

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
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 Check box if filing under: [ ] Form 5558 [ ] automatic extension [ ] DFVC program [ ] special extension (enter description)
D If the plan is a collectively-bargained plan, check here [ ]
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: OUTFRONT MEDIA GROUP LLC PENSION PLAN FOR DESIGNATED HOURLY EMPLOYEES
1b Three-digit plan number (PN): 002
1c Effective date of plan: 07/01/1969
2a Plan sponsor's name (employer, if for a single-employer plan): OUTFRONT MEDIA, INC.
2b Employer Identification Number (EIN): 13-2660769
2c Sponsor's telephone number: 212-297-6500
2d Business code (see instructions): 541800
3a Plan administrator's name and address: [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year: 71
5b Total number of participants at the end of the plan year: 70
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
5d(1) Total number of active participants at the beginning of the plan year: 12
5d(2) Total number of active participants at the end of the plan year: 10
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 1

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.

Table with 4 columns: SIGN HERE, Signature, Date, Name. Row 1: Filed with authorized/valid electronic signature, 07/21/2025, NANCY TOSTANOSKI. Row 2: Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 3: Filed with authorized/valid electronic signature, 07/21/2025, NANCY TOSTANOSKI. Row 4: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....  Yes  No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) .....  Yes  No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .....  Yes  No  Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year: 534772. (See instructions.)

<b>Part III Financial Information</b>			
<b>7</b> Plan Assets and Liabilities		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	1868749	1970070
<b>b</b> Total plan liabilities .....	<b>7b</b>	12643	2643
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	1856106	1967427
<b>8</b> Income, Expenses, and Transfers for this Plan Year		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	80000	
<b>(2)</b> Participants .....	<b>8a(2)</b>	0	
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>	0	
<b>b</b> Other income (loss) .....	<b>8b</b>	163744	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		243744
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	99589	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) .	<b>8e</b>	0	
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>	32834	
<b>g</b> Other expenses .....	<b>8g</b>	0	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		132423
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		111321
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>	0	

<b>Part IV Plan Characteristics</b>	
<b>9a</b>	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: <b>1B</b>
<b>b</b>	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

<b>Part V Compliance Questions</b>				
<b>10</b> During the plan year:		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program) .....	<b>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>	X		10000000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>		X	
<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) .....	<b>10e</b>		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>			
<b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....	<b>10i</b>			

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.  Yes  No

**a** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

**b PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 \_\_\_\_\_

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.  Yes  No

**a** 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 letter ruling granting the waiver. Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

**b** Enter the minimum required contribution for this plan year **12b** \_\_\_\_\_

**c** Enter the amount contributed by the employer to the plan for this plan year **12c** \_\_\_\_\_

**d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d** \_\_\_\_\_

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline?  Yes  No  N/A

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted in any plan year?  Yes  No

**a** If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a** \_\_\_\_\_

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  Yes  No

**c** 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

**Part VIII IRS Compliance Questions**

**14a** 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

**14b** 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

**15** 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 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705279A.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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.

<b>A</b> Name of plan <u>OUTFRONT MEDIA GROUP LLC PENSION PLAN FOR DESIGNATED HOURLY EMPLOYEES</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>OUTFRONT MEDIA, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>13-2660769</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>1867108</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>1867108</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>30</u>	<u>1002061</u>
	<b>b</b> For terminated vested participants .....	<u>29</u>	<u>624022</u>
	<b>c</b> For active participants .....	<u>12</u>	<u>514234</u>
	<b>d</b> Total .....	<u>71</u>	<u>2140317</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.11 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>24131</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>22000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>46131</u>

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

<b>SIGN HERE</b>			
	Signature of actuary	<u>06/24/2025</u>	Date
	<u>T. WILLIAM VAN OSS</u>	<u>23-04844</u>	Most recent enrollment number
	<u>CURCIO WEBB LLC</u>	<u>415-743-5699</u>	Telephone number (including area code)
	<u>610 16TH STREET SUITE 205 OAKLAND, CA 94612</u>		
	Address of the firm		

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>16.23</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		3571
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.25</u> % .....		187
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		3758
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	87.16 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	87.16 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	76.28 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(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		
02/21/2025	20000						
03/26/2024	40000						
10/11/2024	20000						
			<b>Totals ▶</b>	<b>18(b)</b>	80000	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b> 0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 77632
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b>	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>c</b>	If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>				
<b>28</b> Unpaid minimum required contributions for all prior years .....				<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....				<b>31a</b> 46131
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 0
<b>32</b> Amortization installments:		Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....		275027	27143	
<b>b</b> Waiver amortization installment .....				
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 73274
		Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....				0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b> 73274
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b> 77632
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 4358
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

**OUTFRONT Media Group LLC Pension Plan for Designated Hourly Employees**  
**EIN/PN: 13-2660769/002**  
**2024 Schedule SB (Form 5500) Attachment**

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**Schedule SB, Part V – Summary of Plan Provisions**

The following summary of plan provisions was used to perform the actuarial valuation as of January 1, 2024.

Plan Name	Outfront Media Group LLC Pension Plan for Designated Hourly Employees.
Effective Date	Originally Effective July 1, 1969. Amended and restated as of January 1, 2020.
Participation	Eligible Employees enter the plan on the first day of the month coincident with or next following age 21 and 1 Year of Eligibility Service. Eligible Employees includes union employees covered by a collective bargaining agreement that provides for participation in the plan.
Normal Retirement Eligibility	The first day of the month coincident with or next following the date a Participant reaches age 65.

**OUTFRONT Media Group LLC Pension Plan for Designated Hourly Employees**  
**EIN/PN: 13-2660769/002**  
**2024 Schedule SB (Form 5500) Attachment**

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Accrued Benefit

Monthly benefit equals the sum of the benefit multipliers below for each Year of Benefit Service.

Period of Service	Rail	Outdoor	VOD	Chicago	Philly
07/01/66-06/30/73	2.00	2.00	2.00	2.00	2.00
07/01/73-12/31/75	4.00	4.00	4.00	4.00	4.00
01/01/76-12/31/77	6.00	6.00	6.00	6.00	6.00
01/01/78-12/31/78	7.00	7.00	7.00	7.00	6.00
01/01/79-12/31/79	8.00	8.00	8.00	8.00	7.00
01/01/80-12/31/81	8.00	8.00	8.00	8.00	8.00
01/01/82-12/31/82	9.00	9.00	8.00	8.00	9.00
01/01/83-12/31/83	10.00	10.00	8.00	8.00	10.00
01/01/84-12/31/84	10.00	10.00		9.00	10.00
01/01/85-12/31/93	10.00	10.00		10.00	10.00
01/01/94-12/31/96	11.00	11.00		11.00	11.00
01/01/97-12/31/97	12.00	12.00		12.00	12.00
01/01/98-12/31/98	12.00	12.00		13.00	13.00
01/01/99-12/31/99	14.00	12.00		14.00	
01/01/00-12/31/00	16.00	12.00		16.00	
01/01/01-12/31/01	18.00				
01/01/02-12/31/02	20.00				
01/01/03-12/31/03	22.00				
01/01/04-	24.00				

Note: Outdoor divested October 2000. Chicago terminated in December 2000. Philly accruals ceased 4/30/98.

Early Retirement

The first day of the month coincident with or next following the date a Participant reaches age 60 and completes 15 Years of Eligibility Service. The Accrued Benefit is reduced 0.5% per month prior to age 65.

Late Retirement Eligibility

Past Normal Retirement Eligibility

Benefit

Greater of the Actuarial Equivalent of the Normal Retirement Benefit that the Participant would have received on his Normal Retirement Date and a benefit based on continued service to actual retirement.

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**OUTFRONT Media Group LLC Pension Plan for Designated Hourly Employees**  
**EIN/PN: 13-2660769/002**  
**2024 Schedule SB (Form 5500) Attachment**

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Pre-Retirement Death Eligibility	Beneficiary of Vested Participant who dies prior to commencing benefits.
Benefit	The Beneficiary's benefit is 50% of the benefit the participant would have received under the 50% J&S option if he/she had terminated employment on the date of death (if active) and elected to retire on his/her earliest retirement date.
Pre-Retirement Disability	No special disability benefits are payable.
Pre-Retirement Termination Eligibility	Vested Participant who terminates employment prior to Normal Retirement Date.
Benefit	Participant with 15 Years of Eligibility Service may commence reduced Early Retirement benefit after age 60, or wait until age 65.
Top Heavy Minimum	Not applicable.
Vested Percentage	100% after 5 Years of Eligibility Service.
Normal Payment Form	Single Life Annuity.
Standard Payment Form	Married Participants: Qualified Joint & Survivor Annuity that is actuarially equivalent to the Normal Payment Form.  Unmarried Participants: Normal Payment Form.
Optional Payment Forms	Single Life Annuity. 50%, 75%, or 100% Joint and Survivor Annuity.
Actuarial Equivalent	Plan Factors: 6.5% interest and 1989 George B. Buck Mortality Table (75% M / 25% F for participants, 25% M / 75% F for beneficiaries).  Lump Sums: Applicable Interest Rate for the fourth calendar month preceding the month of distribution and Applicable Mortality Table.
Compensation	Not applicable.

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Highly Compensated Employee Not applicable.

Plan Year January 1 – December 31.

Year of Benefit Service An employee earns 1/10<sup>th</sup> of a Year of Service for each month of employment (not to exceed 1 Year of Service for any Plan Year).

Year of Eligibility Service Elapsed time rule for eligibility and vesting service.

**Changes Since the Prior Valuation**

- There were no significant changes since the prior valuation.

**OUTFRONT Media Group LLC Pension Plan for Designated Hourly Employees**  
**EIN/PN: 13-2660769/002**  
**2024 Schedule SB (Form 5500) Attachment**

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**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**

The following actuarial assumptions and methods were used to perform the actuarial valuation as of January 1, 2024.

Interest Rate

The plan sponsor has elected to use the segment rates based on the corporate bond yield curve for the 24-month period ending 4 months prior to the valuation date.

	<b>24-Month Average Before MAP-21 Corridor</b>	<b>After ARPA Corridor Adjustment</b>
Segment 1	3.62%	4.75%
Segment 2	4.46%	4.87%
Segment 3	4.52%	5.59%
Effective Rate	4.43%	5.11%

Salary Increases

None assumed.

Retirement Age

Normal Retirement Age, or age at end of year if later.

Mortality

Small Plan Combined Static Mortality (post-retirement only).

Withdrawal

None Assumed.

Disability

None Assumed.

Decrement Timing

Active decrements prior to normal retirement age are assumed to occur at the beginning of the year.

Expenses

\$22,000 paid from trust.

Profit Sharing Offset

Not Applicable.

Married

100% married. Spouses same age.

Payment Form

100% Elect Life Annuity.

Valuation Date

Beginning of Year.

IRS Limit Increases

Beginning of Year Limits projected 0% per year.

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**OUTFRONT Media Group LLC Pension Plan for Designated Hourly Employees**  
**EIN/PN: 13-2660769/002**  
**2024 Schedule SB (Form 5500) Attachment**

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Asset Valuation Method                      Market value of assets including discounted contributions receivable as of the valuation date.

Funding Method                              Pure Unit Credit.

Non-prescribed assumptions are estimates of future plan experience, based mainly on past experience. For each such assumption, experience is compared to the assumption and appropriate adjustments are made if deviations are significant and expected to continue in the future.

**Actuarial Standards of Practice (ASOP) Disclosures**

- The plan sponsor elected to apply the relevant provisions of the American Rescue Plan Act (ARPA) effective 1/1/2022.
  - In our opinion, the combined set of assumptions (other than those prescribed by law) does not have significant bias.
  - Retirement, termination, death, and disability benefits are regarded as vested based on each participant's years of vesting service and the plan's vesting schedule.
  - Benefit payment default risk or the financial health of the plan sponsor was not taken into account when performing the valuation.
  - The IRS prescribed the interest rates and mortality assumptions.
  - No provision was made for future mortality improvement.
  - In preparing the results, the actuary used ProVal valuation software developed by Winklevoss Technologies, LLC. This software is widely used for the purpose of performing pension valuations. We coded the plan provisions, assumptions, methods, and participant data summarized in this report, and reviewed the liability and cost outputs for reasonableness. We are not aware of any material weaknesses or limitations in the software, and have determined it is appropriate for performing this valuation.
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**OUTFRONT Media Group LLC Pension Plan for Designated Hourly Employees**  
**EIN/PN: 13-2660769/002**  
**2024 Schedule SB (Form 5500) Attachment**

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**Schedule SB, line 4 – Additional Information for Plans in At-Risk Status**

- The plan was not in at-risk status as of the valuation date.

**Schedule SB, line 7 – Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding Balance**

- The amount reported in line 13 of the prior-year Schedule SB has not been adjusted.

**Schedule SB, line 8 – Late Election to Apply Balances to Quarterly Installments**

- There were no late elections to apply balances to quarterly installments.

**Schedule SB, line 19 – Discounted Employer Contributions**

- See attachment. The contributions reported in line 19c account for a late quarterly installment.

**Schedule SB, line 20c – Liquidity Requirement Certification**

- The special rule for nonrecurring circumstances was not used.

**Schedule SB, line 22 – Description of Weighted Average Retirement Age**

- Retirement rates were not used.

**Schedule SB, line 23 – Information on Use of Substitute Mortality Tables**

- Substitute mortality tables were not used.

**Schedule SB, line 25 – Change in Actuarial Methods**

- There were no changes in actuarial methods since the prior valuation.

**Schedule SB, line 26b – Schedule of Projection of Expected Benefit Payments**

- The Plan had less than 1,000 participants as of the valuation date.
-

**OUTFRONT Media Group LLC Pension Plan for Designated Hourly  
Employees**  
**EIN/PN: 13-2660769/002**  
**2024 Schedule SB (Form 5500) Attachment**

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**Schedule SB, line 24 – Change in Actuarial Assumptions**

- The administrative expense load was increased from \$64,000 to \$22,000 to reflect actual experience.
- The interest rates and mortality table were updated as prescribed by the IRS.
- There were no other assumption or method changes since the prior valuation.

**OUTFRONT Media Group LLC Pension Plan for Designated Hourly Employees**  
**EIN/PN: 13-2660769/002**  
**2024 Schedule SB (Form 5500) Attachment**

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**Schedule SB, line 32 – Schedule of Amortization Bases**

Type of	Present Value of Remaining Installments	Valuation Date Base was	Number of Years Remaining	Amortization Installment
2024 Shortfall	\$ (200,347)	01/01/2024	15	\$ (18,228)
2023 Shortfall	\$ 475,374	01/01/2023	14	\$ 45,371
Total	\$ 275,027			\$ 27,143

**OUTFRONT Media Group LLC Pension Plan for Designated Hourly Employees**  
**EIN/PN: 13-2660769/002**  
**2024 Schedule SB (Form 5500) Attachment**

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Schedule SB, line 26 – Schedule of Active Participant Data

Attained Age	Years of credited service:																				Total No.	
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up			
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.		
Under 25	0		0		0		0		0		0		0		0		0		0		0	0
25 to 29	0		0		0		0		0		0		0		0		0		0		0	0
30 to 34	0		0		1		0		0		0		0		0		0		0		0	1
35 to 39	0		0		0		0		0		0		0		0		0		0		0	0
40 to 44	0		1		0		0		0		0		0		0		0		0		0	1
45 to 49	0		0		0		0		0		0		0		0		0		0		0	0
50 to 54	0		0		0		0		0		1		0		1		0		0		0	2
55 to 59	0		0		1		0		0		1		0		0		0		0		0	2
60 to 64	0		0		0		2		0		0		2		0		1		0		0	5
65 to 69	0		0		0		0		0		0		0		1		0		0		0	1
70 & up	0		0		0		0		0		0		0		0		0		0		0	0
Total	0		1		2		2		0		2		2		2		1		0		0	12

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**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public  
Inspection**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

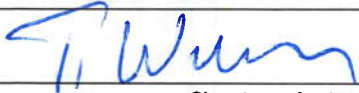
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>OUTFRONT MEDIA GROUP LLC PENSION PLAN FOR DESIGNATED HOURLY EMPLOYEES</u>		<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>OUTFRONT MEDIA, INC.</u>		<b>D</b> Employer Identification Number (EIN) <u>13-2660769</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	<u>1867108</u>	
<b>b</b> Actuarial value .....	<b>2b</b>	<u>1867108</u>	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment.....	<u>30</u>	<u>1002061</u>	<u>1002061</u>
<b>b</b> For terminated vested participants.....	<u>29</u>	<u>624022</u>	<u>624022</u>
<b>c</b> For active participants .....	<u>12</u>	<u>514234</u>	<u>516052</u>
<b>d</b> Total.....	<u>71</u>	<u>2140317</u>	<u>2142135</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	<u>5.11 %</u>	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>24131</u>	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>22000</u>	
<b>c</b> Target normal cost.....	<b>6c</b>	<u>46131</u>	

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>		<u>6/24/2025</u>
	Signature of actuary	Date
<u>T. WILLIAM VAN OSS</u>	Type or print name of actuary	<u>23-04844</u>
		Most recent enrollment number
<u>CURCIO WEBB LLC</u>	Firm name	<u>415-743-5699</u>
		Telephone number (including area code)
<u>610 16TH STREET SUITE 205 OAKLAND, CA 94612</u>	Address of the firm	

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

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

**Schedule SB (Form 5500) 2024  
v. 240311**

<b>Part II</b>		<b>Beginning of Year Carryover and Prefunding Balances</b>	
		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>16.23</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		3571
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.25</u> % .....		187
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		3758
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	0

<b>Part III</b>		<b>Funding Percentages</b>	
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	87.16%
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	87.16%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	76.28%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV</b>		<b>Contributions and Liquidity Shortfalls</b>			
<b>18</b> 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
02/21/2025	20000				
03/26/2024	40000				
10/11/2024	20000				
			<b>Totals ▶</b>	<b>18(b)</b>	<b>18(c)</b>
				80000	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	77632
<b>20</b>	Quarterly contributions and liquidity shortfalls:		
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

**21** Discount rate:

**a** Segment rates:

1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code) ..... **21b** 4

**22** Weighted average retirement age ..... **22** 65

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

**Part VI Miscellaneous Items**

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

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

**26** Demographic and benefit information

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

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

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

**28** Unpaid minimum required contributions for all prior years ..... **28** 0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0

**Part VIII Minimum Required Contribution For Current Year**

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

**a** Target normal cost (line 6c) ..... **31a** 46131

**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 0

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	275027	27143
<b>b</b> Waiver amortization installment.....		

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

**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 73274

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....			0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....			73274
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....			77632

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

**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 4358

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b** 0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) ..... **39** 0

**40** Unpaid minimum required contributions for all years ..... **40** 0

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

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