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| Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500. | OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2023</div> This Form is Open to Public Inspection |
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| Part I | Annual Report Identification Information |
|---------------|---|

For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

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 |
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| | |
|---|---|
| 1a Name of plan <u>THE SHUBERT ORGANIZATION, INC. EMPLOYEES PENSION PLAN</u> | 1b Three-digit plan number (PN) ▶ <u>001</u> |
| 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>THE SHUBERT ORGANIZATION, INC.</u> <u>234 WEST 44TH STREET</u> <u>NEW YORK, NY 10036-3909</u> | 1c Effective date of plan <u>11/15/1960</u> 2b Employer Identification Number (EIN) <u>13-2751366</u> 2c Plan Sponsor's telephone number <u>212-944-3700</u> 2d Business code (see instructions) <u>531190</u> |

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. | 08/11/2025 | ELLIOT GREENE |
| | 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 |

| | |
|---|--|
| <p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>TRUSTEES</p> <p>234 WEST 44TH STREET NEW YORK, NY 10036-3909</p> | <p>3b Administrator's EIN 13-2953423</p> <p>3c Administrator's telephone number 212-944-3700</p> |
|---|--|

| | |
|---|--|
| <p>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:</p> <p>a Sponsor's name</p> <p>c Plan Name</p> | <p>4b EIN</p> <p>4d PN</p> |
|---|--|

| | | |
|---|----------|-----|
| 5 Total number of participants at the beginning of the plan year | 5 | 465 |
|---|----------|-----|

| | | |
|--|--------------|-----|
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). | | |
| a(1) Total number of active participants at the beginning of the plan year | 6a(1) | 153 |
| a(2) Total number of active participants at the end of the plan year | 6a(2) | 162 |
| b Retired or separated participants receiving benefits | 6b | 99 |
| c Other retired or separated participants entitled to future benefits | 6c | 210 |
| d Subtotal. Add lines 6a(2) , 6b , and 6c | 6d | 471 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | 6e | 19 |
| f Total. Add lines 6d and 6e | 6f | 490 |
| g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | 6g(1) | |
| g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 6g(2) | |
| h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | 6h | 0 |

| | | |
|---|----------|--|
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)..... | 7 | |
|---|----------|--|

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A

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

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

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

a Pension Schedules

(1) **R** (Retirement Plan Information)

(2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) **DCG** (Individual Plan Information) – Number Attached _____

(5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) **H** (Financial Information)

(2) **I** (Financial Information – Small Plan)

(3) **A** (Insurance Information) – Number Attached 0

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

▶ **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.

| | | |
|---|---|------------|
| A Name of plan <u>THE SHUBERT ORGANIZATION, INC. EMPLOYEES PENSION PLAN</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE SHUBERT ORGANIZATION, INC.</u> | D Employer Identification Number (EIN) <u>13-2751366</u> | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 | |

Part I Basic Information

| | | | |
|---|--|---------------------------|--------------------------|
| 1 Enter the valuation date: | Month <u>11</u> Day <u>01</u> Year <u>2023</u> | | |
| 2 Assets: | | | |
| a Market value | 2a | <u>148194389</u> | |
| b Actuarial value | 2b | <u>148194389</u> | |
| 3 Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a For retired participants and beneficiaries receiving payment | <u>111</u> | <u>49587522</u> | <u>49587522</u> |
| b For terminated vested participants | <u>217</u> | <u>10348596</u> | <u>10348596</u> |
| c For active participants | <u>153</u> | <u>48412774</u> | <u>50478623</u> |
| d Total | <u>481</u> | <u>108348892</u> | <u>110414741</u> |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b) | <input type="checkbox"/> | | |
| a Funding target disregarding prescribed at-risk assumptions | 4a | | |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | | |
| 5 Effective interest rate | 5 | <u>5.32 %</u> | |
| 6 Target normal cost | | | |
| a Present value of current plan year accruals | 6a | <u>2779059</u> | |
| b Expected plan-related expenses | 6b | <u>40920</u> | |
| c Target normal cost | 6c | <u>2819979</u> | |

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

| | | | |
|------------------|--|---------------------|--|
| SIGN HERE | | | |
| | Signature of actuary | <u>07/09/2025</u> | Date |
| | <u>ALYSON J. SCHWARTZ</u> | <u>23-08379</u> | Most recent enrollment number |
| | Type or print name of actuary | <u>212-915-8888</u> | Telephone number (including area code) |
| | <u>WILLIS TOWERS WATSON US LLC</u> | | |
| | Firm name | | |
| | <u>200 LIBERTY STREET</u> <u>NEW YORK, NY 10281</u> | | |
| | Address of the firm | | |

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

| Part II Beginning of Year Carryover and Prefunding Balances | | (a) Carryover balance | (b) Prefunding balance |
|--|--|-----------------------|------------------------|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 7816954 | 43622840 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 2399926 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 5417028 | 43622840 |
| 10 | Interest on line 9 using prior year's actual return of <u>3.34</u> % | 180929 | 1457003 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| a | Present value of excess contributions (line 38a from prior year) | | 0 |
| b(1) | Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.49</u> % | | 0 |
| b(2) | Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| c | Total available at beginning of current plan year to add to prefunding balance | | 0 |
| d | Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) | 5597957 | 45079843 |

| Part III Funding Percentages | | | |
|-------------------------------------|--|-----------|----------|
| 14 | Funding target attainment percentage | 14 | 88.31 % |
| 15 | Adjusted funding target attainment percentage | 15 | 134.21 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 100.49 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

| Part IV Contributions and Liquidity Shortfalls | | 18 Contributions made to the plan for the plan year by employer(s) and employees: | | | | | |
|---|--------------------------------|--|-----------------------|--------------------------------|------------------------------|---|--|
| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Totals ▶ | | | 18(b) | 0 | 18(c) | 0 | |

| | | | |
|--|--|---|---------|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| a | Contributions allocated toward unpaid minimum required contributions from prior years. | 19a 0 | |
| b | Contributions made to avoid restrictions adjusted to valuation date | 19b 0 | |
| c | Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c 0 | |
| 20 | Quarterly contributions and liquidity shortfalls: | | |
| a | Did the plan have a "funding shortfall" for the prior year? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| b | If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| c | If line 20a is "Yes," see instructions and complete the following table as applicable: | | |
| Liquidity shortfall as of end of quarter of this plan year | | | |
| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
| 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: 5.00 % | 3rd segment: 5.74 % | <input type="checkbox"/> N/A, full yield curve used |
|-------------------------|------------------------|------------------------|------------------------|---|

b Applicable month (enter code)..... **21b** 1

22 Weighted average retirement age **22** 67

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 | 2819979 |
| b Excess assets, if applicable, but not greater than line 31a | 31b | 0 |

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

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

| | | |
|---|-----------|---------|
| 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... | 34 | 2819979 |
|---|-----------|---------|

| | | | |
|--|-------------------|--------------------|---------------|
| | Carryover balance | Prefunding balance | Total balance |
| 35 Balances elected for use to offset funding requirement | 2819979 | 0 | 2819979 |

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

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

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

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

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

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

| | | |
|--|--|---|
| SCHEDULE 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> 2023 This Form is Open to Public Inspection. |
|--|--|---|

For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**

| | | |
|--|--|------------|
| A Name of plan THE SHUBERT ORGANIZATION, INC. EMPLOYEES PENSION PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 THE SHUBERT ORGANIZATION, INC. | D Employer Identification Number (EIN) 13-2751366 | |

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

1919 INVESTMENT COUNSEL, LLC

26-0103189

| (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? |
|------------------------|---|--|--|--|---|--|
| 28 50 | NONE | 467021 | 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)

| (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? |
|------------------------|---|--|--|--|---|--|
| | | | Yes <input type="checkbox"/> No <input 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)

| (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? |
|------------------------|---|--|--|--|---|--|
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input 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 |
|---|--------------------------------------|--|
| | | |

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
|--|--|---|
| SCHEDULE H (Form 5500) <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. | OMB No. 1210-0110 2023 This Form is Open to Public Inspection |
|--|--|---|

| | |
|--|--|
| For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024 | |
| A Name of plan THE SHUBERT ORGANIZATION, INC. EMPLOYEES PENSION PLAN | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 THE SHUBERT ORGANIZATION, INC. | D Employer Identification Number (EIN) 13-2751366 |

| | |
|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

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) | 369296 | 469577 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 2693621 | 4731042 |
| (2) U.S. Government securities | 1c(2) | 14214094 | 13038801 |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | 26420337 | 30152914 |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | 77173311 | 98184964 |
| (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) | | |
| (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) | 27458786 | 35266297 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| (15) Other | 1c(15) | | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|---|--------------|------------------------------|------------------------|
| (1) Employer securities | 1d(1) | | |
| (2) Employer real property | 1d(2) | | |
| e Buildings and other property used in plan operation | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e) | 1f | 148329445 | 181843595 |
| Liabilities | | | |
| g Benefit claims payable | 1g | | |
| h Operating payables | 1h | | |
| i Acquisition indebtedness | 1i | | |
| j Other liabilities | 1j | 135055 | 161334 |
| k Total liabilities (add all amounts in lines 1g through 1j) | 1k | 135055 | 161334 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f) | 1l | 148194390 | 181682261 |

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) | | 0 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 89063 | |
| (B) U.S. Government securities | 2b(1)(B) | 654128 | |
| (C) Corporate debt instruments | 2b(1)(C) | 986930 | |
| (D) Loans (other than to participants) | 2b(1)(D) | | |
| (E) Participant loans | 2b(1)(E) | | |
| (F) Other | 2b(1)(F) | 523455 | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 2253576 |
| (2) Dividends: (A) Preferred stock | 2b(2)(A) | | |
| (B) Common stock | 2b(2)(B) | 1056537 | |
| (C) Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | |
| (3) Rents | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds | 2b(4)(A) | 55138437 | |
| (B) Aggregate carrying amount (see instructions) | 2b(4)(B) | 46424641 | |
| (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) | 26551798 | |
| (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) | | 340459 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 38916166 |

Expenses

| | | | |
|---|---------------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 4916634 | |
| (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) | | 4916634 |
| 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) | | |
| (3) Recordkeeping fees..... | 2i(3) | | |
| (4) IQPA audit fees..... | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 467021 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (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) | 44640 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 511661 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 5428295 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 33487871 |
| 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: PRICEWATERHOUSECOOPERS

(2) EIN: 13-4008324

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 541071.

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

For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

| | | |
|--|--|------------|
| A Name of plan <u>THE SHUBERT ORGANIZATION, INC. EMPLOYEES PENSION PLAN</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE SHUBERT ORGANIZATION, INC.</u> | D Employer Identification Number (EIN) <u>13-2751366</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): 13-2953423

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

| | | |
|--|---|---|
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year | 3 | 0 |
|--|---|---|

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

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 ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

The Shubert Organization, Inc.
Employees Pension Plan
Financial Statements and Supplemental Schedule
Required by ERISA
October 31, 2024 and 2023

The Shubert Organization, Inc. Employees Pension Plan

Index

October 31, 2024 and 2023

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* Other Supplemental schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted as they are not applicable.



Report of Independent Auditors

To the Administrator of The Shubert Organization, Inc. Employees Pension Plan

Opinion

We have audited the accompanying financial statements of The Shubert Organization, Inc. Employees Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of October 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of October 31, 2023 and the related statement of changes in accumulated plan benefits for the year then ended, including the related notes (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of October 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of October 31, 2023, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US 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 the 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 audit opinion.

Responsibilities of Management for the Financial Statements

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

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

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US 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 US GAAS, we:

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

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

Supplemental Schedule Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of October 31, 2024 ("supplemental schedule") is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the 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 US GAAS.



In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

PricewaterhouseCoopers LLP

New York, New York
July 31, 2025

The Shubert Organization, Inc. Employees Pension Plan
Statements of Net Assets Available for Benefits
October 31, 2024 and 2023

| | 2024 | 2023 |
|---|-----------------------|-----------------------|
| Assets | | |
| Investments (See Note 3) | | |
| Cash and cash equivalents | \$ 4,731,042 | \$ 2,693,621 |
| Corporate bonds and debentures | 30,152,914 | 26,420,337 |
| Mortgage bonds | 3,738,163 | 3,802,217 |
| United States government securities | 9,300,637 | 10,411,876 |
| Common stocks | 98,184,964 | 77,173,311 |
| Mutual funds | 28,485,344 | 21,033,715 |
| Alternative investments | 6,780,953 | 6,425,072 |
| Total investments | <u>181,374,017</u> | <u>147,960,149</u> |
| Accrued interest and dividends receivable | 469,577 | 369,296 |
| Total assets | <u>181,843,594</u> | <u>148,329,445</u> |
| Liabilities | | |
| Accrued expenses | 161,334 | 135,056 |
| Total liabilities | <u>161,334</u> | <u>135,056</u> |
| Net assets available for benefits | <u>\$ 181,682,260</u> | <u>\$ 148,194,389</u> |

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

The Shubert Organization, Inc. Employees Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended October 31, 2024 and 2023

| | 2024 | 2023 |
|---|-----------------------|-----------------------|
| Additions to net assets attributed to: | | |
| Investment income | | |
| Net appreciation in fair value of investments | \$ 35,606,053 | \$ 764,228 |
| Interest | 2,042,226 | 1,641,181 |
| Dividends | 1,056,537 | 1,120,501 |
| Other income | 211,350 | 1,747,448 |
| Total investment income | <u>38,916,166</u> | <u>5,273,358</u> |
| Total additions to net assets available for benefits | <u>38,916,166</u> | <u>5,273,358</u> |
| Deductions from net assets attributed to: | | |
| Benefits paid directly to participants | 4,916,634 | 4,423,694 |
| Administrative and investment expenses | 511,661 | 446,651 |
| Total deductions from net assets available for benefits | <u>5,428,295</u> | <u>4,870,345</u> |
| Net increase in net assets available for benefits | 33,487,871 | 403,013 |
| Net assets available for benefits | | |
| Beginning of year | <u>148,194,389</u> | <u>147,791,376</u> |
| End of year | <u>\$ 181,682,260</u> | <u>\$ 148,194,389</u> |

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

The Shubert Organization, Inc. Employees Pension Plan
Statement of Accumulated Plan Benefits
October 31, 2023

| | |
|---|-----------------------------|
| Actuarial present value of accumulated plan benefits | |
| Vested benefits (Note 2) | |
| Participants currently receiving payments | \$ 44,689,521 |
| Other participants | <u>49,722,494</u> |
| | 94,412,015 |
| Nonvested benefits | <u>1,460,866</u> |
| Actuarial present value of accumulated plan benefits | <u>\$ 95,872,881</u> |

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

The Shubert Organization, Inc. Employees Pension Plan
Statement of Changes in Accumulated Plan Benefits
Year Ended October 31, 2023

| | |
|--|----------------------|
| Actuarial present value of accumulated plan benefits at beginning of year | \$ 91,858,779 |
| Increase (decrease) during the year attributable to: | |
| Increase for interest | 6,187,597 |
| Actuarial losses | 229,031 |
| Benefits paid | (4,423,694) |
| Benefits accumulated | <u>2,021,168</u> |
| Net increase | <u>4,014,102</u> |
| Actuarial present value of accumulated plan benefits at end of year | <u>\$ 95,872,881</u> |

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

The Shubert Organization, Inc. Employees Pension Plan

Notes to Financial Statements

October 31, 2024 and 2023

1. Description of Plan

The following description of The Shubert Organization, Inc. Employees Pension Plan (the "Plan") is provided for general information purposes only. The Plan covers all eligible employees of any of The Shubert Foundation, Inc., The Shubert Organization, Inc., and those subsidiaries that have adopted it (each, an "Employer"). Participants should refer to the Plan agreement for more complete information.

General

The Plan is a defined benefit pension plan subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended by the Pension Protection Act of 2006 (the "PPA"). The Plan was established on November 15, 1960. The Plan is administered by The Shubert Organization, Inc. All eligible employees become participants on either November 1 or May 1 following their attainment of age 21 and completion of two years of service and are automatically 100% vested in the Plan.

On August 1, 2023, the Plan was amended to provide for the commencement of a participant's pension benefit under a certain circumstance, even in the situation where a participant has not yet terminated employment.

Pension Benefits

Employees are entitled to annual pension benefits beginning at normal retirement age (65) or, if later, on the fifth anniversary of the date on which their employment commenced equal to 1% of their final five-year average annual compensation for each year of service not in excess of 20 years plus 1.25% of their five-year average annual compensation for each year of service in excess of 20 years but not more than 15 years, less various adjustments as defined in the Plan's provisions. For benefits accrued prior to November 1, 2018, employees are entitled to annual pension benefits equal to 2.4% of their final five-year average annual compensation for each year of service not in excess of 20 years plus 0.9% of their five-year average annual compensation for each year of service in excess of 20 years but not more than 15 years, less various adjustments as defined in the Plan's provisions. The Plan permits early retirement upon attainment of age 50 and completion of 15 years of service.

Payment commences on the normal, early, or disability retirement date and continues for a guaranteed period of ten years if the participant is not legally married. A participant may elect to convert their pension into a benefit of equivalent actuarial value in accordance with various options, as defined in the Plan's provisions.

Death and Disability Benefits

If a married eligible participant dies before normal retirement age, the surviving spouse will be provided with a spouse's annuity benefit, as defined in the Plan's provisions. In certain cases a death benefit to an unmarried participant's estate will be paid by the Plan as defined in the Plan's provisions.

Active employees who become totally disabled upon attainment of age 50 and completion of 15 years of service receive deferred pension payments. It is calculated based on the credited service that a participant would have completed at normal retirement.

The Shubert Organization, Inc. Employees Pension Plan

Notes to Financial Statements

October 31, 2024 and 2023

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Cash and Cash Equivalents

For purposes of the financial statements, the Plan considers all highly liquid debt instruments purchased with original maturities of three months or less to be cash equivalents.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value or net asset value ("NAV"), in accordance with GAAP. Purchases and sales of securities are reflected on a trade-date basis. Dividend income is recorded on the ex-dividend date and interest income is recorded on the accrual basis. The Plan presents net appreciation (depreciation) in market value of investments which consists of realized gains and losses and unrealized appreciation (depreciation) on those investments in the Statements of Changes in Net Assets Available for Benefits.

Actuarial Method

The annual contribution requirement is determined on the basis of the Unit Credit Actuarial Cost Method. Future benefits are projected in accordance with actuarial assumptions.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their last five years of service. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented (the valuation date).

Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent to which they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by consulting actuaries as of the beginning of the plan year and results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The computations of the actuarial present value of accumulated plan benefits were made as of November 1, 2023 and 2022. Had the valuations been performed as of October 31, there would be no material differences. The significant actuarial assumptions used in the valuation are as follows:

The Shubert Organization, Inc. Employees Pension Plan

Notes to Financial Statements

October 31, 2024 and 2023

| | |
|-----------------|---|
| Discount rate | 6.75% per annum, compounded annually in fiscal year 2023 (6.75% in fiscal year 2022) |
| Mortality basis | Pri-2012 table with white-collar adjustments with separate tables for employees and annuitants (and separate mortality for contingent beneficiaries), projected generationally using Scale MP-2021. For disabled participants, the mortality is the Pri-2012 disabled tables, projected generationally using Scale MP-2021. |
| Retirement age | Age 67 or the age on the valuation date, whichever is greater |

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Use of Estimates

The preparation of the Plan's financial statements in conformity with GAAP requires the Plan administrator to make significant estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and changes therein, the actuarial present value of accumulated plan benefits as of the benefit information date and the changes therein, and, when applicable, the disclosures of contingent assets and liabilities at the date of the financial statements. The most significant assumptions and estimates relate to the fair value of investments and the actuarial present value of accumulated plan benefits. Actual results could differ from those estimates.

Fair Value Measurements

The Plan applies provisions of authoritative guidance, Accounting Standards Codification Topic 820 ("ASC 820") "Fair Value Measurements and Disclosures" in fair value measurement and disclosure of its financial assets and liabilities, which 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 guidance establishes three levels of the fair value hierarchy as follows:

- Level 1 Unadjusted quoted prices in active, accessible market for identical assets or liabilities.
- Level 2 Other inputs that are directly or indirectly observable in the marketplace.
- Level 3 Unobservable inputs which are supported by little or no market activity.

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

Following is a description of the valuation methodologies used for assets measured at fair value, including the general classification of such assets pursuant to the valuation hierarchy.

Cash and Cash Equivalents: Valued at the carrying value which approximates fair value.

Corporate Bonds and Debentures: Certain corporate bonds are valued at the closing price reported in the active market in which the bond is traded. Other corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted

The Shubert Organization, Inc. Employees Pension Plan
Notes to Financial Statements
October 31, 2024 and 2023

prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

Mortgage Bonds: Valued on the basis of their future principal and interest payments discounted at prevailing interest rates for similar investments.

United States Government Securities: Valued at the closing price reported in the active market in which the individual security is traded.

Common Stocks: Valued based on quoted market prices in active markets.

Mutual Funds: Investments in mutual funds are valued at NAV of shares reported in the active market in which the individual fund is traded. The Plan considers the published NAVs of its investments in Regulated Investment Companies (“RICs”) to be the readily determinable fair value in accordance with GAAP.

Alternative Investments: Investments in alternative investments are reported at their estimated fair value, as determined by the Plan. The Plan uses NAV as a practical expedient, in accordance with ASC 820, Fair Value Measurement, for valuing such investments.

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

3. Fair Value of Financial Instruments

The following table sets forth by level, within the fair value hierarchy, the Plan’s investments at fair value as of October 31, 2024 and 2023:

| | Investments at Fair Value as of October 31, 2024 | | | | |
|--|---|----------------------|-------------|---------------------|-----------------------|
| | Level 1 | Level 2 | Level 3 | NAV | Total |
| Cash and cash equivalents | \$ 797,864 | \$ 3,933,178 | \$ - | \$ - | \$ 4,731,042 |
| Corporate bonds and debentures | - | 30,152,914 | - | - | 30,152,914 |
| Mortgage bonds | - | 3,738,163 | - | - | 3,738,163 |
| United States government securities | 9,300,637 | - | - | - | 9,300,637 |
| Common stocks | 98,184,964 | - | - | - | 98,184,964 |
| Mutual funds | 28,485,344 | - | - | - | 28,485,344 |
| Alternative investments* | - | - | - | 6,780,953 | 6,780,953 |
| Total investments at fair value | \$ 136,768,809 | \$ 37,824,255 | \$ - | \$ 6,780,953 | \$ 181,374,017 |

The Shubert Organization, Inc. Employees Pension Plan
Notes to Financial Statements
October 31, 2024 and 2023

| | Investments at Fair Value as of October 31, 2023 | | | | |
|--|---|----------------------|-------------|---------------------|-----------------------|
| | Level 1 | Level 2 | Level 3 | NAV | Total |
| Cash and cash equivalents | \$ 724,881 | \$ 1,968,740 | \$ - | \$ - | \$ 2,693,621 |
| Corporate bonds and debentures | - | 26,420,337 | - | - | 26,420,337 |
| Mortgage bonds | - | 3,802,217 | - | - | 3,802,217 |
| United States government securities | 10,411,876 | - | - | - | 10,411,876 |
| Common stocks | 77,173,311 | - | - | - | 77,173,311 |
| Mutual funds | 21,033,715 | - | - | - | 21,033,715 |
| Alternative investments* | - | - | - | 6,425,072 | 6,425,072 |
| Total investments at fair value | \$ 109,343,783 | \$ 32,191,294 | \$ - | \$ 6,425,072 | \$ 147,960,149 |

* Alternative investments consist of investments in AG Super Fund International Ltd (“AG Super Fund”), Banyan Street Capital EIIRC Value Add Fund II (“EIIRC Fund”), and Cortland Enhanced Value Fund V, L.P (“Cortland Fund”). AG Super Fund engages in various investment strategies, including investments in distressed corporate securities, convertible hedging, residential and consumer debt, real estate debt, merger arbitrage and private equity. This investment has no unfunded commitments, it permits redemption as of the last day of each calendar quarter, and has a redemption notice period of ninety days as of October 31, 2024 and 2023. The EIIRC Fund invests in multifamily real estate based on reasonable valuations and favorable supply and demand trends. This fund has no unfunded commitments and no eligible redemption option as of October 31, 2024 and 2023. The Cortland Fund pursues acquisitions of multifamily assets and enhances the physical attributes of the common areas and units, which drives occupancy and rent growth, which typically translates to an increase in net operating income. This fund had no unfunded commitments as of October 31, 2024 and unfunded commitments of \$76,935 as of October 31, 2023. This investment has no eligible redemption option as of October 31, 2024 and 2023.

4. Funding Policy

All contributions to fund the Plan are paid by The Shubert Organization, Inc., and The Shubert Foundation, Inc. There were no annual contributions made to the Plan in 2024 or 2023 as none was required.

5. Plan Termination

Although it has not expressed any intention to do so, each Employer reserves the right to terminate their participation in the Plan at any time, subject to the provisions of ERISA. In the event of Plan termination, the rights of all affected employees to benefits accrued to the date of such termination shall remain. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide benefits in accordance with the following priorities:

- a. Benefits that a participant has been receiving for at least three years before the date of termination (or would have been receiving if he or she had retired three years before the date of termination) based on the Plan as in effect five years before the date of termination.
- b. Benefits to each participant representing the present value of benefits guaranteed under Title IV of ERISA.

The Shubert Organization, Inc. Employees Pension Plan

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- c. Benefits to each participant representing the present value of his or her nonforfeitable benefits.
- d. Benefits to each participant representing the present value of his or her accrued benefit.
- e. Benefits to each Employer

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (“PBGC”) if the Plan terminates. Generally, the PBGC guarantees the payment of most vested normal retirement benefits, early retirement benefits, and certain disability and survivor benefits and survivor pensions subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan’s termination. However, there is a statutory ceiling, which is adjusted periodically on the amount of an individual’s monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2024, the ceiling is \$7,108 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination, whichever comes later. For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

6. Administrative Expenses

The costs associated with the administration of the Plan, including audit and other professional service fees, are borne primarily by The Shubert Organization, Inc. However, 19/19 Investment Counsel (“19/19 IC”) management fees and PBGC expenditures are covered by the Plan and expensed as incurred.

7. Benefit Obligation

There were no significant unpaid benefit obligations payable to participants who are eligible for payment from the Plan as of October 31, 2024 or 2023.

8. Related-Party and Party-in-Interest Transactions

The Plan’s accounting and bookkeeping operations are performed by The Shubert Organization, Inc.’s accounting department at no cost to the Plan. 19/19 IC serves as the Plan’s investment advisor and portfolio manager. Therefore, transactions with 19/19 IC qualify as party-in-interest transactions. The Plan’s investment management service fees amounted to \$467,021 and \$405,731 for the years ended October 31, 2024 and 2023, respectively.

9. Tax Status

The Internal Revenue Service (“IRS”) has determined and informed the Plan’s administrator by letter dated November 7, 2017 that the Plan qualifies under the provisions of Section 401(a) of the Internal Revenue Code (“IRC”) and is exempt from Federal income taxes under Section 501(a) of the IRC. The Plan Administrator and the Plan’s counsel believe that all subsequent Plan amendments did not impact the tax-exempt status of the Plan and that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Accordingly, no provision for income tax has been made in the Plan’s financial statements.

Accounting principles generally accepted in the United States of America require 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

The Shubert Organization, Inc. Employees Pension Plan

Notes to Financial Statements

October 31, 2024 and 2023

examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of October 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

10. Risks and Uncertainties

Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, market risks, inflation rates and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

The Plan invests in a combination of stocks, bonds, mutual funds and other investment securities. Investment securities are exposed to various risks, such as credit, interest rate and market risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

11. Investments

The Plan's investments are held in a bank-administered custodian account by JPMorgan Chase Bank, N.A ("JPMorgan"), a party-in-interest, except for the investment in AG Super Fund , EIIRC Fund, and Cortland Fund for which 19/19 IC is the custodian.

For the years ended October 31, 2024 and 2023, the net appreciation includes realized gains of \$9,054,257 and \$5,121,557 and unrealized gains(losses) of \$26,551,796 and (\$4,357,329), respectively.

Debt instruments with maturities of seven years or less are considered intermediate-term bonds while debt instruments with maturities of greater than seven years are considered long-term bonds.

12. Subsequent Events

The Plan has evaluated all events and transactions that have occurred through July 31, 2025, the date the financial statements were available to be issued and has determined that there are no other items requiring adjustment of the financial statements or additional disclosures.

Supplemental Schedule Required by ERISA

The Shubert Organization, Inc. Employees Pension Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
October 31, 2024

| (a) | (b) | (c) | (d) | (e) |
|--|-----|--|---------------------|---------------------|
| Identity of Issue, Borrower, Lessor, or Similar Party | | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | Cost | Current Value |
| Cash and Cash Equivalents | | | | |
| Cash and Money Market Funds | | | \$ 3,731,818 | \$ 3,731,818 |
| US Treasury | | 11/07/24, 0.000%, \$1,000,000 | 998,824 | 999,224 |
| Cash Balance | | | <u>\$ 4,730,642</u> | <u>\$ 4,731,042</u> |
| Intermediate-Term Bonds | | | | |
| PNC Finl Services | | 11/01/24, 2.200%, \$480,000 | 479,842 | 480,000 |
| US Treasury | | 11/15/24, 7.500%, \$960,000 | 1,339,479 | 961,091 |
| BK of Montreal SR NTS MTN | | 01/10/25, 1.500%, \$525,000 | 524,722 | 521,639 |
| US Treasury | | 02/15/25, 7.625%, \$835,000 | 1,101,966 | 842,241 |
| Apple Inc SR NTS | | 05/11/25, 1.125%, \$550,000 | 557,381 | 540,389 |
| Qualcomm Inc | | 05/20/25, 3.450%, \$345,000 | 344,760 | 342,731 |
| Alphabet Inc SR NTS | | 08/15/25, 0.450%, \$425,000 | 425,064 | 411,873 |
| US Treasury | | 08/15/25, 6.875%, \$125,000 | 159,248 | 127,754 |
| US Treasury | | 10/31/25, 3.000%, \$300,000 | 321,328 | 296,142 |
| FNMA | | 11/07/25, 0.500%, \$850,000 | 849,490 | 818,210 |
| Intl BK Recon & Develop | | 11/20/25, 3.125%, \$800,000 | 795,568 | 788,894 |
| Intercontinental Exchange | | 12/01/25, 3.750%, \$420,000 | 439,858 | 416,627 |
| Walt Disney Company/THE | | 01/13/26, 1.750%, \$205,000 | 213,446 | 198,326 |
| Bank of America | | 01/23/26, Var %, \$340,000 | 340,000 | 338,432 |
| US Treasury | | 02/15/26, 6.000%, \$485,000 | 655,401 | 496,272 |
| Gilead Sciences Inc | | 03/01/26, 3.650%, \$180,000 | 179,609 | 177,746 |
| Prudential Finl Inc SR | | 03/10/26, 1.500%, \$340,000 | 338,932 | 326,408 |
| Fortinet Inc SR NTS | | 03/15/26, 1.000%, \$500,000 | 495,520 | 474,805 |
| Verizon Communication SR | | 03/20/26, 1.450%, \$420,000 | 419,621 | 402,442 |
| FNMA | | 04/24/26, 2.125%, \$150,000 | 149,805 | 145,614 |
| Apple Inc | | 08/04/26, 2.450%, \$575,000 | 606,163 | 556,817 |
| US Treasury | | 08/15/26, 6.750%, \$215,000 | 304,267 | 224,851 |
| Walmart | | 09/17/26, 1.050%, \$300,000 | 299,433 | 282,777 |
| Nike Inc | | 11/01/26, 2.375%, \$100,000 | 100,233 | 96,217 |
| Goldman Sachs Group Inc | | 11/16/26, 3.500%, \$200,000 | 222,834 | 195,228 |
| Morgan Stanley SR NTS | | 12/10/26, Var %, \$225,000 | 225,020 | 215,457 |
| * JPMorgan Chase & Co | | 01/29/27, Var %, \$750,000 | 808,930 | 742,324 |
| WellTower Inc SR NTS | | 02/15/27, 2.700%, \$200,000 | 218,452 | 192,517 |
| Honeywell Intl SR NTS | | 03/01/27, 1.100%, \$610,000 | 609,866 | 566,546 |
| Mastercard Inc SR | | 03/26/27, 3.300%, \$375,000 | 428,640 | 365,657 |
| Prologis LP SR NTS | | 04/15/27, 2.125%, \$650,000 | 646,815 | 614,057 |
| Johnson & Johnson SR NTS | | 09/01/27, 0.950%, \$800,000 | 801,048 | 731,319 |
| CitiGroup Inc | | 09/29/27, 4.450%, \$200,000 | 234,082 | 197,332 |
| Gilead Sciences Inc SR NTS | | 10/01/27, 1.200%, \$850,000 | 851,278 | 774,474 |
| FNMA | | 10/08/27, 0.750%, \$600,000 | 597,714 | 544,410 |
| Lockheed Martin Corp | | 11/15/27, 5.100%, \$455,000 | 453,780 | 463,034 |
| US Treasury | | 11/15/27, 2.250%, \$750,000 | 800,590 | 709,688 |
| US Treasury | | 11/15/27, 6.125%, \$700,000 | 906,512 | 739,730 |

The Shubert Organization, Inc. Employees Pension Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
October 31, 2024

| (a) | (b) | (c) | (d) | (e) |
|--|--|-----------|----------------------|----------------------|
| Identity of Issue, Borrower, Lessor, or Similar Party | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | Cost | Current Value | |
| Illumina Inc SR NTS | 12/13/27, 5.750%, \$385,000 | 384,473 | 395,098 | |
| Comcast Corp | 02/15/28, 3.150%, \$750,000 | 807,140 | 717,184 | |
| Coca-Cola Co/The Sr NTS | 03/15/28, 1.000%, \$850,000 | 849,224 | 763,830 | |
| US Treasury | 08/15/28, 5.500%, \$550,000 | 677,660 | 577,586 | |
| US Treasury | 11/15/28, 3.125%, \$950,000 | 1,066,513 | 913,336 | |
| FHLB | 11/16/28, 3.250%, \$300,000 | 339,106 | 290,573 | |
| Tapestry Inc SR NTS | 11/27/28, 7.350%, \$390,000 | 389,369 | 398,221 | |
| Boston Properties LP SR | 12/01/28, 4.500%, \$200,000 | 238,660 | 194,108 | |
| MidAmerican Energy | 04/15/29, 3.650%, \$700,000 | 806,097 | 672,156 | |
| Blackrock | 04/30/29, 3.250%, \$515,000 | 543,345 | 489,246 | |
| Ally Financial Inc SR NTS | 06/13/29, Var %, \$400,000 | 399,871 | 417,575 | |
| Bristol-Myers | 07/26/29, 3.400%, \$725,000 | 737,816 | 689,120 | |
| UnitedHealth | 08/15/29, 2.875%, \$735,000 | 804,923 | 680,730 | |
| Realty Income Corp | 03/15/30, 4.850%, \$325,000 | 321,142 | 324,923 | |
| Progressive Corp | 03/26/30, 3.200%, \$725,000 | 774,329 | 672,828 | |
| AI Power Co | 09/15/30, 1.450%, \$835,000 | 836,098 | 696,357 | |
| US Treasury | 01/31/31, 4.000%, \$500,000 | 498,516 | 494,083 | |
| Total Intermediate-Term Bonds | | | <u>\$ 29,720,979</u> | <u>\$ 26,707,025</u> |
| Long-Term Bonds | | | | |
| Autodesk Inc SR NTS | 12/15/31, 2.400%, \$635,000 | 628,796 | 540,160 | |
| M&T BK Corp SR NTS | 03/13/32, Var %, \$800,000 | 800,000 | 827,380 | |
| Allegion US Hldg Co | 07/01/32, 5.411%, \$210,000 | 209,996 | 212,892 | |
| Target Corp SR NTS | 09/15/32, 4.500%, \$975,000 | 949,022 | 958,113 | |
| Elevance Health Inc SR NTS | 10/15/32, 5.500%, \$400,000 | 421,956 | 409,477 | |
| BK of Nova Scotia SR NTS | 11/10/32, Var %, \$500,000 | 500,000 | 487,697 | |
| Comcast Corp | 11/15/32, 5.500%, \$370,000 | 388,578 | 384,390 | |
| US Treasury | 11/15/32, 4.125%, \$500,000 | 497,313 | 496,230 | |
| Amazon Inc SR NTS | 12/01/32, 4.700%, \$470,000 | 471,495 | 471,751 | |
| Duke Energy Carolinas | 01/15/33, 4.950%, \$425,000 | 420,066 | 423,360 | |
| Oracle Corp SR NTS | 02/06/33, 4.900%, \$200,000 | 198,965 | 197,343 | |
| CVS Health Corp SR NTS | 02/21/33, 5.250%, \$355,000 | 354,372 | 348,926 | |
| Amgen Inc SR NTS | 03/02/33, 5.250%, \$400,000 | 398,740 | 404,151 | |
| TX Instruments Inc SR NTS | 03/14/33, 4.900%, \$200,000 | 199,844 | 202,425 | |
| Meta Platforms Inc SR NTS | 05/15/33, 4.950%, \$200,000 | 199,618 | 203,126 | |
| Pfizer INVT Enter | 05/19/33, 4.750%, \$345,000 | 344,483 | 339,904 | |
| Blackrock Inc SR NTS | 05/25/33, 4.750%, \$275,000 | 271,194 | 273,811 | |
| Concentrix Corp SR NTS | 08/02/33, 6.850%, \$400,000 | 399,344 | 403,249 | |
| Intuit Inc SR NTS | 09/15/33, 5.200%, \$400,000 | 397,692 | 407,662 | |
| Southn Co Gas Cap | 09/15/33, 5.750%, \$160,000 | 159,830 | 166,580 | |
| PNC Finl Services | 10/28/33, Var %, \$300,000 | 300,000 | 315,020 | |
| Simon PPTY Group LP SR NTS | 01/15/34, 6.250%, \$200,000 | 198,028 | 215,381 | |
| US Treasury | 02/15/34, 4.000%, \$2,475,000 | 2,451,013 | 2,421,633 | |
| Jefferies Fin Group INC SR NTS | 04/14/34, 6.200%, \$430,000 | 424,969 | 447,775 | |

The Shubert Organization, Inc. Employees Pension Plan
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October 31, 2024

| (a) | (b) | (c) | (d) | (e) |
|--|---------|--|----------------------|----------------------|
| Identity of Issue, Borrower, Lessor, or Similar Party | | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | Cost | Current Value |
| Dell Int LLC/EMC Corp | | 04/15/34, 5.400%, \$500,000 | 495,515 | 505,727 |
| BK of Amer Corp | | 09/15/34, Var %, \$375,000 | 375,000 | 390,806 |
| Kroger Co SR NTS | | 09/15/34, 5.000%, \$460,000 | 459,055 | 452,434 |
| Uber Technologies INC SR NTS | | 09/15/34, 4.800%, \$250,000 | 248,973 | 242,584 |
| HP Enterprise Co SR NTS | | 10/15/34, 5.000%, \$550,000 | 544,506 | 533,556 |
| Boston Properties LP SR NTS | | 01/15/35, 5.750%, \$500,000 | 499,805 | 495,189 |
| FNMA | | 02/01/35, 4.500%, \$764 | 722 | 745 |
| Morgan Stanley SR NTS | | 07/19/35, Var %, \$500,000 | 498,465 | 502,014 |
| GNMA II Pool MA6740 | | 08/20/35, 2.500%, \$168,973 | 178,531 | 154,468 |
| FHLMC | | 01/01/36, 5.000%, \$4,086 | 3,938 | 4,087 |
| FNMA | | 03/01/36, 5.000%, \$2,539 | 2,461 | 2,544 |
| FHLMC Pool 8122 | | 04/01/36, 5.500%, \$3,524 | 3,402 | 3,582 |
| FNMA | | 04/01/36, 6.000%, \$2,417 | 2,426 | 2,458 |
| FNMA Pool 745418 | | 04/01/36, 5.500%, \$3,883 | 3,782 | 3,941 |
| FHLMC | | 06/01/36, 5.000%, \$929 | 866 | 926 |
| FNMA | | 06/01/36, 5.500%, \$621 | 611 | 631 |
| FNMA | | 07/01/36, 6.500%, \$1,484 | 1,488 | 1,538 |
| FHLMC | | 02/01/37, 5.500%, \$552 | 547 | 559 |
| FNMA | | 05/01/37, 6.000%, \$1,718 | 1,726 | 1,779 |
| FNMA | | 06/01/37, 5.500%, \$1,090 | 1,046 | 1,095 |
| FNMA | | 07/01/37, 6.000%, \$487 | 480 | 505 |
| FHLMC | | 09/01/37, 6.000%, \$2,370 | 2,376 | 2,419 |
| Citigroup Inc | | 09/19/39, Var %, \$675,000 | 675,000 | 653,481 |
| FNMA Remic Trust | | 06/25/41, 4.000%, \$6,507 | 6,883 | 6,309 |
| GNMA Pass Thru | | 11/20/41, 4.000%, \$7,666 | 8,059 | 7,178 |
| FNMA Remic | | 07/25/42, 6.500%, \$11,551 | 13,157 | 12,214 |
| GNMA 2023-163 CL C | | 09/20/49, 5.000%, \$300,162 | 299,271 | 298,764 |
| GNMA II Pool MA6409 | | 01/20/50, 3.000%, \$174,314 | 182,158 | 153,792 |
| GNMA 2020-194CL | | 06/16/62, 1.000%, \$681,221 | 676,111 | 490,928 |
| Total Long-Term Bonds | | | <u>\$ 16,771,674</u> | <u>\$ 16,484,689</u> |
| Mutual Funds | | | | |
| Ishares MSCI EAFE ETF | 64,600 | shs | 4,609,856 | 5,117,612 |
| Ishares Gold Trust | 38,600 | | 2,004,286 | 2,001,024 |
| Conestoga Small Cap-Inst | 119,447 | | 6,820,749 | 9,055,311 |
| Ishares Russell 2000 ETF | 20,752 | | 4,479,165 | 4,518,956 |
| SPDR Portfolio S&P 600 Small C | 15,925 | | 724,610 | 705,955 |
| Vanguard FTSE All-World-Ex-U | 74,200 | | 4,732,639 | 4,462,388 |
| Ishares MSCI Japan ETF | 38,550 | | 2,822,909 | 2,624,098 |
| Total Mutual Funds | | | <u>\$ 26,194,214</u> | <u>\$ 28,485,344</u> |

The Shubert Organization, Inc. Employees Pension Plan
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| Identity of Issue, Borrower, Lessor, or Similar Party | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | Cost | Current Value |
|--|--|---------------------|---------------------|
| Alternative Investments | | | |
| Banyan Street Capital EIIRC Value Add Fund II L.P. | | 2,500,000 | 1,023,374 |
| Cortland Enhanced Value Fd | | 2,000,000 | 1,707,596 |
| AG Super Fund International Ltd. | | 2,000,000 | 4,049,983 |
| Total Alternative Investments | | <u>\$ 6,500,000</u> | <u>\$ 6,780,953</u> |
| Common Stock | | | |
| Apple Inc. | 33,415 shs | 2,691,467 | 7,548,783 |
| Abbvie Inc | 5,196 | 863,855 | 1,059,309 |
| Abbott Laboratories | 3,774 | 417,393 | 427,858 |
| Adobe Inc | 1,078 | 549,869 | 515,370 |
| Analog Devices Inc | 3,867 | 717,422 | 862,766 |
| Amgen Inc | 1,397 | 430,364 | 447,264 |
| Amazon.com Inc | 20,744 | 2,011,733 | 3,866,682 |
| Aon Plc | 2,872 | 668,197 | 1,053,651 |
| Broadcom Inc | 11,247 | 1,190,316 | 1,909,403 |
| American Water Works Co Inc | 4,912 | 169,649 | 678,396 |
| Astrazeneca Plc | 6,485 | 398,837 | 461,408 |
| Bank of America Corp | 28,900 | 930,276 | 1,208,598 |
| Blackrock Inc | 564 | 486,542 | 553,301 |
| Berkshire Hathaway Inc | 2,255 | 965,850 | 1,016,825 |
| Boston Scientific Corp | 14,656 | 775,037 | 1,231,397 |
| Chubb Ltd | 3,652 | 516,962 | 1,031,471 |
| Chipotle Mexican Grill Inc | 18,970 | 554,900 | 1,057,957 |
| Costco Wholesale | 918 | 152,996 | 802,497 |
| Salesforce.com | 5,622 | 951,547 | 1,638,082 |
| Cintas Corp | 5,155 | 233,896 | 1,060,951 |
| Danaher Corp | 3,706 | 176,782 | 910,416 |
| Equinix Inc | 392 | 316,969 | 355,967 |
| Eaton Corp Plc | 9,805 | 1,078,282 | 3,251,142 |
| Alphabet Inc CL C | 23,465 | 717,402 | 4,052,171 |
| Alphabet Inc | 3,745 | 127,777 | 640,807 |
| Home Depot | 6,099 | 537,961 | 2,401,481 |
| Heico Corp-Class A | 7,470 | 725,775 | 1,434,315 |
| Honeywell International | 4,176 | 585,359 | 858,920 |
| Hershey Co. | 4,010 | 583,036 | 712,096 |
| Intuit Inc | 2,140 | 240,838 | 1,306,042 |
| IQVIA Holdings Inc | 2,000 | 287,901 | 411,640 |
| * JPMorgan Chase & Co | 7,055 | 686,908 | 1,565,646 |
| Linde PLC | 3,440 | 852,854 | 1,569,156 |
| Eli Lilly & Co | 3,170 | 869,083 | 2,630,276 |
| Mastercard inc | 1,912 | 902,107 | 955,216 |
| Meta Platforms Inc | 4,583 | 1,726,037 | 2,601,219 |
| Marsh & McLennan Co | 2,230 | 453,870 | 486,675 |
| Merck & Co Inc | 5,367 | 640,399 | 549,151 |

The Shubert Organization, Inc. Employees Pension Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
October 31, 2024

| (a) | (b) | (c) | (d) | (e) |
|--|--|---------------|------------------|-----|
| Identity of Issue, Borrower, Lessor, or Similar Party | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | Cost | Current Value | |
| Microsoft Corp | 14,930 | 1,819,743 | 6,066,806 | |
| M & T Bank Corp | 4,167 | 698,492 | 811,232 | |
| NextEra Energy Inc | 15,430 | 724,291 | 1,222,828 | |
| Netflix Inc | 2,118 | 859,211 | 1,601,272 | |
| ServiceNow Inc | 1,440 | 801,125 | 1,343,506 | |
| Nvidia | 56,454 | 1,384,008 | 7,494,833 | |
| Novo-Nordisk | 4,090 | 434,188 | 457,876 | |
| Old Dominion Freight Line | 2,417 | 384,317 | 486,590 | |
| Palo Alto Networks Inc | 4,265 | 520,864 | 1,536,807 | |
| Pepsico Inc | 5,760 | 1,010,934 | 956,621 | |
| Parker Hannifin Corp | 1,690 | 999,917 | 1,071,578 | |
| Procter & Gamble Co | 5,565 | 881,823 | 919,227 | |
| Prologis Inc | 6,426 | 349,512 | 725,752 | |
| Qualcomm Inc | 4,510 | 968,232 | 734,093 | |
| Reinsurance Group of America | 5,936 | 829,313 | 1,252,971 | |
| RTX Corp | 4,289 | 504,855 | 518,926 | |
| Shell | 6,905 | 356,866 | 466,433 | |
| S&P Global Inc | 1,936 | 816,457 | 929,977 | |
| Steel Dynamics Inc | 4,250 | 233,957 | 554,625 | |
| Stryker Corp | 2,794 | 767,342 | 995,446 | |
| TJX Companies Inc | 14,210 | 391,443 | 1,606,156 | |
| Thermo Fisher Scientific Inc | 2,975 | 240,190 | 1,625,302 | |
| Trex Company Inc | 6,382 | 502,210 | 452,165 | |
| UnitedHealth Group Inc | 3,780 | 328,946 | 2,133,810 | |
| Union Pacific Corp | 4,662 | 556,993 | 1,081,910 | |
| Visa Inc. Class A | 7,191 | 413,463 | 2,084,311 | |
| Valero Energy Corp | 9,377 | 742,789 | 1,216,760 | |
| Workday Inc-Class A | 3,578 | 830,426 | 836,715 | |
| Advanced Drainage Systems Inc | 3,075 | 345,747 | 460,880 | |
| Exxon Mobil Corp | 8,555 | 787,852 | 999,052 | |
| Zoetis Inc | 2,328 | 385,760 | 416,199 | |
| | Total Common Stock | 48,057,714 | 98,184,964 | |
| | Total | \$131,975,223 | \$ 181,374,017 | |

* Indicates a party-in-interest

Schedule SB, Line 26a
Schedule of Active Participant Data as of November 1, 2023

| Attained Age | Attained Years of Credited Service ¹ | | | | | | | | | | Total | |
|--------------|---|-----------|-----------|-----------|-----------|-----------|-----------|----------|----------|-----------|------------|----|
| | Under 1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Over | | |
| Under 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25-29 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| 30-34 | 0 | 15 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 19 |
| 35-39 | 1 | 5 | 7 | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 19 |
| 40-44 | 0 | 3 | 7 | 6 | 4 | 1 | 0 | 0 | 0 | 0 | 0 | 21 |
| 45-49 | 0 | 4 | 5 | 4 | 2 | 4 | 4 | 0 | 0 | 0 | 0 | 23 |
| 50-54 | 0 | 0 | 2 | 4 | 2 | 2 | 4 | 1 | 0 | 0 | 0 | 15 |
| 55-59 | 0 | 1 | 1 | 1 | 4 | 5 | 0 | 4 | 1 | 0 | 0 | 17 |
| 60-64 | 0 | 1 | 0 | 1 | 4 | 5 | 2 | 2 | 2 | 0 | 0 | 17 |
| 65-69 | 0 | 0 | 1 | 2 | 3 | 0 | 2 | 1 | 5 | 1 | 1 | 15 |
| 70 & over | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 2 |
| Total | 1 | 34 | 27 | 22 | 22 | 17 | 12 | 8 | 8 | 2 | 153 | |

¹ Age and service for purposes of determining category are based on exact (not rounded) values.
Plan Name: The Shubert Organization, Inc. Employees Pension Plan
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Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month October
- Interest rate basis 3-Segment Rates

| Interest rates | Reflecting Stabilization | Not Reflecting Stabilization |
|----------------|--------------------------|------------------------------|
|----------------|--------------------------|------------------------------|

Annual rates of increase

- Compensation 4.00%
- Statutory limits on compensation 3.00%

Plan-related expenses \$40,920

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1,430(h)(3)-1 using Scale MP-2021) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustment, adjusted backward to 2006 with MP-2014, and then projected forward with a

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static projection as specified in the regulations under §1,430(h)(3)-1 using Scale MP-2021).

Termination and disability Rates vary by age and gender

Representative Termination and Disability Rates

| Age | Sample Percentages | | Disability Male & Female |
|----------------|--------------------|--------|-----------------------------|
| | Termination | | |
| Pre-retirement | Male | Female | |
| 25 | 8.88% | 16.38% | .08% |
| 30 | 6.89% | 13.73% | .08% |
| 35 | 4.00% | 7.28% | .10% |
| 40 | 1.65% | 2.14% | .12% |
| 45 | .73% | .73% | .16% |
| 50 | .29% | .29% | .24% |
| 55 | -- | -- | .40% |
| 60 | -- | -- | .84% |

Retirement Age 67 or the age on the valuation date, whichever is greater.

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained earliest retirement age.
- Deferred vested benefit Normal retirement age
- Disability benefit Normal retirement age
- Retirement benefit Age 67 or the age on the valuation date, whichever is greater.

Form of payment Active employees are assumed to elect a single life annuity with a ten-year certain period.

Percent married For purposes of valuing the pre-retirement surviving spouse's benefit, 60% of male employees and 40% of female employees are assumed to be married.

Spouse age Husbands are assumed to be 4 years older than their wives.

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Covered pay Assumed plan compensation for the year beginning on the valuation date was determined as actual gross earnings during the year provided by the employer and annualized for participants who did not work for a full year.

Timing of benefit payments Annuity payments are payable monthly at the beginning of the month.

Methods

Valuation date First day of plan year

Funding target Present value of accrued benefits as required by regulations under IRC §430.

Target normal cost Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Decrement timing The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Actuarial value of assets The actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the prior plan year, discounted using the effective interest rate for the prior plan year.

Benefits not valued All benefits described in the plan provisions section of this report were valued. WTW has reviewed the plan provisions with the company and, based on that review, is not aware of any other significant benefits required to be valued that were not.

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Valuation Date: November 1, 2023

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Sources of Data and Other Information

The plan sponsor furnished participant data as of 11/1/2023. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Rates of increase in:

- **Compensation** Assumed compensation increases are based on plan sponsor expectations. We believe the selected assumption does not significantly conflict with what would be reasonable.
- **Increases in statutory limit (CPI)** The assumed CPI is based on the plan sponsor's future expectations. We believe the selected assumption does not significantly conflict with what would be reasonable.

Plan-related expenses As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality Assumptions used for funding purposes are as prescribed by IRC §430(h).

Disabled Mortality Assumptions used for funding purposes are as prescribed by IRC §430(h).

Termination Termination rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by patterns different than assumed.

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Termination rates differ by age and gender because of expected differences. We believe the selected assumption does not significantly conflict with what would be reasonable.

Disability

Disability rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by patterns different than assumed.

Disability rates differ by age and gender because of expected differences. We believe the selected assumption does not significantly conflict with what would be reasonable.

Retirement

Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by patterns different than assumed. We believe the selected assumption does not significantly conflict with what would be reasonable.

Source of Prescribed Methods

Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The amount included this year for plan-related expenses is \$40,920 compared to \$38,958 for the prior year. This assumption was updated because they are based on actual plan-related expenses during the preceding year.
- The mortality table used to calculate the funding target and target normal cost was updated to reflect the new tables required by guidance issued by the IRS under §430.
- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date, as required by IRC §430.

Plan Name: The Shubert Organization, Inc. Employees Pension Plan
EIN / PN: 13-2751366/001
Plan Sponsor: The Shubert Organization, Inc.
Valuation Date: November 1, 2023

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

For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

▶ **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.

| | | |
|---|---|-----|
| A Name of plan THE SHUBERT ORGANIZATION, INC. EMPLOYEES PENSION PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE SHUBERT ORGANIZATION, INC. | D Employer Identification Number (EIN) 13-2751366 | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 | |

| | | | |
|--|--|---------------------------|--------------------------|
| Part I Basic Information | | | |
| 1 Enter the valuation date: | Month <u>11</u> Day <u>01</u> Year <u>2023</u> | | |
| 2 Assets: | | | |
| a Market value..... | 2a | | 148,194,389 |
| b Actuarial value..... | 2b | | 148,194,389 |
| 3 Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a For retired participants and beneficiaries receiving payment..... | 111 | 49,587,522 | 49,587,522 |
| b For terminated vested participants..... | 217 | 10,348,596 | 10,348,596 |
| c For active participants..... | 153 | 48,412,774 | 50,478,623 |
| d Total..... | 481 | 108,348,892 | 110,414,741 |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/> | | | |
| a Funding target disregarding prescribed at-risk assumptions..... | 4a | | |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | 4b | | |
| 5 Effective interest rate..... | 5 | | 5.32% |
| 6 Target normal cost | | | |
| a Present value of current plan year accruals..... | 6a | | 2,779,059 |
| b Expected plan-related expenses..... | 6b | | 40,920 |
| c Target normal cost..... | 6c | | 2,819,979 |

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

| | | |
|------------------|---|---|
| SIGN HERE | Alyson J. Schwartz AJS | 7/9/2025 |
| | Signature of actuary | Date |
| | Alyson J. Schwartz | 2308379 |
| | Type or print name of actuary | Most recent enrollment number |
| | Willis Towers Watson US LLC | 212-915-8888 |
| | Firm name | Telephone number (including area code) |
| | 200 Liberty Street | |
| | New York NY 10281 | |
| | Address of the firm | |

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

| Part II Beginning of Year Carryover and Prefunding Balances | | (a) Carryover balance | (b) Prefunding balance |
|--|---|-----------------------|------------------------|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year)..... | 7,816,954 | 43,622,840 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year)..... | 2,399,926 | 0 |
| 9 | Amount remaining (line 7 minus line 8)..... | 5,417,028 | 43,622,840 |
| 10 | Interest on line 9 using prior year's actual return of <u>3.34</u> %..... | 180,929 | 1,457,003 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Present value of excess contributions (line 38a from prior year)..... | | 0 |
| | b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.49</u> %..... | | 0 |
| | b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return..... | | 0 |
| | c Total available at beginning of current plan year to add to prefunding balance..... | | 0 |
| | d Portion of (c) to be added to prefunding balance..... | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections..... | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)..... | 5,597,957 | 45,079,843 |

| Part III Funding Percentages | | | |
|-------------------------------------|---|-----------|---------|
| 14 | Funding target attainment percentage..... | 14 | 88.31% |
| 15 | Adjusted funding target attainment percentage..... | 15 | 134.21% |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | 16 | 100.49% |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. | 17 | % |

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | |
|-----------------------|--------------------------------|------------------------------|-----------------------|--------------------------------|------------------------------|---|
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| | | | | | | |
| Totals ▶ | | | 18(b) | 0 | 18(c) | 0 |

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

| | | |
|--|------------|---|
| a Contributions allocated toward unpaid minimum required contributions from prior years..... | 19a | 0 |
| b Contributions made to avoid restrictions adjusted to valuation date..... | 19b | 0 |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | 19c | 0 |

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year | | | |
|--|---------|---------|---------|
| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
| 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: 5.00 % | 3rd segment: 5.74 % | <input type="checkbox"/> N/A, full yield curve used |
|-------------------------|------------------------|------------------------|------------------------|---|

b Applicable month (enter code)..... **21b** 1

22 Weighted average retirement age **22** 67

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 | 2,819,979 |
| b Excess assets, if applicable, but not greater than line 31a | 31b | 0 |

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

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

| | | |
|--|-----------|-----------|
| 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... | 34 | 2,819,979 |
|--|-----------|-----------|

| | | | |
|---|-------------------|--------------------|---------------|
| | Carryover balance | Prefunding balance | Total balance |
| 35 Balances elected for use to offset funding requirement..... | 2,819,979 | 0 | 2,819,979 |

36 Additional cash requirement (line 34 minus line 35) **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

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

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

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

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

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

| | |
|--------------------------|---|
| Plan Sponsor | The Shubert Organization, Inc. |
| EIN/PN | 13-2751366/001 |
| Plan Name | The Shubert Organization, Inc. Employees Pension Plan |
| Valuation Date | November 1, 2023 |
| Enrolled Actuary | Alyson J. Schwartz |
| Enrollment Number | 23-08379 |

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

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Schedule SB, Line 22 Description of Weighted Average Retirement Age as of November 1, 2023

Each participant is assumed to retire at a single retirement age which is entered on Line 22

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Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month October
- Interest rate basis 3-Segment Rates

| Interest rates | Reflecting Stabilization | Not Reflecting Stabilization |
|----------------|--------------------------|------------------------------|
|----------------|--------------------------|------------------------------|

Annual rates of increase

- Compensation 4.00%
- Statutory limits on compensation 3.00%

Plan-related expenses \$40,920

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1,430(h)(3)-1 using Scale MP-2021) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustment, adjusted backward to 2006 with MP-2014, and then projected forward with a

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static projection as specified in the regulations under §1,430(h)(3)-1 using Scale MP-2021).

Termination and disability Rates vary by age and gender

Representative Termination and Disability Rates

| Age | Sample Percentages | | Disability Male & Female |
|----------------|--------------------|--------|-----------------------------|
| | Termination | | |
| Pre-retirement | Male | Female | |
| 25 | 8.88% | 16.38% | .08% |
| 30 | 6.89% | 13.73% | .08% |
| 35 | 4.00% | 7.28% | .10% |
| 40 | 1.65% | 2.14% | .12% |
| 45 | .73% | .73% | .16% |
| 50 | .29% | .29% | .24% |
| 55 | -- | -- | .40% |
| 60 | -- | -- | .84% |

Retirement Age 67 or the age on the valuation date, whichever is greater.

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained earliest retirement age.
- Deferred vested benefit Normal retirement age
- Disability benefit Normal retirement age
- Retirement benefit Age 67 or the age on the valuation date, whichever is greater.

Form of payment Active employees are assumed to elect a single life annuity with a ten-year certain period.

Percent married For purposes of valuing the pre-retirement surviving spouse's benefit, 60% of male employees and 40% of female employees are assumed to be married.

Spouse age Husbands are assumed to be 4 years older than their wives.

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Covered pay Assumed plan compensation for the year beginning on the valuation date was determined as actual gross earnings during the year provided by the employer and annualized for participants who did not work for a full year.

Timing of benefit payments Annuity payments are payable monthly at the beginning of the month.

Methods

Valuation date First day of plan year

Funding target Present value of accrued benefits as required by regulations under IRC §430.

Target normal cost Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Decrement timing The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Actuarial value of assets The actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the prior plan year, discounted using the effective interest rate for the prior plan year.

Benefits not valued All benefits described in the plan provisions section of this report were valued. WTW has reviewed the plan provisions with the company and, based on that review, is not aware of any other significant benefits required to be valued that were not.

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Sources of Data and Other Information

The plan sponsor furnished participant data as of 11/1/2023. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Rates of increase in:

- **Compensation** Assumed compensation increases are based on plan sponsor expectations. We believe the selected assumption does not significantly conflict with what would be reasonable.
- **Increases in statutory limit (CPI)** The assumed CPI is based on the plan sponsor's future expectations. We believe the selected assumption does not significantly conflict with what would be reasonable.

Plan-related expenses As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality Assumptions used for funding purposes are as prescribed by IRC §430(h).

Disabled Mortality Assumptions used for funding purposes are as prescribed by IRC §430(h).

Termination Termination rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by patterns different than assumed.

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Termination rates differ by age and gender because of expected differences. We believe the selected assumption does not significantly conflict with what would be reasonable.

Disability

Disability rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by patterns different than assumed.

Disability rates differ by age and gender because of expected differences. We believe the selected assumption does not significantly conflict with what would be reasonable.

Retirement

Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by patterns different than assumed. We believe the selected assumption does not significantly conflict with what would be reasonable.

Source of Prescribed Methods

Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The amount included this year for plan-related expenses is \$40,920 compared to \$38,958 for the prior year. This assumption was updated because they are based on actual plan-related expenses during the preceding year.
- The mortality table used to calculate the funding target and target normal cost was updated to reflect the new tables required by guidance issued by the IRS under §430.
- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date, as required by IRC §430.

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SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The most recent amendment reflected in the following plan provisions was effective August 1, 2023

| | |
|---------------------------|--|
| Covered employees | All employees who are employed as salaried or office employees, or in other eligible employment, are eligible to participate in the Plan. |
| Participation date | All eligible employees become participants on November 1 and May 1 next following their attainment of age 21 and completion of two years of service. |

Definitions

| | |
|-------------------------------------|---|
| Credited service | Credited Service includes all service from date of employment. |
| Years of service | Years of Service means 12 months of service. |
| Annual Compensation | W-2 wages. Compensation is limited to the Internal Revenue Code maximum amount. |
| Average Compensation | An employee's average Annual Compensation over his final sixty months of service. |
| Normal retirement date (NRD) | First day of the month coincident with or next following the participant's 65th birthday or the 5th anniversary of the date his employment commenced. |
| Accrued Benefit | A benefit computed in the same way as a normal retirement pension based on the participant's compensation to his date of termination and multiplied by a fraction whose numerator is the number of years of Credited Service completed at termination and whose denominator is the number of years of Credited Service the participant would have completed had he remained in service to his Normal Retirement Date. |

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Eligibility for Benefits

| | |
|------------------------------------|---|
| Normal retirement | Retirement on NRD |
| Early retirement | Attainment of age 50 and completion of 15 years of service. |
| Postponed retirement | Retirement after NRD |
| Deferred vested termination | A participant is entitled to full non-forfeitable vesting in his Accrued Benefit upon completion of two years of service. |
| Disability | Attainment of age 50 and completion of 15 years of service. |
| Preretirement death benefit | Death while eligible for normal, early, postponed, or deferred vested retirement benefits. |

Benefits Paid Upon the Following Events

| | |
|--------------------------|--|
| Normal retirement | <p>An annual pension equal to:</p> <ul style="list-style-type: none">• 2.4% of Average Compensation for each year of Credited Service as of October 31, 2018 not in excess of 20 years, plus• 0.9% of Average Compensation for each year of Credited Service as of October 31, 2018, in excess of 20 years but not greater than 15 years, plus• 1.00% of Average Compensation for each year of Credited Service, not in excess of 20 years, less years of Credited Service as of October 31, 2018, not in excess of 20 years, plus• 1.25% of Average Compensation for each year of Credited Service in excess of 20 years but not greater than 20 years, less years of Credited Service as of October 31, 2018 in excess of 20 years, but not greater than 15 years. <p>In no case shall the benefit exceed 61.5% of Average Compensation. The benefit is also reduced by 80% of any pension benefit to which the participant is entitled under any other pension plan to which the Employer contributes.</p> |
|--------------------------|--|

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If a participant continues in employment beyond his Normal Retirement Date, the benefits determined above are based on compensation and service to the actual date of retirement. If a Suspension of Benefits Notice is not provided on a timely basis, the participant receives the greater of this benefit and the benefit at Normal Retirement Date actuarially increased to the actual date of retirement.

The annual pension payable shall not exceed the benefit limitations imposed by Internal Revenue Code Section 415.

A minimum benefit will be provided equal to two percent of Average Compensation for each year of service the Plan is considered a top-heavy plan, up to a maximum of 20 percent of Average Compensation.

The benefit payable cannot be less than the benefit accrued under the prior formula as of the adoption date of the new formula (September, 1990) or less than \$100 per month.

Early retirement

A deferred retirement pension commencing on the participant's Normal Retirement Date and determined as his Accrued Benefit at his date of early retirement; or

A retirement pension commencing on the participant's early retirement date equal to the deferred benefit which would otherwise be payable, reduced as follows for the number of months prior to Normal Retirement Date that benefits commence: 3/12% for each of the first 36 months, 3.5/12% for each of the next 36 months, 4/12% for each of the next 36 months, 4.5/12% for each of the next 36 months, and 5/12% for each of the next 36 months. However, the benefit is unreduced if the sum of the participant's age and years of service is at least 100.

Postponed retirement

The monthly pension benefit determined as of the actual retirement date

Vested termination

A deferred benefit commencing on his Normal Retirement Date equal to his Accrued Benefit. The participant may elect early commencement of his benefit upon attainment of age 50 if he had completed fifteen years of service. This benefit equals the Accrued Benefit reduced as follows for the number of months prior to Normal Retirement Date that benefits commence: 3/12% for each of the first 36 months, 3.5/12% for each of the next 36

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months, 4/12% for each of the next 36 months, 4.5/12% for each of the next 36 months, and 5/12% for each of the next 36 months. However, the benefit is unreduced if the sum of the participant's age and years of service is at least 100.

Disablement

A deferred pension commencing on the participant's Normal Retirement Date and computed the same way as a normal retirement pension benefit based on years of Credited Service he would have completed at normal retirement and Annual Compensation at the date of disability.

Pre-retirement death benefits

(a) Death of a Married Participant

- (i) If a married participant dies prior to his earliest retirement age, a survivor benefit will be payable to his spouse equal to the amount that would have been payable if he had (1) terminated employment on the earlier of his date of death or his actual date of termination of employment, (2) survived to his earliest retirement date, (3) commenced payment of his retirement benefit in the form of a 50% joint and survivor annuity for the Pension Plan and in the form of 100% joint and survivor annuity for the Supplemental Plan, and (4) died the next day.
- (ii) If a married participant dies after his earliest retirement date and while still in active service the survivor benefit payable to his spouse is determined as in (i) above except that "50% joint and survivor annuity" is replaced by "75% joint and survivor annuity".

Effective March 16, 2017, a married participant who continues in service after attaining at least age 65 and having completed at least 25 years of service (or the sum of his age and service equal at least 100) may elect that the death benefit payable to his surviving spouse will be equal to the survivor benefit payable under a 75% joint and survivor annuity with a 10-year guarantee.

(b) Death of an Unmarried Participant

If an active unmarried participant (1) has attained age 65 and completed at least 25 years of service or the sum of

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his age and service exceeds 100, and (2) dies prior to commencing his retirement benefit, the death benefit payable to his estate will be 120 payments, with each payment equal to 75% of the monthly payment that would have been paid to the participant had he retired the day before his death.

Other Plan Provisions

Normal form of pension

Payment commences on normal, early, disability or deferred retirement date and continues for a guaranteed period of 10 years and thereafter for life if the participant is not legally married. A married participant receives a reduced pension payable for his lifetime with one-half of the reduced amount payable to his surviving spouse upon his death.

Optional forms of payment

A participant may elect to convert his pension into a benefit of equivalent actuarial value in accordance with one of the options described below:

- (a) Contingent annuitant option - a reduced pension payable to the participant for life, and, upon his death, a benefit of 100%, 75% or 50% of the reduced amount payable to his designated beneficiary for life; or
- (b) Ten-year certain option - payment as in (a) above with the additional guarantee that benefits be made for at least 10 years in the event of the death of both the participant and his designated beneficiary; or
- (c) Life annuity option - an increased pension payable to the participant for life that ceases upon his death.

Pension Increases

None

Plan participants' contributions

None

Maximum limits on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Plan Name: The Shubert Organization, Inc. Employees Pension Plan
EIN / PN: 13-2751366/001
Plan Sponsor: The Shubert Organization, Inc.
Valuation Date: November 1, 2023

SCHEDULE SB ATTACHMENTS

2020 Special Early Retirement Window

The plan was amended during 2020 to provide a Special Early Retirement Window. Under that Window, participants who as of April 1, 2020 were (1) actively employed by the Company and accruing a benefit under the Plan; (2) at least age 55; and (3) credited with at least 15 Years of Service were given the opportunity to retire on June 30, 2020 and immediately commence their full, unreduced pension under the Plan.

Future Plan Changes

No future plan provisions were recognized in determining minimum and maximum contributions. WTW is not aware of any additional future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

None.

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EIN / PN: 13-2751366/001
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Valuation Date: November 1, 2023

Schedule SB, Line 26a
Schedule of Active Participant Data as of November 1, 2023

| Attained Age | Attained Years of Credited Service ¹ | | | | | | | | | | Total | |
|--------------|---|-----------|-----------|-----------|-----------|-----------|-----------|----------|----------|-----------|----------|------------|
| | Under 1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Over | | |
| Under 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25-29 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| 30-34 | 0 | 15 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 19 |
| 35-39 | 1 | 5 | 7 | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 19 |
| 40-44 | 0 | 3 | 7 | 6 | 4 | 1 | 0 | 0 | 0 | 0 | 0 | 21 |
| 45-49 | 0 | 4 | 5 | 4 | 2 | 4 | 4 | 0 | 0 | 0 | 0 | 23 |
| 50-54 | 0 | 0 | 2 | 4 | 2 | 2 | 4 | 1 | 0 | 0 | 0 | 15 |
| 55-59 | 0 | 1 | 1 | 1 | 4 | 5 | 0 | 4 | 1 | 0 | 0 | 17 |
| 60-64 | 0 | 1 | 0 | 1 | 4 | 5 | 2 | 2 | 2 | 0 | 0 | 17 |
| 65-69 | 0 | 0 | 1 | 2 | 3 | 0 | 2 | 1 | 5 | 1 | 0 | 15 |
| 70 & over | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 2 |
| Total | 1 | 34 | 27 | 22 | 22 | 17 | 12 | 8 | 8 | 2 | 0 | 153 |

¹ Age and service for purposes of determining category are based on exact (not rounded) values.
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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of November 1, 2023

Each participant is assumed to retire at a single retirement age which is entered on Line 22

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SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

| | |
|--------------------------|---|
| Plan Sponsor | The Shubert Organization, Inc. |
| EIN/PN | 13-2751366/001 |
| Plan Name | The Shubert Organization, Inc. Employees Pension Plan |
| Valuation Date | November 1, 2023 |
| Enrolled Actuary | Alyson J. Schwartz |
| Enrollment Number | 23-08379 |

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The most recent amendment reflected in the following plan provisions was effective August 1, 2023

| | |
|---------------------------|--|
| Covered employees | All employees who are employed as salaried or office employees, or in other eligible employment, are eligible to participate in the Plan. |
| Participation date | All eligible employees become participants on November 1 and May 1 next following their attainment of age 21 and completion of two years of service. |

Definitions

| | |
|-------------------------------------|---|
| Credited service | Credited Service includes all service from date of employment. |
| Years of service | Years of Service means 12 months of service. |
| Annual Compensation | W-2 wages. Compensation is limited to the Internal Revenue Code maximum amount. |
| Average Compensation | An employee's average Annual Compensation over his final sixty months of service. |
| Normal retirement date (NRD) | First day of the month coincident with or next following the participant's 65th birthday or the 5th anniversary of the date his employment commenced. |
| Accrued Benefit | A benefit computed in the same way as a normal retirement pension based on the participant's compensation to his date of termination and multiplied by a fraction whose numerator is the number of years of Credited Service completed at termination and whose denominator is the number of years of Credited Service the participant would have completed had he remained in service to his Normal Retirement Date. |

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SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

| | |
|------------------------------------|---|
| Normal retirement | Retirement on NRD |
| Early retirement | Attainment of age 50 and completion of 15 years of service. |
| Postponed retirement | Retirement after NRD |
| Deferred vested termination | A participant is entitled to full non-forfeitable vesting in his Accrued Benefit upon completion of two years of service. |
| Disability | Attainment of age 50 and completion of 15 years of service. |
| Preretirement death benefit | Death while eligible for normal, early, postponed, or deferred vested retirement benefits. |

Benefits Paid Upon the Following Events

| | |
|--------------------------|--|
| Normal retirement | <p>An annual pension equal to:</p> <ul style="list-style-type: none">• 2.4% of Average Compensation for each year of Credited Service as of October 31, 2018 not in excess of 20 years, plus• 0.9% of Average Compensation for each year of Credited Service as of October 31, 2018, in excess of 20 years but not greater than 15 years, plus• 1.00% of Average Compensation for each year of Credited Service, not in excess of 20 years, less years of Credited Service as of October 31, 2018, not in excess of 20 years, plus• 1.25% of Average Compensation for each year of Credited Service in excess of 20 years but not greater than 20 years, less years of Credited Service as of October 31, 2018 in excess of 20 years, but not greater than 15 years. <p>In no case shall the benefit exceed 61.5% of Average Compensation. The benefit is also reduced by 80% of any pension benefit to which the participant is entitled under any other pension plan to which the Employer contributes.</p> |
|--------------------------|--|

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SCHEDULE SB ATTACHMENTS

If a participant continues in employment beyond his Normal Retirement Date, the benefits determined above are based on compensation and service to the actual date of retirement. If a Suspension of Benefits Notice is not provided on a timely basis, the participant receives the greater of this benefit and the benefit at Normal Retirement Date actuarially increased to the actual date of retirement.

The annual pension payable shall not exceed the benefit limitations imposed by Internal Revenue Code Section 415.

A minimum benefit will be provided equal to two percent of Average Compensation for each year of service the Plan is considered a top-heavy plan, up to a maximum of 20 percent of Average Compensation.

The benefit payable cannot be less than the benefit accrued under the prior formula as of the adoption date of the new formula (September, 1990) or less than \$100 per month.

Early retirement

A deferred retirement pension commencing on the participant's Normal Retirement Date and determined as his Accrued Benefit at his date of early retirement; or

A retirement pension commencing on the participant's early retirement date equal to the deferred benefit which would otherwise be payable, reduced as follows for the number of months prior to Normal Retirement Date that benefits commence: 3/12% for each of the first 36 months, 3.5/12% for each of the next 36 months, 4/12% for each of the next 36 months, 4.5/12% for each of the next 36 months, and 5/12% for each of the next 36 months. However, the benefit is unreduced if the sum of the participant's age and years of service is at least 100.

Postponed retirement

The monthly pension benefit determined as of the actual retirement date

Vested termination

A deferred benefit commencing on his Normal Retirement Date equal to his Accrued Benefit. The participant may elect early commencement of his benefit upon attainment of age 50 if he had completed fifteen years of service. This benefit equals the Accrued Benefit reduced as follows for the number of months prior to Normal Retirement Date that benefits commence: 3/12% for each of the first 36 months, 3.5/12% for each of the next 36

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months, 4/12% for each of the next 36 months, 4.5/12% for each of the next 36 months, and 5/12% for each of the next 36 months. However, the benefit is unreduced if the sum of the participant's age and years of service is at least 100.

Disablement

A deferred pension commencing on the participant's Normal Retirement Date and computed the same way as a normal retirement pension benefit based on years of Credited Service he would have completed at normal retirement and Annual Compensation at the date of disability.

Pre-retirement death benefits

(a) Death of a Married Participant

- (i) If a married participant dies prior to his earliest retirement age, a survivor benefit will be payable to his spouse equal to the amount that would have been payable if he had (1) terminated employment on the earlier of his date of death or his actual date of termination of employment, (2) survived to his earliest retirement date, (3) commenced payment of his retirement benefit in the form of a 50% joint and survivor annuity for the Pension Plan and in the form of 100% joint and survivor annuity for the Supplemental Plan, and (4) died the next day.
- (ii) If a married participant dies after his earliest retirement date and while still in active service the survivor benefit payable to his spouse is determined as in (i) above except that "50% joint and survivor annuity" is replaced by "75% joint and survivor annuity".

Effective March 16, 2017, a married participant who continues in service after attaining at least age 65 and having completed at least 25 years of service (or the sum of his age and service equal at least 100) may elect that the death benefit payable to his surviving spouse will be equal to the survivor benefit payable under a 75% joint and survivor annuity with a 10-year guarantee.

(b) Death of an Unmarried Participant

If an active unmarried participant (1) has attained age 65 and completed at least 25 years of service or the sum of

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his age and service exceeds 100, and (2) dies prior to commencing his retirement benefit, the death benefit payable to his estate will be 120 payments, with each payment equal to 75% of the monthly payment that would have been paid to the participant had he retired the day before his death.

Other Plan Provisions

Normal form of pension

Payment commences on normal, early, disability or deferred retirement date and continues for a guaranteed period of 10 years and thereafter for life if the participant is not legally married. A married participant receives a reduced pension payable for his lifetime with one-half of the reduced amount payable to his surviving spouse upon his death.

Optional forms of payment

A participant may elect to convert his pension into a benefit of equivalent actuarial value in accordance with one of the options described below:

- (a) Contingent annuitant option - a reduced pension payable to the participant for life, and, upon his death, a benefit of 100%, 75% or 50% of the reduced amount payable to his designated beneficiary for life; or
- (b) Ten-year certain option - payment as in (a) above with the additional guarantee that benefits be made for at least 10 years in the event of the death of both the participant and his designated beneficiary; or
- (c) Life annuity option - an increased pension payable to the participant for life that ceases upon his death.

Pension Increases

None

Plan participants' contributions

None

Maximum limits on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

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SCHEDULE SB ATTACHMENTS

2020 Special Early Retirement Window

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Future Plan Changes

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Changes in Benefits Valued Since Prior Year

None.

Plan Name: The Shubert Organization, Inc. Employees Pension Plan
EIN / PN: 13-2751366/001
Plan Sponsor: The Shubert Organization, Inc.
Valuation Date: November 1, 2023

| | |
|-------------------------|--|
| Plan Name | The Shubert Organization, Inc. Employees Pension Plan |
| Plan Sponsor EIN | 13-2751366 |
| ERISA Plan # | 001 |
| Plan Year Ending | 10/31/2024 |

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

| Form/Schedule | Line # | Description | Attachment |
|----------------------|---------------|---|-------------------|
| 5500 Sch. H | Line 3 | Financial statements used in formulating the IQPA's opinion | X |
| 5500 Sch. H | Line 4a | Schedule of Delinquent Participant Contributions | |
| 5500 Sch. H | Line 4i | Schedule of Assets (Held at End of Year) | X |
| 5500 Sch. H | Line 4i | Schedule of Assets (Acquired and Disposed of Within Year) | |
| 5500 Sch. H | Line 4j | Schedule of Reportable Transactions | |