

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 2em; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 07/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>SCHNADER HARRISON SEGAL & LEWIS LLP RETIREMENT AND SAVINGS PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SCHNADER HARRISON SEGAL & LEWIS LLP</u></p> <p><u>1600 MARKET ST., SUITE 3600</u> <u>PHILADELPHIA, PA 19103</u></p>	<p>1c Effective date of plan <u>07/02/1988</u></p> <p>2b Employer Identification Number (EIN) <u>23-1383844</u></p> <p>2c Plan Sponsor's telephone number <u>215-751-2000</u></p> <p>2d Business code (see instructions) <u>541110</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	05/14/2025	DAVID SMITH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	142
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)	0
	6a(2)	0
	6b	0
	6c	0
	6d	0
	6e	0
	6f	0
	6g(1)	145
	6g(2)	0
h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

a Pension Schedules

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

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **07/31/2024**

A Name of plan SCHNADER HARRISON SEGAL & LEWIS LLP RETIREMENT AND SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 SCHNADER HARRISON SEGAL & LEWIS LLP	D Employer Identification Number (EIN) 23-1383844	

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

CHARLES SCHWAB & CO.INC. AND AFFIL

94-1737782

(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)

MARCUM LLP

11-1986323

(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 50	NONE	17510	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SCHWAB RETIREMENT PLAN SERVICES, INC

34-1479833

(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?
26 50	NONE	9733	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
33 50 62 71	NONE	10	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 07/31/2024	
A Name of plan SCHNADER HARRISON SEGAL & LEWIS LLP RETIREMENT AND SAVINGS PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 SCHNADER HARRISON SEGAL & LEWIS LLP	D Employer Identification Number (EIN) 23-1383844

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.

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	0
(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)	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	0

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	40100807	0
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	22751	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	22751	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	40078056	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	29929	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	2210	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		32139
(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)	3463	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3463
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(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)		64101
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		99703

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	40152210	
(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)		40152210
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)	-1682	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	17498	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	9733	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		25549
j Total expenses. Add all expense amounts in column (b) and enter total	2j		40177759

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-40078056
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: **MARCUM LLP**

(2) EIN: **11-1986323**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 _____.

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 07/31/2024

A Name of plan <u>SCHNADER HARRISON SEGAL & LEWIS LLP RETIREMENT AND SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SCHNADER HARRISON SEGAL & LEWIS LLP</u>	D Employer Identification Number (EIN) <u>23-1383844</u>	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
----------	--	----------

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 82-3967259

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	
----------	--

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

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

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

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 09 / 21 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704158A.

**SCHNADER HARRISON SEGAL & LEWIS LLP
RETIREMENT AND SAVINGS PLAN**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION**

**AS OF JULY 31, 2024 (LIQUIDATION BASIS), DECEMBER 31, 2023 (LIQUIDATION
BASIS) AND 2022 (ON GOING BASIS) AND
FOR THE PERIOD FROM JANUARY 1, 2024 THROUGH JULY 31, 2024 AND THE
YEAR ENDED DECEMBER 31, 2023 (LIQUIDATION BASIS)**

**SCHNADER HARRISON SEGAL & LEWIS LLP
RETIREMENT AND SAVINGS PLAN**

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
Schnader Harrison Segal & Lewis LLP
Retirement and Savings Plan

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

We have performed audits of the financial statements of Schnader Harrison Segal & Lewis LLP Retirement and Savings 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) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of July 31, 2024 (liquidation basis), December 31, 2023 (liquidation basis) and 2022 (ongoing basis), and the related statements of changes in net assets available for benefits in liquidation for the period from January 1, 2024 through July 31, 2024 and year ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Schnader Harrison Segal & Lewis LLP Retirement and Savings 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 audits 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 July 31, 2024, December 31, 2023 and December 31, 2022 and for the period from January 1, 2024 through July 31, 2024 and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 3 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 accompanying financial statements, 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 accompanying financial statements 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).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Schnader Harrison Segal & Lewis LLP Retirement and Savings Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. 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.

Emphasis of Matter

As described in Note 1 to the financial statements, the Liquidating Partners approved the termination of the Plan with an effective termination date of September 30, 2023. Liquidation became imminent as a result of the termination. Accordingly, the Plan has changed its basis of accounting from the ongoing basis used in presenting the Plan's 2022 financial statements to the liquidation basis used in presenting the Plan's 2023 and 2024 financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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 Schnader Harrison Segal & Lewis LLP Retirement and Savings 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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Schnader Harrison Segal & Lewis LLP Retirement and Savings 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 Schnader Harrison Segal & Lewis LLP Retirement and Savings Plan's ability to continue as a going concern for a reasonable period of time.

Our audit 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.

Other Matters

Supplemental Schedule 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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule 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 its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the 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, are 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).

Marcum LLP

Philadelphia, PA
January 22, 2025

**SCHNADER HARRISON SEGAL & LEWIS LLP
RETIREMENT AND SAVINGS PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JULY 31, 2024, DECEMBER 31, 2023 AND DECEMBER 31, 2022

	<u>Liquidation Basis 2024</u>	<u>Liquidation Basis 2023</u>	<u>Ongoing Basis 2022</u>
Assets			
Investments, at fair value	\$ <u>-</u>	\$ <u>39,961,717</u>	\$ <u>126,045,419</u>
Cash - noninterest-bearing	<u>-</u>	<u>-</u>	<u>284</u>
Receivables:			
Partnership contributions	-	-	-
Participant contributions	-	-	58,600
Notes receivable from participants	<u>-</u>	<u>139,090</u>	<u>379,446</u>
	<u>-</u>	<u>139,090</u>	<u>438,046</u>
Liabilities			
Funds pending settlement	<u>-</u>	<u>22,751</u>	<u>-</u>
Net Assets Available for Benefits	\$ <u>-</u>	\$ <u>40,078,056</u>	\$ <u>126,483,749</u>

The accompanying notes are an integral part of these financial statements.

SCHNADER HARRISON SEGAL & LEWIS LLP
RETIREMENT AND SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS IN LIQUIDATION

FOR THE PERIOD FROM JANUARY 1, 2024 THROUGH JULY 31, 2024 AND
YEAR ENDED DECEMBER 31, 2023

	Liquidation Basis	Liquidation Basis
	2024	2023
Additions to Net Assets Attributed to:		
Investment income:		
Interest	\$ 32,139	\$ 678,203
Dividends	3,463	954,379
Net appreciation in fair value of investments	64,101	9,987,190
	<u>99,703</u>	<u>11,619,772</u>
Interest income on notes receivable from participants	-	12,907
Contributions:		
Participant	-	971,083
Rollover	-	18,608
	<u>-</u>	<u>989,691</u>
Total Additions	<u>99,703</u>	<u>12,622,370</u>
Deductions from Net Assets Attributed to:		
Benefits paid to participants	40,152,210	99,136,752
Administrative expenses	25,549	293,846
Total Deductions	<u>40,177,759</u>	<u>99,430,598</u>
Net Decrease	(40,078,056)	(86,808,228)
Transfers In	<u>-</u>	<u>402,535</u>
Net Assets Available for Benefits:		
Beginning of year	<u>40,078,056</u>	<u>126,483,749</u>
End of year	<u>\$ -</u>	<u>\$ 40,078,056</u>

The accompanying notes are an integral part of these financial statements.

SCHNADER HARRISON SEGAL & LEWIS LLP RETIREMENT AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF JULY 31, 2024 (LIQUIDATION BASIS), DECEMBER 31, 2023 (LIQUIDATION BASIS) AND DECEMBER 31, 2022 (ON GOING BASIS) AND FOR THE PERIOD FROM JANUARY 1, 2024 THROUGH JULY 31, 2024 (LIQUIDATION BASIS) AND FOR THE YEAR ENDED DECEMBER 31, 2023 (LIQUIDATION BASIS)

NOTE 1 - DESCRIPTION OF THE PLAN

The following brief description of the Schnader Harrison Segal & Lewis LLP Retirement and Savings Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

PLAN TERMINATION

Schnader Harrison Segal & Lewis LLP (the “Partnership” or “Plan Sponsor”) has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. As a result of the resolution to dissolve the Partnership, the Liquidating Partners of the Partnership approved a resolution on September 18, 2023 to terminate the Plan effective September 30, 2023 (the “Termination Date”). In accordance with the provision of ERISA, all participants became 100% vested in their individual participant accounts on the Termination Date.

Upon the approval of the resolution to terminate the Plan, Plan administrator determined that the Plan’s termination was considered imminent and changed the basis of accounting to the liquidation basis of accounting. As a result of the Plan termination, the Plan’s net assets are to be allocated for payment of Plan benefits to the participants in accordance with ERISA, applicable regulations, and the Plan document. Beginning September 30, 2023, all the participants of the Plan were required to elect one of the following options with respect to their participant account balances: 1) single lump-sum distribution, or 2) rollover to another qualified retirement plan. Participants not electing one of the above options by November 30, 2023, had their account balances transferred to an individual retirement account (“IRA”) at various dates depending on the amount of the participant’s balance. Investment earnings including dividends expected to be earned through the liquidation process were accrued for as of December 31, 2023, based on assets distributed during 2023. Plan assets were liquidated and distributed to participants by July 31, 2024.

Prior to Plan termination and liquidation, provisions of the Plan were as follows:

GENERAL

The Plan is a profit-sharing plan covering employees and partners (excluding associate lawyers) of the Partnership who have attained age 21. Employees are automatically enrolled at the beginning of the month following their date of hire, at which time the participant deferral is set at 3% of eligible compensation. The Plan also has an automatic participant deferral increase of 1% per year effective July 1st year until the participant deferral reaches 10% of eligible compensation. A participant may opt out of the automatic enrollment and automatic increase programs.

**SCHNADER HARRISON SEGAL & LEWIS LLP
RETIREMENT AND SAVINGS PLAN**

NOTES TO FINANCIAL STATEMENTS

AS OF JULY 31, 2024 (LIQUIDATION BASIS), DECEMBER 31, 2023 (LIQUIDATION BASIS) AND DECEMBER 31, 2022 (ON GOING BASIS) AND FOR THE PERIOD FROM JANUARY 1, 2024 THROUGH JULY 31, 2024 (LIQUIDATION BASIS) AND FOR THE YEAR ENDED DECEMBER 31, 2023 (LIQUIDATION BASIS)

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

GENERAL (CONTINUED)

Participants become eligible for the discretionary employer matching contribution and discretionary profit-sharing contribution beginning the calendar quarter immediately following one year from the date of hire and meeting the age and service requirement, as defined in the Plan agreement.

The Plan's Pension Committee is responsible for oversight of the Plan, determines the appropriateness of the Plan's investment offerings and monitors investment performance. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

CONTRIBUTIONS

Participants may contribute up to 100% of their annual eligible compensation or a flat dollar amount provided that in no event shall a participant's contribution exceed the maximum dollar amount determined by the Internal Revenue Code ("IRC" or the "Code") each year. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans ("rollover contributions").

The Plan allows for the Partnership to make discretionary matching contributions to certain non-legal staff. The Plan also allows for the Partnership to make discretionary profit-sharing contributions. For the period from January 1, 2023 through the Termination Date of the Plan, the Partnership resolved to make no discretionary matching or profit-sharing contributions.

INVESTMENT OPTIONS

Participants direct the investment of their contributions (including rollover contributions) and Partnership matching and profit-sharing contributions, if any, into various investment options offered by the Plan. The Plan offers mutual funds, money market account and a self-directed brokerage account option. Participants may change their investment elections at any time.

**SCHNADER HARRISON SEGAL & LEWIS LLP
RETIREMENT AND SAVINGS PLAN**

NOTES TO FINANCIAL STATEMENTS

AS OF JULY 31, 2024(LIQUIDATION BASIS), DECEMBER 31, 2023 (LIQUIDATION BASIS) AND DECEMBER 31, 2022 (ON GOING BASIS) AND FOR THE PERIOD FROM JANUARY 1, 2024 THROUGH JULY 31, 2024 (LIQUIDATION BASIS) AND FOR THE YEAR ENDED DECEMBER 31, 2023 (LIQUIDATION BASIS)

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

PARTICIPANT ACCOUNTS

Individual participant accounts are credited with applicable participant contributions (including rollover contributions), allocation of the Partnership's contributions, if any, the Plan's applicable investment earnings, charged with an allocation of certain administrative expenses and reduced by any withdrawals or distributions. Allocations are based upon participant earnings, account balances, or specific participant transactions, as defined in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

VESTING

Participants are fully vested in their participant contributions and Partnership discretionary matching contributions, plus actual earnings thereon. Participants become vested in their Partnership discretionary profit-sharing contributions and earnings thereon over the following vesting period:

<u>Years of Service</u>	<u>Percentage Vested</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	100%

Upon termination of employment, non-vested a participant's balances are forfeited in accordance with the Plan agreement. Upon death, total disability or retirement, participants become 100% vested in the Partnership discretionary profit-sharing contributions.

FORFEITURES

At December 31, 2023 and 2022, forfeited nonvested accounts totaled \$21 and \$9,320 respectively. During the year ended December 31, 2023, \$11,181 of forfeited nonvested accounts were used to pay administrative expenses. The remaining \$21 of forfeited nonvested accounts were also used to pay administrative expensed during 2024.

**SCHNADER HARRISON SEGAL & LEWIS LLP
RETIREMENT AND SAVINGS PLAN**

NOTES TO FINANCIAL STATEMENTS

AS OF JULY 31, 2024(LIQUIDATION BASIS), DECEMBER 31, 2023 (LIQUIDATION BASIS) AND DECEMBER 31, 2022 (ON GOING BASIS) AND FOR THE PERIOD FROM JANUARY 1, 2024 THROUGH JULY 31, 2024 (LIQUIDATION BASIS) AND FOR THE YEAR ENDED DECEMBER 31, 2023 (LIQUIDATION BASIS)

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

NOTES RECEIVABLE FROM PARTICIPANTS

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum to the lesser of \$50,000 or 50% of participant's vested account balance, each note is secured by the balance in the participant's account and bears interest at 1% over the prime rate as determined at the date of the note. The term of the note is limited to five years except for notes used to acquire a principal residence in which a term not to exceed 10 years is permitted. Repayment of principal and interest are paid through level payroll or partnership draw deductions over the life of the note.

PAYMENT OF BENEFITS

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or installment payments over a period not to exceed the life expectancy of the participant and the participant's designated beneficiary. In addition, balances attributable to the Schnader Harrison Segal & Lewis LLP Retirement Plan (merged into this Plan in 2002) are subject to annuity payment options. Terminated participants with balances of less than \$5,000 receive lump-sum distributions.

For terminated participants whose vested individual participant account balance is less than \$5,000 and greater than \$1,000 and the participant fails to make an election the distribution would be in the form of an automatic rollover into an Individual Retirement Account designated by the Plan administrator. Terminated participants who fail to make an election and whose vested individual balance is less than \$1,000 will receive a cash payment distribution.

In the event of financial hardship, a participant may elect to withdraw all or a portion of their account balance to satisfy their financial need.

TRANSFERS IN

Amount represents individual participant accounts transferred from the Schnader Harrison Segal & Lewis LLP 401(k) Savings Plan for Associates, a separate qualified plan sponsored by the Partnership. Amounts are transferred when participants become eligible to participate.

SCHNADER HARRISON SEGAL & LEWIS LLP
RETIREMENT AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF JULY 31, 2024(LIQUIDATION BASIS), DECEMBER 31, 2023 (LIQUIDATION BASIS) AND DECEMBER 31, 2022 (ON GOING BASIS) AND FOR THE PERIOD FROM JANUARY 1, 2024 THROUGH JULY 31, 2024 (LIQUIDATION BASIS) AND FOR THE YEAR ENDED DECEMBER 31, 2023 (LIQUIDATION BASIS)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (“U.S. GAAP”). In accordance with U.S. GAAP, the Plan has changed its basis of accounting from the ongoing plan basis used in presenting the financial statements as of and for the year ended December 31, 2023, to the liquidation basis used in presenting the financial statements for the period from January 1, 2024 through July 31, 2024 and the year ended December 31, 2023.

USE OF ESTIMATES

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

INVESTMENT VALUATION AND INCOME RECOGNITION

The Plan’s 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. The Plan administrator determined the Plan’s valuation policies utilizing information provided by the investment advisors and trustee. See Note 4 for fair value measurements.

Purchases and sales of securities were recorded on a trade-date basis. Interest was recorded on the accrual basis. Dividends were recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan’s gains and losses on investments bought and sold as well as held during the year. All gains and losses are report in the accompanying Statement of Changes in Net Assets Available for Benefits.

NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income was recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed as incurred. No allowance for credit losses has been recorded as of December 31, 2023 or 2022. Delinquent notes are reclassified as distributions based upon the terms of the Plan agreement.

SCHNADER HARRISON SEGAL & LEWIS LLP
RETIREMENT AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF JULY 31, 2024 (LIQUIDATION BASIS), DECEMBER 31, 2023 (LIQUIDATION BASIS) AND DECEMBER 31, 2022 (ON GOING BASIS) AND FOR THE PERIOD FROM JANUARY 1, 2024 THROUGH JULY 31, 2024 (LIQUIDATION BASIS) AND FOR THE YEAR ENDED DECEMBER 31, 2023 (LIQUIDATION BASIS)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

ADMINISTRATIVE EXPENSES

Certain expenses incurred in the administration of the Plan were paid directly by the Partnership and are excluded from these financial statements. Fees related to the administration of notes receivable from participants were charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

PAYMENTS OF BENEFITS

Benefits were recorded when paid.

NOTE 3 - CERTIFIED INFORMATION

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at July 31, 2024, December 31, 2023 and 2022, and net appreciation in fair value of investments, interest and dividends, and interest on notes receivable from participants for the period from January 1, 2024 through July 31, 2024 and the year ended December 31, 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by Charles Schwab Trust Bank (the trustee of the Plan). This information has not been audited by the Plan's independent auditors.

NOTE 4 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value 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 (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under are described as follows:

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

SCHNADER HARRISON SEGAL & LEWIS LLP
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NOTES TO FINANCIAL STATEMENTS

AS OF JULY 31, 2024 (LIQUIDATION BASIS), DECEMBER 31, 2023 (LIQUIDATION BASIS) AND DECEMBER 31, 2022 (ON GOING BASIS) AND FOR THE PERIOD FROM JANUARY 1, 2024 THROUGH JULY 31, 2024 (LIQUIDATION BASIS) AND FOR THE YEAR ENDED DECEMBER 31, 2023 (LIQUIDATION BASIS)

NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

Level 2 - Inputs to the valuation methodology are quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable and market-corroborated inputs which are derived principally from or corroborated by observable market data. If the asset or liability has a specified (contractual) term, the level 2 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

- 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 U.S. Securities and Exchange Commission. 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.
- Money Market Account: Valued at the amount of deposits plus interest, less the amount of any withdrawals. Amounts deposited in the money market account are insured up to \$250,000 by the Federal Deposit Insurance Corporation ("FDIC").
- Self-directed brokerage accounts: Accounts primarily consist of mutual funds, exchange-traded funds, interest bearing cash, unit investment trust and common stocks that are valued on the basis of readily determinable market prices. Level 2 investments include corporate bonds and U.S. Government securities that are valued at fair value but do not actively trade.

**SCHNADER HARRISON SEGAL & LEWIS LLP
RETIREMENT AND SAVINGS PLAN**

NOTES TO FINANCIAL STATEMENTS

AS OF JULY 31, 2024(LIQUIDATION BASIS), DECEMBER 31, 2023 (LIQUIDATION BASIS) AND DECEMBER 31, 2022 (ON GOING BASIS) AND FOR THE PERIOD FROM JANUARY 1, 2024 THROUGH JULY 31, 2024 (LIQUIDATION BASIS) AND FOR THE YEAR ENDED DECEMBER 31, 2023 (LIQUIDATION BASIS)

NOTE 4 - 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 and 2022:

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 25,830,846	\$ -	\$ -	\$ 25,830,846
Money market account	371,826	-	-	371,826
Self directed brokerage accounts	11,728,406	2,030,639	-	13,759,045
Total Assets in the Fair Value Hierarchy	\$ 37,931,078	\$ 2,030,639	\$ -	\$ 39,961,717
	Assets at Fair Value as of December 31, 2022			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 93,961,907	\$ -	\$ -	\$ 93,961,907
Money market account	3,641,194	-	-	3,641,194
Self directed brokerage accounts	25,705,283	2,737,035	-	28,442,318
Total Assets in the Fair Value Hierarchy	\$ 123,308,384	\$ 2,737,035	\$ -	\$ 126,045,419

NOTE 5 - TAX STATUS

The IRS has determined that the non-standardized pre-approved profit sharing plan/Money Purchase/CODA Plan (the "Pre-approved Plan") is designed in accordance with the applicable sections of the IRC and informed the recordkeeper of such in a letter dated September 21, 2020. The Pre-approved Plan has been amended and certain provisions have been adopted since receiving the opinion letter. The plan administrator has adopted the Pre-approved Plan and amendments and believes that the Plan is currently being operated in compliance with the applicable requirements of the IRC.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) 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 IRS; however, there are currently no audits for any tax periods pending or in progress.

NOTE 6 - PARTIES-IN-INTEREST

Charles Schwab Trust Bank is the trustee of the Plan. The trustee manages certain Plan investments, therefore, these transactions qualify as party-in-interest transactions. During 2024 and 2023, administrative expenses paid to the trustee and its affiliates amounted to \$9,733 and \$233,859, respectively. Administrative expenses paid to other parties-in-interest during 2024 and 2023 amounted to \$15,816 and \$59,987, respectively.

SCHNADER HARRISON SEGAL & LEWIS LLP
RETIREMENT AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF JULY 31, 2024(LIQUIDATION BASIS), DECEMBER 31, 2023 (LIQUIDATION BASIS) AND DECEMBER 31, 2022 (ON GOING BASIS) AND FOR THE PERIOD FROM JANUARY 1, 2024 THROUGH JULY 31, 2024 (LIQUIDATION BASIS) AND FOR THE YEAR ENDED DECEMBER 31, 2023 (LIQUIDATION BASIS)

NOTE 6 - PARTIES-IN-INTEREST (CONTINUED)

The Plan allows participants to take loans from their individual participant accounts in the Plan. These notes receivable from participants qualify as party-in-interest transactions and totaled \$139,090 and \$379,446 as of December 31, 2023 and 2022, respectively.

The above transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 7 - RISKS AND UNCERTAINTIES

The Plan invested in various investment securities. Investment securities were exposed to various risks, such as interest rate, market, and credit risk. Market risk included global events which could have impacted the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it was at least reasonably possible that changes in the values of investment securities would have occurred in the near term and that such changes could have materially affected participants' account balances and the amounts reported in the accompanying Statements of Net Assets Available for Benefits.

NOTE 8 - CONTINGENCIES

The Plan Sponsor received a Department of Labor ("DOL") subpoena dated October 27, 2023 to produce certain information for the period from January 1, 2022 through October 27, 2023 for the purpose of determining if any person has violated or is about to violate any provision of Title I of ERISA.

In a letter dated December 20, 2024, the Plan Sponsor was notified by the DOL that it has concluded its investigation and did not plan to take any further actions as a result.

On February 7, 2024, a former employee of the Partnership and a class of participants in the Plan filed a lawsuit in the U.S. District Court for the Eastern District of Pennsylvania against the Partnership and its equity partners for alleged violations of ERISA. The parties reached an agreement in principle and plan to submit the settlement for court approval in February 2025.

NOTE 9 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through January 22, 2025, the date the financial statements were available to be issued.

SCHNADER HARRISON SEGAL & LEWIS LLP
RETIREMENT AND SAVINGS PLAN

SCHEDULE H - LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 23-1383844 Plan Number: 002

DECEMBER 31, 2023

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Fidelity Mid Cap Index	Mutual Fund	**	\$ 1,318,603
	Fidelity US Bond Index	Mutual Fund	**	4,633,321
	Fidelity Emerg Markets IDX	Mutual Fund	**	1,140,121
*	Schwab Treas Infl Pro Secs IDX	Mutual Fund	**	3,748,028
*	Schwab International Index FD	Mutual Fund	**	2,832,675
*	Schwab S&P 500 Index Fund	Mutual Fund	**	3,360,347
*	Schwab Small-Cap Index Fund	Mutual Fund	**	468,101
	TIAA - Cref Large-Gap Index Fund	Mutual Fund	**	1,786,203
	Vanguard Real Estate Index ADM	Mutual Fund	**	758,643
	Vanguard Short-Term Bond INSTL	Mutual Fund	**	2,769,322
	Vanguard SM Cap Val Index ADM	Mutual Fund	**	627,107
	Vanguard Small Cap Grth Index	Mutual Fund	**	418,518
	Vanguard Value Index INSTL	Mutual Fund	**	1,432,514
	Vanguard Total Intl Bond Index ADM	Mutual Fund	**	537,343
*	Schwab Bank Savings	Money Market Account	**	371,826
	Personal Choice Retirement	Self Directed Brokerage Accounts	**	<u>13,759,045</u>
	Total Investments			39,961,717
		Interest at 4.25% - 9.50% per annum with varying maturity dates through September 2028	- 0 -	<u>139,090</u>
	Total			<u>\$ 40,100,807</u>

* Indicates party-in-interest

** Cost information not required for participant directed investments

See independent auditors' report.