM C GD 3.500% 10/01/46	US Govt Securities	5,241	4,927
	FNMA 3.000% 2/01/47	US Govt Securities	10,525	9,859
	FNMA 3.500% 6/01/47	US Govt Securities	5,484	5,145
	FNMA 3.500% 9/01/47	US Govt Securities	8,838	7,981
	FHLM C GD 4.000% 10/01/47	US Govt Securities	4,179	3,940
	US TREASURY NT 2.000% 2/15/50	US Govt Securities	41,827	37,507
	FNMA 3.000% 5/01/50	US Govt Securities	61,268	61,287
	FNMA 4.000% 4/01/52	US Govt Securities	53,539	51,143
	FHLMC 5.000% 9/01/52	US Govt Securities	51,068	51,373
	FNMA 5.500% 10/01/52	US Govt Securities	49,867	51,230
	FNMA 5.000% 11/01/52	US Govt Securities	56,678	56,859
	FHLMC 6.000% 7/01/53	US Govt Securities	56,700	58,569
	AIR LEASE CORP 3.625% 4/01/27	Corporate Bond	10,608	9,457
	AMAZON COM 3.300% 4/13/27	Corporate Bond	14,994	14,561
	CITIGROUP INC. 1.462% 6/09/27	Corporate Bond	13,419	13,727
	FORD CREDIT MSTR TR 1.320% 9/15/27	Corporate Bond	64,983	60,540

(continued)

CINCINNATI STAGE EMPLOYEES LOCAL NO. 5 PENSION PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2023

Schedule H (Form 5500)
EIN 31-0329926
Plan Number – 001
(Continued)

Column A	Column B	Column C	Column D	Column E
	Identity of issuer, borrower, lessor, or similar party	Description of Investment	Cost	Current Value
	CROWN CASTLE INTL 3.100% 11/15/29	Corporate Bond	\$ 20,178	\$ 17,894
	JPMORGAN CHASE CO 4.493% 3/24/31	Corporate Bond	19,970	19,500
	SIMON PPTY GROUP LP 2.650% 2/01/32	Corporate Bond	25,063	21,355
	BK OF AMERICA MTN 2.687% 4/22/32	Corporate Bond	14,547	12,666
	PEPSICO INC. 3.900% 7/18/32	Corporate Bond	15,093	14,673
	QUALCOMM INC. 5.400% 5/20/33	Corporate Bond	15,596	16,195
	ENERGY TRANSFER PART 6.500% 2/01/42	Corporate Bond	21,290	21,118
	CENOVUS ENERGY INC. 6.750% 11/15/39	Corporate Bond - Foreign	11,102	10,887
	NEW YORK ST DORM 1.062% 3/15/25	Municipal Bond	25,000	23,926
	PENNSYLVANIA DEV 1.164% 6/15/25	Municipal Bond	25,000	23,693
	NEW YORK NY CITY 1.250% 5/01/26	Municipal Bond	20,004	18,585
	MASSACHUSETTS ST 0.986% 11/01/26	Municipal Bond	15,000	13,685
	DALLAS TX 1.147% 12/01/26	Municipal Bond	15,000	13,666
	MASSACHUSETTS ST 1.370% 11/01/28	Municipal Bond	15,000	13,124
	VANGUARD DEVELOPED MARKETS IDX	Mutual Fund	687,516	715,998
	VANGUARD TOTAL STOCK MKT INDX ADM	Mutual Fund	4,389,212	8,214,852
	BAIRD CORE PLUS BOND FUND INSTITUT	Mutual Fund	2,252,951	2,056,231
	TA REALTY CORP PROPERTY FUND LP	Partnership	1,937,257	2,077,730
			<u>\$ 10,949,217</u>	<u>\$ 14,653,451</u>

NOTE: The above data is based upon information that has been certified as complete and accurate by U.S. Bank National Association.

See independent auditors' report

Schedule MB, line 6 – Summary of Plan Provisions.

Plan Name: Cincinnati Stage Employees Local No. 5 Pension Plan

EIN: 31-0329926

PN: 001

1. Effective Date: January 1, 1976.
2. Plan Year: January 1st through December 31st.
3. Covered Employees: All employees covered by the Local 5 Collective Bargaining Agreement.
4. Eligibility: January 1st or July 1st coincident with or following age 18 and the completion of 1,000 Hours of Service during the first 12 months after date of hire.
5. Vesting Service: 1 Year of Service for each Plan Year during which 1,000 Hours of Service are earned.
6. Benefit Service: 1 Year of Service for each Plan Year during which \$40,000 is earned. Proportional service is earned for earnings less than \$40,000, with no service earned for earnings less than \$20,000.
7. Normal Retirement:
 - a. Eligibility Age 65 and 5th anniversary of Plan participation.
 - b. Monthly Benefit \$43 per Year of Benefit Service prior to January 1, 2016 and \$20 per Year of Benefit Service after January 1, 2016.

Schedule MB, line 6 – Summary of Plan Provisions.

Plan Name: Cincinnati Stage Employees Local No. 5 Pension Plan

EIN: 31-0329926

PN: 001

8. Early Retirement:

- a. Eligibility Age 55 and 10 Years of Vesting Service.
- b. Monthly Benefit Calculated as for Normal Retirement with monthly benefit reduced $\frac{5}{12}$ of 1% for each month that Early Retirement precedes age 62.

9. Vested Retirement:

- a. Eligibility 5 Years of Vesting Service.
- b. Monthly Benefit Calculated as for Normal Retirement. Participants may elect to receive monthly benefit calculated as for Early Retirement.

10. Disability Retirement:

- a. Eligibility Total and Permanent Disability and 10 Years of Vesting Service.
- b. Monthly Benefit Calculated as for Normal Retirement payable immediately with no reduction for early commencement.

11. Trade Disability Retirement:

- a. Eligibility Trade Disability and age 60 and 10 Years of Vesting Service.
- b. Monthly Benefit Calculated as for Normal Retirement payable immediately with no reduction for early commencement.

Schedule MB, line 6 – Summary of Plan Provisions.

Plan Name: Cincinnati Stage Employees Local No. 5 Pension Plan

EIN: 31-0329926

PN: 001

12. Pre-Retirement Death:

- | | |
|--------------------|---|
| a. Eligibility | 5 Years of Vesting Service. |
| b. Monthly Benefit | Calculated as for Normal or Early Retirement reflecting a 100% Joint & Survivor Annuity payment form with death immediately after retirement. |

13. Actuarial Equivalency:

UP-1984 Mortality Table at 6.00%.

14. Payment Forms:

- | | |
|-------------|---|
| a. Normal | Life Annuity for single participants and a reduced 100% Joint & Survivor Annuity (QJSA) for married participants. |
| b. Optional | Reduced 50% (QOSA) or 75% Joint & Survivor Annuity. |

15. Changes Since Last Year:

None.

**CINCINNATI STAGE EMPLOYEES
LOCAL NO. 5 PENSION PLAN**

SCHEDULE H, Line 4i - ANALYSIS OF INVESTMENTS (HELD AT END OF YEAR)

U S GOVERNMENT ISSUES

As of December 31, 2023

DESCRIPTION	SHRS/ FACE AMT.	COST	FAIR VALUE
U S Treasury Nt 2.125% 5/15/25	15,000.000	\$ 14,745	\$ 14,521
F H L M C Gd C90945 5.000% 1/01/26	3,121.070	3,447	3,094
U S Treasury Nt 2.375% 5/15/27	35,000.000	37,534	33,243
F N M A Gtd Remic 3.064% 3/25/28	26,572.300	29,261	25,286
U S Treasury Nt 2.875% 5/15/28	84,000.000	88,808	80,548
U S Treasury Nt 2.375% 5/15/29	52,000.000	48,428	48,198
U S Treasury Nt .625% 5/15/30	90,000.000	72,801	73,547
U S Treasury Nt 1.625% 5/15/31	85,000.000	72,419	72,910
U S Treasury Nt 1.875% 2/15/32	66,000.000	58,205	56,742
U S Treasury Nt 2.875% 5/15/32	109,000.000	101,343	101,004
F N M A #Fm1395 3.000% 8/01/34	10,393.380	10,668	9,858
F N M A #878088 5.500% 4/01/36	3,229.940	3,613	3,326
F H L M C Gd A77808 5.500% 5/01/38	6,727.420	7,521	6,921
U S Treasury Bd 3.500% 2/15/39	15,000.000	18,313	14,206
F N M A #Ac6099 5.000% 11/01/39	6,892.800	7,619	7,005
US Treasury Bd 3.875% 8/15/40	44,000.000	56,520	42,885
F N M A #Ma4203 2.500% 12/01/40	31,311.240	32,823	27,880
F H L M C Gd G08432 4.500% 1/01/41	3,439.590	3,743	3,440
U S Treasury Bd 2.375% 2/15/42	56,000.000	46,195	42,967
F H L MC Gd G08562 3.500% 1/01/44	5,180.280	5,430	4,873
U S Treasury Nt 2.500% 2/15/45	88,000.000	84,842	66,636
F H L M C Gd G08672 4.000% 10/01/45	2,912.610	3,114	2,812
F N M A #Bc5442 4.000% 4/01/46	1,488.640	1,594	1,430

**CINCINNATI STAGE EMPLOYEES
LOCAL NO. 5 PENSION PLAN**

SCHEDULE H, Line 4i - ANALYSIS OF INVESTMENTS (HELD AT END OF YEAR)

U S GOVERNMENT ISSUES - CONTINUED

As of December 31, 2023

DESCRIPTION	SHRS/ FACE AMT.	COST	FAIR VALUE
F H L M C Gd G61476 3.500% 10/01/46	5,271.670	5,241	4,927
F N M A #Ma2895 3.000% 2/01/47	10,880.640	10,525	9,859
F N M A #Be3695 3.500% 6/01/47	5,512.900	5,484	5,145
F N M A #Ca0862 3.500% 9/01/47	8,551.680	8,838	7,981
F H L M C Gd Q51779 4.000% 10/01/47	4,084.640	4,179	3,940
U S Treasury Nt 2.000% 2/15/50	57,000.000	41,827	37,507
F N M A #Ma4023 3.00% 5/1/50	68,617.190	61,268	61,288
F N M A #Ma4644 4.000% 4/01/52	54,067.480	53,539	51,144
F H L M C #Sd8258 5.000% 9/01/52	51,928.050	51,068	51,373
F N M A #Ma4807 5.500% 10/01/52	50,880.890	49,867	51,230
F N M A #Ma4806 5.000% 11/01/52	57,452.160	56,676	56,859
F N M A #Qg6308 6.000% 7/01/53	57,591.060	\$ 56,700	\$ 58,567
TOTAL		<u>1,214,198</u>	<u>1,143,152</u>

**CINCINNATI STAGE EMPLOYEES
LOCAL NO. 5 PENSION PLAN**

SCHEDULE H, Line 4i - ANALYSIS OF INVESTMENTS (HELD AT END OF YEAR)

CORPORATE ISSUES

As of December 31, 2023

DESCRIPTION	SHRS/ FACE AMT.	COST	FAIR VALUE
Air Lease Corp 3.625% 4/01/27	10,000.000	10,608	9,457
Amazon Com 3.300% 4/13/27	15,000.000	14,994	14,561
Citigroup Inc. 1.462% 6/9/27	15,000.000	13,419	13,727
Ford Credit Mstr Tr 1.320% 9/15/27	65,000.000	64,983	60,540
Crown Castle Intl 3.100% 11/15/29	20,000.000	20,178	17,894
Jpmorgan 4.493% 3/24/31	20,000.000	19,970	19,500
Simon Ppty 2.650% 2/1/32	25,000.000	25,062	21,355
Bk Of America Mtn 2.687% 4/22/32	15,000.000	14,547	12,666
Pepsico Inc. 3.900% 7/18/32	15,000.000	15,093	14,673
Qualcomm Inc. 5.400% 5/20/33	15,000.000	15,596	16,195
Energy Transfer part 6.500% 2/01/42	20,000.000	<u>21,290</u>	<u>21,118</u>
TOTAL		<u><u>235,740</u></u>	<u><u>221,686</u></u>

**CINCINNATI STAGE EMPLOYEES
LOCAL NO. 5 PENSION PLAN**

SCHEDULE H, Line 4i - ANALYSIS OF INVESTMENTS (HELD AT END OF YEAR)

CORPORATE ISSUES - CONTINUED

As of December 31, 2023

DESCRIPTION	SHRS/ FACE AMT.	COST	FAIR VALUE
FOREIGN ISSUES			
Cenovus Energy Inc 6.750% 11/15/39	10,000.000	<u>\$ 11,102</u>	<u>\$ 10,887</u>
MUNICIPAL ISSUES			
New York ST Dorm 1.062% 3/15/25	25,000.000	\$ 25,000	\$ 23,926
Pennsylvania Dev 1.164% 6/15/25	25,000.000	25,000	23,693
New York Ny City 1.250% 5/01/26	20,000.000	20,004	18,585
Massachusetts ST 0.986% 11/01/26	15,000.000	15,000	13,685
Dallas Tx 1.147% 12/01/26	15,000.000	15,000	13,666
Massachusetts ST 1.370% 11/01/28	15,000.000	<u>15,000</u>	<u>13,124</u>
TOTAL		<u>115,004</u>	<u>106,679</u>
MUTUAL FUNDS – EQUITY			
Vanguard Developed Markets Idx	46,493.350	\$ 687,516	\$ 715,998
Vanguard Total Stock Mkt Idx Adm	71,130.420	<u>4,389,212</u>	<u>8,214,852</u>
TOTAL		<u>5,076,729</u>	<u>8,930,850</u>
MUTUAL FUNDS – FIXED INCOME			
Baird Core Plus Bond Fund Institut	202,185.932	<u>\$ 2,252,951</u>	<u>\$ 2,056,231</u>
PARTNERSHIP			
TA Realty Corp Property Fund LP	1,572,264	<u>\$ 1,937,257</u>	<u>\$ 2,077,730</u>

Schedule MB, line 8b(2) – Schedule of Active Participant Data.

Plan Name: Cincinnati Stage Employees Local No. 5 Pension Plan

EIN: 31-0329926

PN: 001

Attained Age	Years of Credited Service														
	Under 1			1 to 4			5 to 9			10 to 14			15 to 19		
	No.	Average		No.	Average		No.	Average		No.	Average		No.	Average	
		Comp.	Accrued Mon. Ben.		Comp.	Accrued Mon. Ben.		Comp.	Accrued Mon. Ben.		Comp.	Accrued Mon. Ben.		Comp.	Accrued Mon. Ben.
Under 25	1			3			0			0			0		
25 to 29	1			1			0			0			0		
30 to 34	0			3			2			1			0		
35 to 39	2			3			7			6			1		
40 to 44	1			4			4			1			1		
45 to 49	0			2			0			1			1		
50 to 54	0			3			1			2			0		
55 to 59	0			2			0			1			1		
60 to 64	0			2			2			2			0		
65 to 69	0			1			0			0			1		
70 & up	0			0			0			0			0		

Attained Age	Years of Credited Service														
	20 to 24			25 to 29			30 to 34			35 to 39			40 & up		
	No.	Average		No.	Average		No.	Average		No.	Average		No.	Average	
		Comp.	Accrued Mon. Ben.		Comp.	Accrued Mon. Ben.		Comp.	Accrued Mon. Ben.		Comp.	Accrued Mon. Ben.		Comp.	Accrued Mon. Ben.
Under 25	0			0			0			0			0		
25 to 29	0			0			0			0			0		
30 to 34	0			0			0			0			0		
35 to 39	0			0			0			0			0		
40 to 44	5			0			0			0			0		
45 to 49	4			4			0			0			0		
50 to 54	4			2			2			0			0		
55 to 59	1			2			4			0			0		
60 to 64	1			1			4			1			0		
65 to 69	0			0			0			1			4		
70 & up	0			1			0			0			0		

Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases.

Plan Name: Cincinnati Stage Employees Local No. 5 Pension Plan

EIN: 31-0329926

PN: 001

Charge Bases:

<u>Date</u>		<u>Initial</u>	<u>Rem.</u>		<u>Remaining</u>
<u>Established</u>	<u>Type</u>	<u>Balance</u>	<u>Years</u>	<u>Payment</u>	<u>Balance</u>
01/01/1994	Amendment	\$ 529,062	1	\$ 40,621	\$ 40,621
01/01/1996	Assumption	45,782	3	3,488	9,833
01/01/1996	Amendment	230,207	3	17,541	49,474
01/01/1997	Assumption	31,647	4	2,403	8,763
01/01/1997	Amendment	214,848	4	16,310	59,509
01/01/1998	Amendment	393,954	5	29,799	131,883
01/01/2001	Assumption	66,884	8	5,008	32,478
01/01/2001	Amendment	378,898	8	28,370	183,966
01/01/2009	Assumption	9,832	1	1,011	1,011
01/01/2009	Experience	411,756	1	42,298	42,298
01/01/2009	Asset Loss	1,083,556	15	80,270	803,814
01/01/2010	Assumption	9,549	2	978	1,893
01/01/2010	Asset Loss	82,440	15	6,172	61,810
01/01/2011	Experience	21,482	3	2,190	6,175
01/01/2011	Assumption	23,386	3	2,384	6,728
01/01/2011	Asset Loss	114,076	15	8,639	86,507
01/01/2012	Experience	40,856	4	4,150	15,139
01/01/2012	Asset Loss	56,603	15	4,340	43,465
01/01/2012	Amendment	75,322	4	7,650	27,912
01/01/2013	Assumption	69,304	5	7,014	31,043
01/01/2013	Asset Loss	334,396	15	25,993	260,285
01/01/2014	Asset Loss	329,086	15	25,962	259,976
01/01/2015	Amendment	381,423	7	38,337	223,931
01/01/2016	Experience	646,503	8	64,767	419,987
01/01/2017	Amendment	429,189	9	42,860	303,819
01/01/2017	Assumption	1,284,428	9	128,265	909,242
01/01/2019	Assumption	95,764	11	9,563	78,312
01/01/2019	Experience	276,729	11	27,635	226,293
01/01/2020	Assumption	272,267	12	27,189	236,247
01/01/2022	Assumption	37,298	14	3,725	35,755
01/01/2023	Experience	102,013	15	10,187	102,013
Total Charges				\$ 715,119	\$ 4,700,182

Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases.

Plan Name: Cincinnati Stage Employees Local No. 5 Pension Plan

EIN: 31-0329926

PN: 001

Credit Bases:

<u>Date</u> <u>Established</u>	<u>Type</u>	<u>Initial</u> <u>Balance</u>	<u>Rem.</u> <u>Years</u>	<u>Payment</u>	<u>Remaining</u> <u>Balance</u>
01/01/1994	Assumption	\$ 76,088	1	\$ 5,842	\$ 5,842
01/01/2000	Assumption	40,709	7	3,058	17,864
01/01/2004	Assumption	148,259	11	10,998	90,065
01/01/2007	Assumption	55,161	14	4,058	38,947
01/01/2009	Amendment	58,950	1	6,056	6,056
01/01/2010	Experience	760,409	2	77,812	150,877
01/01/2013	Experience	233,091	5	23,590	104,403
01/01/2014	Experience	160,657	6	16,202	83,536
01/01/2015	Experience	123,857	7	12,449	72,716
01/01/2016	Assumption	339,480	8	34,009	220,536
01/01/2017	Experience	513,883	9	51,317	363,777
01/01/2018	Assumption	58,241	10	5,816	44,529
01/01/2018	Experience	7,027	10	702	5,371
01/01/2020	Experience	18,556	12	1,853	16,102
01/01/2021	Experience	529,937	13	52,920	484,685
01/01/2021	Assumption	54,480	13	5,440	49,829
01/01/2022	Experience	641,535	14	64,065	615,006
Total Credits				\$ 376,187	\$ 2,370,141
1. Net Amortization					\$ 2,330,041
2. Credit Balance					\$ 3,778,120
3. Balance Test: [(1) - (2)]					\$ (1,448,079)
4. Unfunded Accrued Liability:					
a. Accrued Liability					\$ 12,474,890
b. Actuarial Value of Assets					13,922,969
c. Unfunded Accrued Liability: [(a) - (b)]					\$ (1,448,079)

Schedule MB, line 11 – Justification for Change in Actuarial Assumptions.

Plan Name: Cincinnati Stage Employees Local No. 5 Pension Plan

EIN: 31-0329926

PN: 001

Effective with the January 1, 2023 valuation, the following assumptions were changed based upon historical Plan and industry data as an indicator of anticipated future experience:

- The expense load was increased from \$95,000 to \$120,000.
- The withdrawal liability interest rate was updated.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.

Plan Name: Cincinnati Stage Employees Local No. 5 Pension Plan

EIN: 31-0329926

PN: 001

1. Interest Rates:

- a. Funding/Withdrawal Liability 6.50%.
- b. Current Liability 2.55%.

2. Mortality Rates:

- a. Funding/Withdrawal Liability
 - i. Non-Disabled Blue Collar adjusted Pri-2012.
 - ii. Retired Blue Collar adjusted Pri-2012 Retiree.
 - iii. Survivor Blue Collar adjusted Pri-2012 Contingent Survivor.
 - iv. Disabled Pri-2012 Disabled Retiree.
 - v. Weighting Amount-weighted.
 - iv. Future Improvements Projected generationally using Scale MP-2021.
- b. Current Liability 2023 Combined Static Mortality Table with small plan adjustment under IRS Notice 2022-22.

3. Retirement Rates:

- a. Actives

<u>Age</u>	<u>Rate</u>
55-60	0.01
61-64	0.10
65-67	0.20
68-69	0.30
70+	1.00

The weighted average retirement age is 65.8.

- b. Terminated Vesteds Age 62 for those with at least 10 years of Vesting Service, age 65 otherwise.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.

Plan Name: Cincinnati Stage Employees Local No. 5 Pension Plan

EIN: 31-0329926

PN: 001

4. Termination/Disability Rates: None.

5. Percent Married/Spousal Age: 80% with wives 3 years younger than their husbands.

<u>Payment Form Election:</u>	<u>Payment Forms</u>	<u>% Electing</u>
	Life Annuity	35%
	100% J&S	60%
	75% J&S	0%
	50% J&S	5%

7. Expense Load: \$120,000 increasing 2.5% per year.

8. Future Service Assumption: Prior plan year's earnings assumed to remain constant in future years for benefit credit allocation.

9. Actuarial Cost Method: Unit Credit.

10. Actuarial Value of Assets: Market Value of Assets less a decreasing fraction ($\frac{4}{5}$, $\frac{3}{5}$, $\frac{2}{5}$ and $\frac{1}{5}$) of the preceding 4 years' gains and (losses). A year's gain/(loss) equals the actual return less the expected return using the funding interest rate. The Actuarial Value is adjusted to be within 80% and 120% of the Market Value.

11. Changes Since Last Year: The expense load was increased, the withdrawal liability interest rate was updated, and the Current Liability mortality and interest rates were changed as mandated by the IRS.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.

Plan Name: Cincinnati Stage Employees Local No. 5 Pension Plan

EIN: 31-0329926

PN: 001

Rationale for Selection of Significant Actuarial Assumptions

1. Interest Rate: Based on the Plan's target asset allocation, reflecting asset class future return expectations as determined by the Plan's investment consultant and publicly available inflation expectations, anticipated risk premiums, and associated long-term capital market assumptions.
2. Withdrawal Liability Interest Rate: Funding interest rate as prescribed by the proposed PBGC withdrawal liability regulations.
3. Mortality Rates: Pri-2012 table used as base rates. Blue Collar adjustment used to reflect expected workforce mortality experience. Pri-2012 Disabled Retiree table used to reflect expected disabled mortality experience. Both Pri-2012 tables are amount-weighted and projected generationally. Other adjustments are based on the Plan's most recent experience study, Society of Actuaries mortality studies, and expected generational mortality improvement from 2012 base year using Scale MP-2021.
4. Retirement Rates: Based on the Plan's most recent experience study.
5. Termination/Disability Rates: Based on the Plan's most recent experience study.
6. Payment Form Election: Based on the Plan's most recent experience study.
7. Future Service Accrual: Based on prior year's earnings.
8. Expense Load: Based on prior year administrative expenses.

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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 Cincinnati Stage Employees Local No. 5 Pension Plan	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Trustees of the Cincinnati Stage Employees Local No. 5 Pension Plan	D Employer Identification Number (EIN) 31-0329926

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2023

b Assets:		
(1) Current value of assets	1b(1)	13,080,032
(2) Actuarial value of assets for funding standard account	1b(2)	13,922,969
c (1) Accrued liability for plan using immediate gain methods	1c(1)	12,474,890
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	12,474,890
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	21,667,344
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	257,476
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	771,515
(3) Expected plan disbursements for the plan year	1d(3)	891,515

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 <i>Richard L. Kubiak</i> Richard L. Kubiak Cuni, Rust & Strenk 4555 Lake Forest Drive, Suite 620 US Cincinnati OH 45242-3760	Signature of actuary Date 23-08540 Most recent enrollment number (513) 891-0270 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule MB (Form 5500) 2023
v. 230728

a Current value of assets (see instructions)		2a	13,080,032
b "RPA '94" current liability/participant count breakdown:		(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment		59	9,235,029
(2) For terminated vested participants		35	2,584,860
(3) For active participants:			
(a) Non-vested benefits			625,682
(b) Vested benefits			9,221,773
(c) Total active		105	9,847,455
(4) Total		199	21,667,344
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		2c	60.37 %

(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
01/01/2023	0				
12/31/2023	734,514				
			Totals ►	3(b)	734,514 3(c)

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	111.6 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify): _____

j	If box h is checked, enter period of use of shortfall method	5j	
k	Has a change been made in funding method for this plan year?	☐ Yes	☒ No
l	If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?	☐ Yes	☐ No
m	If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.55	%
b Rates specified in insurance or annuity contracts	Pre-retirement		Post-retirement
	☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A
c Mortality table code for validation purposes:			
(1) Males	6c(1)	9P	9P
(2) Females	6c(2)	9PF	9PF
d Valuation liability interest rate	6d	6.50	%
e Salary scale	6e	%	☒ N/A
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.50	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	7.3	%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-13.4	%
i Expense load included in normal cost reported in line 9b	6i	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	120,000	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	102,013	10,187

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☐ Yes ☒ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☐ Yes ☒ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	217,607

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	4,700,182	715,119
(2) Funding waivers	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0	0
d Interest as applicable on lines 9a, 9b, and 9c	9d	60,627	
e Total changes. Add lines 9a through 9d	9e	993,353	
Credits to funding standard account:			
f Prior year credit balance, if any	9f	3,778,120	
g Employer contributions. Total from column (b) of line 3	9g	734,514	
h Amortization credits as of valuation date		Outstanding balance	
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9h	2,370,141	376,187
j Full funding limitation (FFL) and credits:			293,526
(1) ERISA FFL (accrued liability FFL)	9j(1)	3,610,973	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	5,611,339	
(3) FFL credit	9j(3)	0	
k (1) Waived funding deficiency	9k(1)	0	
(2) Other credits	9k(2)	0	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	5,182,347	
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	4,188,994	
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the 2023 plan year	9o(1)	0	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0	
(3) Total as of valuation date	9o(3)	0	
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10		0
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			☒ Yes ☐ No