

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [X] 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: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: RETIREMENT PLAN FOR EMPLOYEES OF SAN FRANCISCO SYMPHONY CORPORATION
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1970
2a Plan sponsor's name (employer, if for a single-employer plan): SAN FRANCISCO SYMPHONY CORPORATON
2b Employer Identification Number (EIN): 94-1156284
2c Plan Sponsor's telephone number: 415-552-8000
2d Business code (see instructions): 711100

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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. SANDRA CURRY, 10/14/2025, Signature of plan administrator; 2. SANDRA CURRY, 10/14/2025, Signature of employer/plan sponsor; 3. Signature of DFE, Date, Enter name of individual signing as DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	172
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	23
	6a(2)	23
	6b	64
	6c	79
	6d	166
	6e	4
	6f	170
	6g(1)	
6g(2)		
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 1I

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE 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> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF SAN FRANCISCO SYMPHONY CORPORATION</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>SAN FRANCISCO SYMPHONY CORPORATON</u>	D Employer Identification Number (EIN) <u>94-1156284</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>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>20028504</u>
	b Actuarial value	2b	<u>20092696</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>68</u>	<u>9901389</u>
	b For terminated vested participants	<u>82</u>	<u>5516686</u>
	c For active participants	<u>23</u>	<u>2647940</u>
	d Total	<u>173</u>	<u>18066015</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>5.08 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>185000</u>
	c Target normal cost	6c	<u>185000</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>10/13/2025</u>	Date
	<u>JOHN R. BOTSFORD, F.S.A</u>	<u>23-06305</u>	Most recent enrollment number
	Type or print name of actuary	<u>415-403-1333</u>	Telephone number (including area code)
	<u>MILLIMAN, INC.</u>		
	Firm name		
	<u>500 YGNACIO VALLEY ROAD SUITE 498 WALNUT CREEK, CA 94596</u>		
	Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>13.24</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		18892
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.20</u> %		982
	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		19874
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	111.21 %
15	Adjusted funding target attainment percentage	15	111.21 %
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	110.47 %
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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	185000	
b Excess assets, if applicable, but not greater than line 31a	31b	185000	
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	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF SAN FRANCISCO SYMPHONY CORPORATION	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SAN FRANCISCO SYMPHONY CORPORATON	D Employer Identification Number (EIN) 94-1156284	

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

GMO LLC 40 ROWES WHARF
BOSTON, MA 02110

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

CREDIT SUISSE FUNDS PO BOX 55030
BOSTON, MA 02205

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

BARINGS ONE FINANCIAL PLAZA
SUITE 1700
HARTFOED, CT 06103

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

COHEN & STEERS 280 PARK AVENUE
10TH FLOOR
NEW YORK, NY 10017

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

VANGUARD

PO BOX 2900
VALLEY FORGE, PA 19482

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

J.P. MORGAN

383 MADISON AVE
5TH FLOOR
NEW YORK, NY 02110

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

TCW

865 SO. FIGUEROA STREET
SUITE 1800
LOS ANGELES, CA 90017

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

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

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)

PARTNERS CAPITAL

81-4189609

(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	110644	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)

MILLIMAN

91-0675641

(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?
11 50	NONE	33851	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)

NORTHERN TRUST

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	NONE	17449	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"/>

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)

GRANT THORNTON

36-6055558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	14300	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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF SAN FRANCISCO SYMPHONY CORPORATION</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SAN FRANCISCO SYMPHONY CORPORATON</u>	D Employer Identification Number (EIN) <u>94-1156284</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SHORT-TERM INVESTMENT FUND</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST COMPANY</u>		
c EIN-PN <u>45-6138509-084</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12617265</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF SAN FRANCISCO SYMPHONY CORPORATION	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SAN FRANCISCO SYMPHONY CORPORATON	D Employer Identification Number (EIN) 94-1156284

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		57739
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		1020850
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	2238565	776889
(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)	410425	12617265
(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)	8688443	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	8691071	8828088

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	20028504	23300831
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	348055	1230977
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	348055	1230977
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	19680449	22069854

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)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	189715	
(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)		189715
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3433054
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3622769

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1039748	
(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)		1039748
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)	14300	
(5) Investment advisory and investment management fees	2i(5)	110644	
(6) Bank or trust company trustee/custodial fees	2i(6)	17449	
(7) Actuarial fees	2i(7)	33851	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	17372	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		193616
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1233364

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2389405
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: GRANT THORNTON

(2) EIN: 36-6055558

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		2000000
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 0.

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 552846.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF SAN FRANCISCO SYMPHONY CORPORATION</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SAN FRANCISCO SYMPHONY CORPORATON</u>	D Employer Identification Number (EIN) <u>94-1156284</u>	

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

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 95-3571588

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
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

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

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 _____.

Financial Statements and Report of
Independent Certified Public
Accountants

**Retirement Plan for Employees of
San Francisco Symphony Corporation**

December 31, 2024 and 2023

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

To the Audit Committee of the Board of Directors
Retirement Plan for Employees of San Francisco Symphony Corporation

Scope and nature of the ERISA Section 103(a)(3)(C) audit

We have performed audits of the financial statements of Retirement Plan for Employees of San Francisco Symphony Corporation (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, are complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all

material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditor's 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 audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of management for the financial statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about 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.

Auditor's responsibilities for the audit of the financial statements

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

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

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

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

Other matter – supplemental schedules required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024, and schedule of reportable transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures. These additional procedures included 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. For information included in the supplemental schedules that agreed to or is derived from

the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

Grant Thornton LLP

Bellevue, Washington
October 13, 2025

**Retirement Plan for Employees of
San Francisco Symphony Corporation**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	2024	2023
ASSETS		
Investments		
Investments, at fair value	\$ 22,222,242	\$ 20,028,504
Non-interest bearing cash	57,739	-
Total investments	22,279,981	20,028,504
Receivables		
Interest	24,595	-
Broker	996,255	-
Total receivables	1,020,850	-
Total assets	23,300,831	20,028,504
LIABILITIES		
Accounts payable and accrued expenses	234,722	348,055
Broker payable	996,255	-
Total liabilities	1,230,977	348,055
NET ASSETS AVAILABLE FOR BENEFITS	\$ 22,069,854	\$ 19,680,449

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

**Retirement Plan for Employees of
San Francisco Symphony Corporation**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31,

	2024	2023
Additions		
Investment income		
Net appreciation of investments	\$ 3,433,054	\$ 2,213,199
Dividends and interest	189,715	189,360
	3,622,769	2,402,559
Deductions		
Benefits paid directly to participants	(1,039,748)	(1,008,335)
Administrative expenses	(193,616)	(140,292)
	(1,233,364)	(1,148,627)
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	2,389,405	1,253,932
Net assets available for benefits, beginning of year	19,680,449	18,426,517
Net assets available for benefits, end of year	\$ 22,069,854	\$ 19,680,449

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

**Retirement Plan for Employees of
San Francisco Symphony Corporation**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The following brief description of the Retirement Plan for Employees of San Francisco Symphony Corporation (the "Plan") is provided for general information purposes only. Plan participants should refer to the plan document for more complete information.

General

The Plan is a defined benefit plan established in 1970 for the purpose of providing normal, early, or disability retirement benefits to eligible participants of the San Francisco Symphony Corporation (the "SFS"). The Plan is subject to the provisions of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The Board of Governors of SFS approved and adopted a resolution amending the Plan to provide that benefit accruals as of March 31, 2010 were to be frozen and no future benefit accruals under the Plan would occur after such date. Coincident with the cessation of future benefit accruals, the SFS instituted a discretionary base contribution on behalf of all employees after a vesting period. The Plan was restated in its entirety in 2014.

Plan Governance and Administration

The Board of Governors and the Investment Committee are the named fiduciaries of the Plan, as defined by ERISA. The Board of Governors is responsible for oversight and governance of the Plan, and the SFS is responsible for general administration of the Plan. This includes ordinary administrative matters such as the calculation of and direction of payment of benefits and regular expenses; routine exchanges of information with the Plan's agents; and review, execution and filing of documents and reports required to be filed with a government agency or disclosed to participants and beneficiaries.

The Investment Committee has the authority and responsibility to make investment policy for the Plan, and to direct The Northern Trust Company ("Northern Trust"), the trustee of the Plan, regarding investment and reinvestment of the assets of the Plan. The Investment Committee has appointed Partners Capital Investment Group, LLP ("Partners Capital"), an investment advisory company, as the investment manager of the Plan assets and to provide investment advisory services to the Investment Committee and Board of Governors. Investment fees, which may vary according to the individual funds selected are paid out of the assets of the Plan.

Plan assets are held in a single trust agreement (the "Trust") with Northern Trust, the trustee of the Plan. Responsibilities under the Trust are allocated between the Human Resources Committee and the Investment Committee of the Board of Governors ("Investment Committee").

Pension Benefits

Employees of the SFS were eligible to participate in the Plan on January 1st or July 1st coincident with, or next following completion of, one year of credited service in which 1,000 hours are worked. Any eligible employee who was not a participant on March 10, 2010 is not eligible to become a participant. Participants become fully vested in benefits accrued under the Plan upon the earlier of attaining normal retirement age of 65 or five years of service.

Participants are eligible to receive benefits:

- a) at age 65 (normal retirement)
- b) at age 55 and having completed at least five years of service (early retirement)

**Retirement Plan for Employees of
San Francisco Symphony Corporation**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

c) upon termination and having completed at least five years of service

A participant who elects early retirement will commence receiving benefit payments on their normal retirement age of 65 unless the participant elects to receive a reduced benefit that would commence on their early retirement date. If a participant terminates after five years of service, a monthly benefit will be paid at normal retirement date equal to the credit accrued to the date of termination or a reduced benefit will be paid commencing at age 55, provided that the participant had at least 10 years of credited service at termination.

Benefits are generally paid in the form of annuities except in the cases where a participant would qualify for a lump sum payment pursuant to the provisions of the Plan. Married participants' benefits are paid in the form of a qualified joint and survivor annuity. Unmarried participants' benefits are paid in the form of a single-life annuity. Both married and unmarried participants can elect other payment forms pursuant to the terms of the Plan.

Death Benefits

If a married participant with a vested benefit dies before benefits have commenced, their spouse will be entitled to receive a pension benefit that is equal to 50% of what the participant's pension would have been if such participant had retired or otherwise terminated employment and elected the 50% joint and survivor annuity form of payment. The spouse's pension shall commence on the earliest date that the participant would have begun receiving a pension. The employee must have at least five years of service and the spouse must be married to the participant for 12 months preceding the participant's date of death.

Non-interest Bearing Cash

At December 31, 2024 and 2023, the Plan had \$57,739 and \$0, respectively, of non-interest bearing cash held elsewhere, which represents audit hold backs for investments liquidated.

Funding Policy

The SFS's current funding policy is to make contributions based on the pension expense amount as calculated using the Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 715. In accordance with this policy, for the years ended December 31, 2024 and 2023, SFS was not required to make contributions to the Plan.

Plan Termination

The SFS has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. Effective January 15, 2025 ("termination Date") the Plan was terminated. Participants were notified of the termination and offered the choice of an immediate lump sum distribution, an immediate annuity or a deferred annuity. The Company had the right under the Plan agreement to discontinue Plan contributions at any time and to terminate the Plan subject to the provisions of ERISA.

In March 2025, the Plan Sponsor selected Midland National Life Insurance Company to settle all remaining benefits through a group annuity contract purchased by the Plan for \$15.4 million which preserved all of the benefit rights and options previously provided by the Plan. As part of the purchase of the group annuity contract, Plan benefit obligations and related annuity administration services for the transferred participants were irrevocably assumed and guaranteed by the insurance company.

In April to June 2025, lump sum payments of \$3,027,817 were paid to participants who elected lump sum payments.

**Retirement Plan for Employees of
San Francisco Symphony Corporation**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

In July 2025, 2 participants were submitted to the Pension Benefit Guarantee Corporation missing participant program, including a payment of \$49,187.

The Plan received a favorable determination letter from the Internal Revenue Service ("the IRS") dated August 4, 2025, indicating that the termination of the Plan does not affect its qualification for federal tax purposes.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting and Financial Statement Presentation

The accompanying financial statements are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein and disclosure of contingent assets and liabilities, as of the date of the financial statements. Actual results could differ from such estimates.

Investment Valuation and Income Recognition

Investments are presented at fair value based on information provided by Northern Trust. The fair value of investments is based on published market prices and quotations from major investment brokers at current exchange rates, as available, or net asset value ("NAV"), which is determined to be a practical expedient for measuring fair value (see Note 4). All investments are registered, with securities held by Northern Trust, in the name of the Plan. Gains and losses on investments that were sold during the year are included in the statements of changes in net assets available for benefits.

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

Benefit Payments and Plan Administration Expenses

Benefit payments to participants are recorded upon distribution. Administrative expenses are recorded when incurred. All benefit payments and eligible administrative expenses are paid from Plan assets.

NOTE 3 - INCOME TAX STATUS

The IRS issued a determination letter dated October 26, 2015, that the Plan is designed in accordance with applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan and related Trust are designed and are currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the Trust is tax-exempt.

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

**Retirement Plan for Employees of
San Francisco Symphony Corporation**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements.

NOTE 4 - FAIR VALUE MEASUREMENTS

Fair value is defined as the exchange price that would be received to sell an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The fair values of the Plan's assets and liabilities are based on a fair value hierarchy that includes three levels of inputs: Level 1, Level 2, and Level 3.

Level 1 - Inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities at the measurement date. An active market is one where transactions occur with sufficient frequency and volume to provide pricing information on an ongoing basis.

Level 2 - Inputs are those other than quoted prices that are observable, for the asset or liability, either directly or indirectly and include:

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

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

Level 3 - Inputs are unobservable and significant to the fair value measurement.

The types of instruments which would generally be included in Level 3 include limited partnerships and limited liability corporations, and real estate investments. In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, the determination of which category within the fair value hierarchy is appropriate for any given instrument is based on the lowest level of input that is significant to the fair value measurement. The significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the instrument.

NAV per unit is used to determine the fair value of all the underlying investments that (a) do not have a readily determinable fair value and (b) prepare their financial statements consistent with the measurement principles or have the attributes of an investment company.

Unobservable inputs reflect assumptions market participants would use in pricing the asset or liability (including assumptions about risk). Unobservable inputs are developed based on the best information available in the circumstances.

**Retirement Plan for Employees of
San Francisco Symphony Corporation**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

Following is a description of the valuation methodologies used for assets measured at fair value.

Registered investment companies: Valued at the daily closing price as reported on the active market on which these securities are traded. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Collective trusts: Valued at the NAV of units held by the Plan. The NAV, as provided by Northern Trust, is used as a practical expedient to estimate fair value.

Partnership/joint venture interests: Stated at estimated fair value utilizing NAV reported by the general partner as a practical expedient to fair value.

Other hedge funds: Stated at estimated fair value utilizing NAV reported by the general partner as a practical expedient to fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of future net realizable value. Furthermore, although the plan administrator believes its valuation method is appropriate, the use of other methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value at the reporting date.

As of December 31, 2024, the Plan held no investments within the fair value leveling table. Investments measured at NAV(*) as of December 31, 2024 totaled \$22,222,242.

The following table represents the Plan's investments measured at fair value on a recurring basis as of December 31, 2023:

Fair Value Measurements Using Input Type	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 8,688,442	\$ -	\$ -	\$ 8,688,442
Total investment in the fair value hierarchy	8,688,442	-	-	8,688,442
Investments measured at NAV (*)	-	-	-	11,340,062
Total investments measured at fair value	\$ 8,688,442	\$ -	\$ -	\$ 20,028,504

* Certain investments that are measured at fair value using the NAV per share practical expedient (or its equivalent) have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

**Retirement Plan for Employees of
San Francisco Symphony Corporation**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

The following table summarizes investments measured at NAV per share as of December 31, 2024:

Strategy	Fair Value	Unfunded Commitments	Redemption Terms	Redemption Restrictions
(Barings) Cornerstone Patriot Fund ^(c)	\$ 14,692	N/A	Quarterly	60 days written notice
GMO Quality Fund ^(b)	1	N/A	Daily	None noted
Partners Capital Co-Invest Equities ^(b)	15,041	N/A	Daily/Weekly	None noted
CF AKO European Long Only Fund ^(b)	747,155	N/A	Quarterly	30 days written notice
CF Partners Capital Falcon Fund ^(b)	2,307,825	N/A	Quarterly	95 days written notice
CF Partners Capital Harrier Fund ^(b)	6,520,263	N/A	Quarterly	95 days written notice
Collective Short-Term Investment Fund ^(a)	12,617,265	N/A	Daily	Daily upon written request
Total	<u>\$ 22,222,242</u>			

The following table summarizes investments measured at NAV per share as of December 31, 2023:

Strategy	Fair Value	Unfunded Commitments	Redemption Terms	Redemption Restrictions
(Barings) Cornerstone Patriot Fund ^(c)	\$ 1	N/A	Quarterly	60 days written notice
Bain Capital Public Equity Global Long Equity Fund ^(b)	43,250	N/A	Monthly	30 days written notice
GMO Quality Fund ^(b)	1,268,058	N/A	Daily	None noted
Partners Capital Co-Invest Equities ^(b)	927,256	N/A	Daily/Weekly	None noted
Pacific Diversified Strategies ^(a)	962	N/A	Quarterly	90 days written notice
CF AKO European Long Only Fund ^(b)	678,633	N/A	Quarterly	30 days written notice
CF Partners Capital Falcon Fund ^(b)	1,987,759	N/A	Quarterly	95 days written notice
CF Partners Capital Harrier Fund ^(b)	6,023,718	N/A	Quarterly	95 days written notice
Collective Short-Term Investment Fund ^(a)	410,425	N/A	Daily	Daily upon written request
Total	<u>\$ 11,340,062</u>			

^(a) Fixed income/total return - These investments are focused on generating positive absolute returns by investing capital in a portfolio of mortgage-backed securities, equity securities, derivatives, and other investments. These funds are managed without duration constraints.

^(b) Global equity - These investments are focused on generating absolute and net equity returns over a multi-year cycle, accepting moderate near-term volatility as a mechanism to achieve long-term results. Several of these funds use a master-feeder structure, where the feeder funds employ the same objectives as the master fund. Investments are in long and short global equity securities and debt (and their derivatives).

**Retirement Plan for Employees of
San Francisco Symphony Corporation**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

(c) Real estate - This investment is focused on investing primarily in stabilized, well-leased real estate assets intended to provide steadily growing income with the opportunity for appreciation over the long-term. Investments of the fund may include office, apartment, retail, industrial, and hotel properties.

NOTE 5 - INVESTMENT INFORMATION CERTIFIED BY NORTHERN TRUST

The plan administrator has elected the method of annual reporting permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosing under ERISA. Under this provision of ERISA, investment information and related activity certified as accurate and complete by a qualified institution need not be subjected to independent audit. Accordingly, Northern Trust has certified that the following data included in the accompanying financial statements and supplemental schedules are complete and accurate:

- Investments, at fair value, non-interest bearing cash, interest receivable, broker receivables and broker payables as shown in the statements of net assets available for benefits as of December 31, 2024 and 2023.
- Net investment income as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023.
- Investments shown and transactions disclosed in the supplemental schedule of assets (held at end of year) as of December 31, 2024 and the schedule of reportable transactions for the year ended December 31, 2024.

NOTE 6 - ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service participants have rendered through the valuation date. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits under the Plan are based on credited years of service.

As all plan benefits were paid in 2025, the accumulated plan benefits as of December 31, 2024 of \$19,027,035 are based substantially on the subsequent distributions from the Plan. These distributions include the monthly annuities prior to the settlement of the Plan as well as the distributions arising from the Plan termination which include lump sum payments for participants who elected a lump sum distribution, and the annuity payment purchase for participants who elected or were already enrolled for annuity payments.

NOTE 7 - RISKS AND UNCERTAINTIES

The Plan's investments are exposed to various risks, such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities and level of uncertainty related to changes in the value of investment securities, it is possible that changes in risks in the near term would materially affect the amounts reported in the Plan's financial statements.

The financial markets, both domestically and internationally, have demonstrated significant volatility on a daily basis, which affects the valuation of investments. The Plan utilizes asset allocation strategies that are intended to optimize investment returns over time in accordance with investment objectives and with acceptable levels of risk.

**Retirement Plan for Employees of
San Francisco Symphony Corporation**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

Due to uncertainties inherent in estimates and assumptions it is reasonably possible that changes to such estimates and assumptions in the near term could be material to the financial statements.

NOTE 8 - PARTY-IN-INTEREST TRANSACTIONS

ERISA defines parties-in-interest similarly to FASB ASC 850, *Related Party Disclosures*, except that ERISA's definition is broader and includes all entities and individuals that provide services to the Plan; however, these entities may not necessarily be related parties. We did not identify any related parties to the Plan that were not also considered to be parties-in-interest. The Plan did not enter into any material related party transactions during the years ended December 31, 2024 and 2023, related to compensation arrangements, expense allowances, or similar items.

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee association whose members are covered by the Plan, and a person who owns 50% or more of such an employer or employee association or relatives of such persons.

Northern Trust retains, as compensation for services provided to the Plan, any interest on amounts earned while certain transactions are pending. This applies to both contributions and distributions. Earnings are at institutional money market rates.

Certain Plan investments are owned and managed by Northern Trust or its affiliates, and Partners Capital, therefore, these investment transactions qualify as exempt party-in-interest transactions.

The SFS at times may pay certain administrative expenses on behalf of the Plan. The Plan is not required to reimburse the SFS for these costs. As of December 31 2024 and 2023, the Plan has recognized an amount payable to SFS of approximately \$234,000 and \$348,000 for insurance premiums, and actuarial and audit services costs paid by SFS on behalf of the Plan during the years ended December 31, 2024 and 2023, respectively. The plan administrator believes that these transactions represent exempt party-in-interest transactions.

NOTE 9 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 13, 2025, the date the financial statements were available to be issued. Effective January 13, 2025 the Plan was amended to include if a participant's accrued benefit exceeds \$1,000 but does not exceed \$7,000 at the time of payment of such benefits to commence, payment of the entirety of such benefit shall automatically be made to the participant in a single lump sum. If the accrued benefit does not exceed \$1,000, payment of the entire benefit shall be paid as soon as practicable after the participant's termination. Except for the amendment noted and the Plan termination disclosed in Note 1, no subsequent events have occurred that would have a material impact on the presentation of the Plan's financial statements.

SUPPLEMENTAL SCHEDULES

**Retirement Plan for Employees of
San Francisco Symphony Corporation**

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

December 31, 2024

FEDERAL EIN: 94-1156284, PLAN #: 001

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
*	Northern Trust Collective Short-Term Investment Fund	Collective trust	\$ 12,617,265	\$ 12,617,265
	CF Partners Capital Falcon Fund	Hedge fund - other	1,863,169	2,307,825
	CF Partners Capital Harrier Fund	Hedge fund - other	5,408,698	6,520,263
	CF AKO European Long Only Fund	Partnership/joint venture interest	561,132	747,155
	Bain Capital Public Equity Global Long Equity Fund	Partnership/joint venture interest	26,399	14,692
	GMO Quality Fund	Partnership/joint venture interest	1	1
	Partners Capital Co-Invest Equities	Partnership/joint venture interest	1	15,041
	Total		<u>\$ 20,476,665</u>	<u>\$ 22,222,242</u>

* Denotes party-in-interest to the Plan.

Retirement Plan for Employees of
San Francisco Symphony Corporation

SCHEDULE H, PART IV, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

December 31, 2024

FEDERAL EIN: 94-1156284, Plan #: 001

Identity of Party Involved	Description of Asset	No. of Transactions	Purchase Price	Selling Price	Lease Rental	Cost of Asset	Current Value	Net Gain (Loss)
Single Reportable Security Transactions								
Northern Trust	Northern Trust Collective Short-Term Investment	1	\$ -	\$ -	\$ -	\$ 3,509,277	\$ 3,509,277	\$ -
Northern Trust	Northern Trust Collective Short-Term Investment	1	-	-	-	1,429,511	1,429,511	-
Northern Trust	Northern Trust Collective Short-Term Investment	1	-	-	-	1,282,382	1,282,382	-
Northern Trust	Northern Trust Collective Short-Term Investment	1	-	-	-	5,128,554	5,128,554	-
Blackrock	MFC iShares TR MSCI Emerging Mkts Index Fund	56	-	-	-	1,019,957	1,019,957	-
Blackrock	MFC iShares TR MSCI Emerging Mkts Index Fund	-	-	55	-	-	1,005,785	(14,172)
Blackrock	MFC iShares Currency Hedged MSCI EAFE ETF	-	-	36	-	929,509	1,013,930	84,421
Blackrock	iShares Core S&P 500 ETF	-	-	607	-	3,990,804	5,128,554	1,137,750
Vanguard	MFC Vanguard Value ETF	-	-	175	-	916,607	1,085,878	169,271
Vanguard	MFO Vanguard Index Funds	-	-	146	-	587,245	1,282,382	695,137
Series of Reportable Security Transactions								
CF Partners	CF WMQS Global Eqty Active Extension Off Shore FD	1	600,000	-	-	600,000	600,000	-
		1	-	725,114	-	600,000	725,114	125,114
Blackrock	GMO Quality Fund Class VI	2	-	1,109,999	-	1,109,999	1,109,999	-
Blackrock	iShares Core S P 500 ETF	6	1,658,661	-	-	1,658,661	1,658,661	-
		6	-	6,629,671	-	5,276,763	6,629,671	1,352,908
Blackrock	MFC iShares Inc Core MSCI Emerging Mkts ET	1	1,019,957	-	-	1,019,957	1,019,957	-
		1	-	1,005,785	-	1,019,957	1,005,785	(14,172)
Blackrock	MFC iShares TR iShares Currency Hedged MSCI EAFE	3	624,955	-	-	624,955	624,955	-
		4	-	1,504,006	-	1,392,529	1,504,006	111,477
Blackrock	MFC iShares TR MSCI Emerging Mkts Index FD ETF	3	-	1,215,132	-	1,049,959	1,215,132	165,173
Blackrock	MFC SPDR Series Trust SPDR Bloomberg 3-12 Month T Bill ETF	3	1,149,766	-	-	1,149,766	1,149,766	-
		3	-	1,160,680	-	1,160,680	1,160,680	-
Vanguard	MFC Vanguard Value ETF	2	-	1,485,977	-	1,269,682	1,485,977	216,295
Vanguard	MFO Vanguard Index Funds	3	11,618	-	-	11,618	11,618	-
		1	-	1,282,382	-	587,245	1,282,382	695,137
Northern Trust	Northern Trust Collective Short-Term Investment	46	15,322,050	-	-	15,322,050	15,322,050	-
		28	-	3,113,671	-	3,113,671	3,113,671	-

**Retirement Plan for Employees of San Francisco Symphony Corporation
(Administrative Plan)**

**EIN: 94-1156284
Plan Number: 001**

**Form 5500 for 2024 Plan Year
Schedule SB, line 26a –Schedule of Active Participant Data**

SERVICE: Age	UNDER 5 YEAR		5 – 9 YEARS		10 – 14 YEARS		15 – 19 YEARS	
	No.	Average Comp*	No.	Average Comp*	No.	Average Comp*	No.	Average Comp*
Under 25	0		0		0		0	
25 - 29	0		0		0		0	
30 - 34	0		0		0		0	
35 - 39	0		0		0		0	
40 - 44	0		0		0		0	
45 - 49	0		0		0		1	
50 - 54	0		0		0		2	
55 - 59	0		0		0		2	
60 - 64	0		0		0		0	
65 & Up	<u>0</u>		<u>0</u>		<u>0</u>		<u>1</u>	
Total	0		0		0		6	

	20 – 24 YEARS		25 – 29 YEARS		30 – 34 YEARS		35 – 39 YEARS	
Under 25	0		0		0		0	
25 - 29	0		0		0		0	
30 - 34	0		0		0		0	
35 - 39	0		0		0		0	
40 - 44	0		1		0		0	
45 - 49	0		0		0		0	
50 - 54	1		2		1		0	
55 - 59	2		1		0		0	
60 - 64	3		0		0		1	
65 & Up	<u>1</u>		<u>1</u>		<u>1</u>		<u>0</u>	
Total	7		5		2		1	

	40 YEARS & OVER		TOTAL	
Under 25	0		0	
25 - 29	0		0	
30 - 34	0		0	
35 - 39	0		0	
40 - 44	0		1	
45 - 49	0		1	
50 - 54	0		6	
55 - 59	0		5	
60 - 64	0		3	
65 & Up	<u>2</u>		<u>7</u>	
Total	2		23	

* Shown only for Plans with 1,000 or more active participants.

**Retirement Plan for Employees of San Francisco Symphony Corporation
(Administrative Plan)**

**EIN: 94-1156284
Plan Number: 001**

**Form 5500 for 2024 Plan Year
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**

The following cost method and assumptions were used in valuing the benefits of all participants.

	January 1, 2024		January 1, 2023	
Actuarial Cost Method	Unit Credit		Unit Credit	
Discount rate				
PPA–Funding Target	24 month avg. segmented rates with 4 month lookback, 4.75% / 4.87% / 5.59% <i>with</i> ARPA corridor applied for 0-5 / 5-20 / 20 + years		24 month avg. segmented rates with 4 month lookback, 4.75% / 5.00% / 5.74% <i>with</i> ARPA corridor applied for 0-5 / 5-20 / 20 + years	
PPA–Funding Target	3.62% / 4.46% / 4.52% <i>without</i> ARPA corridor applied for 0-5 / 5-20 / 20 + years		1.41% / 3.09% / 3.58% <i>without</i> ARPA corridor applied for 0-5 / 5-20 / 20 + years	
ASC 960	6.00%		6.50%	
Salary scale	n/a		n/a	
Mortality				
PPA–Target Liability	IRS 2024 Small Plan Combined Static Mortality Tables		IRS 2023 Small Plan Combined Static Mortality Tables	
ASC 960 Liabilities	Pri-2012 Employee/Retiree and Contingent Annuitant mortality tables projected generationally from 2012 using the MP-2021 projection scale		Pri-2012 Employee/Retiree and Contingent Annuitant mortality tables projected generationally from 2012 using the MP-2021 projection scale	
Withdrawal rates	Age	Males/Females	Age	Males/Females
	20	25.0%	20	25.0%
	25	20.0%	25	20.0%
	30	15.0%	30	15.0%
	35	12.0%	35	12.0%
	40	9.0%	40	9.0%
	45	6.0%	45	6.0%
	50	4.0%	50	4.0%
	55	0.0%	55	0.0%
Retirement Age	Age	Males/Females	Age	Males/Females
	55	4.0%	55	4.0%
	56	4.0%	56	4.0%
	57	4.0%	57	4.0%
	58	5.0%	58	5.0%
	59	6.0%	59	6.0%
	60	10.0%	60	10.0%
	61	10.0%	61	10.0%
	62	20.0%	62	20.0%
	63	15.0%	63	15.0%
	64	15.0%	64	15.0%
	65	100.0%	65	100.0%
Expenses	\$185,000		\$185,000	
Probability of Marriage	For valuing pre-retirement surviving spouse's benefits, 70% of eligible participants are married, and male spouses are 3 years older than female spouses.		For valuing pre-retirement surviving spouse's benefits, 70% of eligible participants are married, and male spouses are 3 years older than female spouses.	
Asset valuation method	Average market value over the last 3 valuation dates (determined in accordance with IRS Notice 2009-22). Must be within 90-110% of market value.		Average market value over the last 3 valuation dates (determined in accordance with IRS Notice 2009-22). Must be within 90-110% of market value.	

**Retirement Plan for Employees of San Francisco Symphony Corporation
(Administrative Plan)**

**EIN: 94-1156284
Plan Number: 001**

**Form 5500 for 2024 Plan Year
Schedule SB, line 22 – Description of Weighted Average Retirement Age**

(A) Age	(B) Retirement Age	(C) Number Active at Beginning of year =[(C)-(D)] prior year	(D) Retiring At Age Shown =(B) x (C)	(E) Retired At End Of Year =(C) - (D)	(E) Retirement Age (weight) =(A) x (D)
55	0.0400	1.0000	0.0400	0.9600	2.2000
56	0.0400	0.9600	0.0384	0.9216	2.1504
57	0.0400	0.9216	0.0369	0.8847	2.1033
58	0.0500	0.8847	0.0442	0.8405	2.5636
59	0.0600	0.8405	0.0504	0.7901	2.9736
60	0.1000	0.7901	0.0790	0.7111	4.7400
61	0.1000	0.7111	0.0711	0.6400	4.3371
62	0.2000	0.6400	0.1280	0.5120	7.9360
63	0.1500	0.5120	0.0768	0.4352	4.8384
64	0.1500	0.4352	0.0653	0.3699	4.1792
65	1.0000	0.3699	0.3699	0.0000	24.0435
Total					62.0651

62.0651 is the expected retirement age in the absence of other decrements.

**Retirement Plan for Employees of
San Francisco Symphony Corporation**

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

December 31, 2024

FEDERAL EIN: 94-1156284, PLAN #: 001

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
*	Northern Trust Collective Short-Term Investment Fund	Collective trust	\$ 12,617,265	\$ 12,617,265
	CF Partners Capital Falcon Fund	Hedge fund - other	1,863,169	2,307,825
	CF Partners Capital Harrier Fund	Hedge fund - other	5,408,698	6,520,263
	CF AKO European Long Only Fund	Partnership/joint venture interest	561,132	747,155
	Bain Capital Public Equity Global Long Equity Fund	Partnership/joint venture interest	26,399	14,692
	GMO Quality Fund	Partnership/joint venture interest	1	1
	Partners Capital Co-Invest Equities	Partnership/joint venture interest	1	15,041
	Total		<u>\$ 20,476,665</u>	<u>\$ 22,222,242</u>

* Denotes party-in-interest to the Plan.

Retirement Plan for Employees of
San Francisco Symphony Corporation

SCHEDULE H, PART IV, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

December 31, 2024

FEDERAL EIN: 94-1156284, Plan #: 001

Identity of Party Involved	Description of Asset	No. of Transactions	Purchase Price	Selling Price	Lease Rental	Cost of Asset	Current Value	Net Gain (Loss)
Single Reportable Security Transactions								
Northern Trust	Northern Trust Collective Short-Term Investment	1	\$ -	\$ -	\$ -	\$ 3,509,277	\$ 3,509,277	\$ -
Northern Trust	Northern Trust Collective Short-Term Investment	1	-	-	-	1,429,511	1,429,511	-
Northern Trust	Northern Trust Collective Short-Term Investment	1	-	-	-	1,282,382	1,282,382	-
Northern Trust	Northern Trust Collective Short-Term Investment	1	-	-	-	5,128,554	5,128,554	-
Blackrock	MFC iShares TR MSCI Emerging Mkts Index Fund	56	-	-	-	1,019,957	1,019,957	-
Blackrock	MFC iShares TR MSCI Emerging Mkts Index Fund	-	-	55	-	-	1,005,785	(14,172)
Blackrock	MFC iShares Currency Hedged MSCI EAFE ETF	-	-	36	-	929,509	1,013,930	84,421
Blackrock	iShares Core S&P 500 ETF	-	-	607	-	3,990,804	5,128,554	1,137,750
Vanguard	MFC Vanguard Value ETF	-	-	175	-	916,607	1,085,878	169,271
Vanguard	MFO Vanguard Index Funds	-	-	146	-	587,245	1,282,382	695,137
Series of Reportable Security Transactions								
CF Partners	CF WMQS Global Eqty Active Extension Off Shore FD	1	600,000	-	-	600,000	600,000	-
Blackrock	GMO Quality Fund Class VI	2	-	725,114	-	600,000	725,114	125,114
Blackrock	iShares Core S P 500 ETF	6	1,658,661	-	-	1,109,999	1,109,999	-
Blackrock	MFC iShares Inc Core MSCI Emerging Mkts ET	1	1,019,957	-	-	1,658,661	1,658,661	-
Blackrock	MFC iShares TR iShares Currency Hedged MSCI EAFE	3	-	6,629,671	-	5,276,763	6,629,671	1,352,908
Blackrock	MFC iShares TR MSCI Emerging Mkts Index FD ETF	4	-	1,019,957	-	1,019,957	1,019,957	-
Blackrock	MFC iShares TR MSCI Emerging Mkts Index FD ETF	3	624,955	-	-	624,955	624,955	-
Blackrock	MFC SPDR Series Trust SPDR Bloomberg 3-12 Month T Bill ETF	3	-	1,504,006	-	1,392,529	1,504,006	111,477
Vanguard	MFC Vanguard Value ETF	2	-	1,160,680	-	1,049,959	1,215,132	165,173
Vanguard	MFO Vanguard Index Funds	3	1,149,766	-	-	1,149,766	1,149,766	-
Northern Trust	Northern Trust Collective Short-Term Investment	46	15,322,050	-	-	15,322,050	15,322,050	-
		28	-	3,113,671	-	3,113,671	3,113,671	-

**Retirement Plan for Employees of San Francisco Symphony Corporation
(Administrative Plan)**

**EIN: 94-1156284
Plan Number: 001**

**Form 5500 for 2024 Plan Year
Schedule SB, Part V – Summary of Plan Provisions**

The following description is only a brief summary of the more important provisions of the retirement plan. In the event there are any inconsistencies between statements contained in this Appendix and the plan agreement, the provisions of the plan agreement shall control.

Plan Sponsor: San Francisco Symphony Corporation

Plan: Retirement Plan for Employees of the San Francisco Symphony Corporation

Effective Date: January 1, 1970. The plan was restated in its entirety in 2015. The plan was frozen effective March 31, 2010.

Plan Year: The twelve-month period ending December 31.

Employee Eligibility Requirements: An employee commences on January 1st or July 1st coincident with, or next following completion of, one year of credited service in which 1,000 hours are worked. Any Eligible Employee who is not a Participant of the plan on March 31, 2010 will not become a Participant.

Credited Service: One year of credited service is earned for each plan year in which the employee completes 1,000 hours of service or more. No service is counted after March 31, 2010.

Vesting Service: One year of Vesting Service is counted if the employee works 1,000 hours in the Plan Year.

Final Average Monthly Compensation: The highest 60 month average salary. No salary after March 31, 2010 is counted.

Normal Retirement Date and Benefit: The Normal Retirement Date is the first of the month coincident with or next following the attainment of age 65. The annual benefit, payable in twelve monthly installments, shall be equal to the following:

1.5% of Final Average Monthly Compensation times Years of Credited Service

Service and Compensation are counted up to the plan freeze date of March 31, 2010.

Normal Form of Retirement Benefit: The normal retirement benefit form shall be a life annuity determined according to the Benefit Formula above. An actuarially equivalent Joint and Survivor Annuity with 50% continuance is automatic for a married participant.

**Retirement Plan for Employees of San Francisco Symphony Corporation
(Administrative Plan)**

**EIN: 94-1156284
Plan Number: 001**

Form 5500 for 2024 Plan Year

Early Retirement Date and Benefit: Attainment of age 55 and completion of 5 years of service. The early retirement benefit shall be determined as for Normal Retirement, based on credited service to Early Retirement Date (but not to exceed plan freeze date of March 31, 2010) and adjusted in accordance with the following table:

Early Retirement Age	Reduction Factor
55	46.0%
56	49.6%
57	53.2%
58	56.8%
59	60.4%
60	64.0%
61	71.2%
62	78.4%
63	85.6%
64	92.8%
65	100.0%

Vested Benefits Upon Termination of Service:

Vesting: Five (5) years of vesting service or attainment of Normal Retirement Age.

Termination Benefit: A terminated Participant will be entitled to receive a deferred retirement income, payable at their Normal Retirement Date. If eligible, Early Retirement may be elected with benefits payable reduced for Early Retirement according to the same reduction factors as for the Early Retirement Benefit.

Death Benefits for Participants in Active Service:

Eligibility: If a married participant with a vested benefit dies before benefits have commenced, his or her spouse will be entitled to receive a monthly income.

Benefit: The pension benefit is equal to 50% of what the participant's pension would have been if such participant had retired or otherwise terminated employment and elected the 50% joint and survivor annuity form. The spouse's pension shall commence on the earliest date that the participant would have begun receiving a pension. Employee must have at least 5 years of vesting service. Spouse must have been married to employee for 12 months preceding date of death.

Optional Forms of Retirement Income in Lieu of Normal Form: Actuarial equivalent Joint and Survivor Annuities are available for married participants at continuation percentages of 50%, 66 2/3%, 75%, or 100%.

Pension Increases: None.

Plan Participants' Contributions: None.


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> 2024 This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>		

▶ **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 RETIREMENT PLAN FOR EMPLOYEES OF SAN FRANCISCO SYMPHONY CORPORATION	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 SAN FRANCISCO SYMPHONY CORPORATON	D Employer Identification Number (EIN) 94-1156284	
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>01</u> Day <u>01</u> Year <u>2024</u>		
2 Assets:		2a	20,028,504
a Market value.....		2b	20,092,696
b Actuarial value.....			
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.....	68	9,901,389	9,901,389
b For terminated vested participants.....	82	5,516,686	5,516,686
c For active participants.....	23	2,647,940	2,647,940
d Total.....	173	18,066,015	18,066,015
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	5.08%
6 Target normal cost			
a Present value of current plan year accruals.....		6a	0
b Expected plan-related expenses.....		6b	185,000
c Target normal cost.....		6c	185,000

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>10/13/2025</u> Date
	JOHN R. BOTSFORD, F.S.A. Type or print name of actuary	2306305 Most recent enrollment number
	MILLIMAN, INC. Firm name	415-403-1333 Telephone number (including area code)
	500 YGNACIO VALLEY ROAD SUITE 498 WALNUT CREEK CA 94596 Address of the firm	

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. **Schedule SB (Form 5500) 2024 v. 240311**

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>13.24%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		18,892
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.20%</u>		982
	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.....		19,874
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III		Funding Percentages	
14	Funding target attainment percentage.....	14	111.21%
15	Adjusted funding target attainment percentage.....	15	111.21%
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	110.47%
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:

a Segment rates:

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

22 Weighted average retirement age **22** 62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

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

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)..... **31a** 185,000

b Excess assets, if applicable, but not greater than line 31a **31b** 185,000

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** 0

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

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

**Retirement Plan for Employees of San Francisco Symphony Corporation
(Administrative Plan)**

**EIN: 94-1156284
Plan Number: 001**

**Form 5500 for 2024 Plan Year
Schedule SB, Part V – Summary of Plan Provisions**

The following description is only a brief summary of the more important provisions of the retirement plan. In the event there are any inconsistencies between statements contained in this Appendix and the plan agreement, the provisions of the plan agreement shall control.

Plan Sponsor: San Francisco Symphony Corporation

Plan: Retirement Plan for Employees of the San Francisco Symphony Corporation

Effective Date: January 1, 1970. The plan was restated in its entirety in 2015. The plan was frozen effective March 31, 2010.

Plan Year: The twelve-month period ending December 31.

Employee Eligibility Requirements: An employee commences on January 1st or July 1st coincident with, or next following completion of, one year of credited service in which 1,000 hours are worked. Any Eligible Employee who is not a Participant of the plan on March 31, 2010 will not become a Participant.

Credited Service: One year of credited service is earned for each plan year in which the employee completes 1,000 hours of service or more. No service is counted after March 31, 2010.

Vesting Service: One year of Vesting Service is counted if the employee works 1,000 hours in the Plan Year.

Final Average Monthly Compensation: The highest 60 month average salary. No salary after March 31, 2010 is counted.

Normal Retirement Date and Benefit: The Normal Retirement Date is the first of the month coincident with or next following the attainment of age 65. The annual benefit, payable in twelve monthly installments, shall be equal to the following:

1.5% of Final Average Monthly Compensation times Years of Credited Service

Service and Compensation are counted up to the plan freeze date of March 31, 2010.

Normal Form of Retirement Benefit: The normal retirement benefit form shall be a life annuity determined according to the Benefit Formula above. An actuarially equivalent Joint and Survivor Annuity with 50% continuance is automatic for a married participant.

**Retirement Plan for Employees of San Francisco Symphony Corporation
(Administrative Plan)**

**EIN: 94-1156284
Plan Number: 001**

Form 5500 for 2024 Plan Year

Early Retirement Date and Benefit: Attainment of age 55 and completion of 5 years of service. The early retirement benefit shall be determined as for Normal Retirement, based on credited service to Early Retirement Date (but not to exceed plan freeze date of March 31, 2010) and adjusted in accordance with the following table:

Early Retirement Age	Reduction Factor
55	46.0%
56	49.6%
57	53.2%
58	56.8%
59	60.4%
60	64.0%
61	71.2%
62	78.4%
63	85.6%
64	92.8%
65	100.0%

Vested Benefits Upon Termination of Service:

Vesting: Five (5) years of vesting service or attainment of Normal Retirement Age.

Termination Benefit: A terminated Participant will be entitled to receive a deferred retirement income, payable at their Normal Retirement Date. If eligible, Early Retirement may be elected with benefits payable reduced for Early Retirement according to the same reduction factors as for the Early Retirement Benefit.

Death Benefits for Participants in Active Service:

Eligibility: If a married participant with a vested benefit dies before benefits have commenced, his or her spouse will be entitled to receive a monthly income.

Benefit: The pension benefit is equal to 50% of what the participant's pension would have been if such participant had retired or otherwise terminated employment and elected the 50% joint and survivor annuity form. The spouse's pension shall commence on the earliest date that the participant would have begun receiving a pension. Employee must have at least 5 years of vesting service. Spouse must have been married to employee for 12 months preceding date of death.

Optional Forms of Retirement Income in Lieu of Normal Form: Actuarial equivalent Joint and Survivor Annuities are available for married participants at continuation percentages of 50%, 66 2/3%, 75%, or 100%.

Pension Increases: None.

Plan Participants' Contributions: None.

**Retirement Plan for Employees of San Francisco Symphony Corporation
(Administrative Plan)**

**EIN: 94-1156284
Plan Number: 001**

**Form 5500 for 2024 Plan Year
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**

The following cost method and assumptions were used in valuing the benefits of all participants.

	January 1, 2024		January 1, 2023	
Actuarial Cost Method	Unit Credit		Unit Credit	
Discount rate				
PPA–Funding Target	24 month avg. segmented rates with 4 month lookback, 4.75% / 4.87% / 5.59% <i>with</i> ARPA corridor applied for 0-5 / 5-20 / 20 + years		24 month avg. segmented rates with 4 month lookback, 4.75% / 5.00% / 5.74% <i>with</i> ARPA corridor applied for 0-5 / 5-20 / 20 + years	
PPA–Funding Target	3.62% / 4.46% / 4.52% <i>without</i> ARPA corridor applied for 0-5 / 5-20 / 20 + years		1.41% / 3.09% / 3.58% <i>without</i> ARPA corridor applied for 0-5 / 5-20 / 20 + years	
ASC 960	6.00%		6.50%	
Salary scale	n/a		n/a	
Mortality				
PPA–Target Liability	IRS 2024 Small Plan Combined Static Mortality Tables		IRS 2023 Small Plan Combined Static Mortality Tables	
ASC 960 Liabilities	Pri-2012 Employee/Retiree and Contingent Annuitant mortality tables projected generationally from 2012 using the MP-2021 projection scale		Pri-2012 Employee/Retiree and Contingent Annuitant mortality tables projected generationally from 2012 using the MP-2021 projection scale	
Withdrawal rates	Age	Males/Females	Age	Males/Females
	20	25.0%	20	25.0%
	25	20.0%	25	20.0%
	30	15.0%	30	15.0%
	35	12.0%	35	12.0%
	40	9.0%	40	9.0%
	45	6.0%	45	6.0%
	50	4.0%	50	4.0%
	55	0.0%	55	0.0%
Retirement Age	Age	Males/Females	Age	Males/Females
	55	4.0%	55	4.0%
	56	4.0%	56	4.0%
	57	4.0%	57	4.0%
	58	5.0%	58	5.0%
	59	6.0%	59	6.0%
	60	10.0%	60	10.0%
	61	10.0%	61	10.0%
	62	20.0%	62	20.0%
	63	15.0%	63	15.0%
	64	15.0%	64	15.0%
	65	100.0%	65	100.0%
Expenses	\$185,000		\$185,000	
Probability of Marriage	For valuing pre-retirement surviving spouse’s benefits, 70% of eligible participants are married, and male spouses are 3 years older than female spouses.		For valuing pre-retirement surviving spouse’s benefits, 70% of eligible participants are married, and male spouses are 3 years older than female spouses.	
Asset valuation method	Average market value over the last 3 valuation dates (determined in accordance with IRS Notice 2009-22). Must be within 90-110% of market value.		Average market value over the last 3 valuation dates (determined in accordance with IRS Notice 2009-22). Must be within 90-110% of market value.	

**Retirement Plan for Employees of San Francisco Symphony Corporation
(Administrative Plan)**

**EIN: 94-1156284
Plan Number: 001**

**Form 5500 for 2024 Plan Year
Schedule SB, line 22 – Description of Weighted Average Retirement Age**

(A) Age	(B) Retirement Age	(C) Number Active at Beginning of year =[(C)-(D)] prior year	(D) Retiring At Age Shown =(B) x (C)	(E) Retired At End Of Year =(C) - (D)	(E) Retirement Age (weight) =(A) x (D)
55	0.0400	1.0000	0.0400	0.9600	2.2000
56	0.0400	0.9600	0.0384	0.9216	2.1504
57	0.0400	0.9216	0.0369	0.8847	2.1033
58	0.0500	0.8847	0.0442	0.8405	2.5636
59	0.0600	0.8405	0.0504	0.7901	2.9736
60	0.1000	0.7901	0.0790	0.7111	4.7400
61	0.1000	0.7111	0.0711	0.6400	4.3371
62	0.2000	0.6400	0.1280	0.5120	7.9360
63	0.1500	0.5120	0.0768	0.4352	4.8384
64	0.1500	0.4352	0.0653	0.3699	4.1792
65	1.0000	0.3699	0.3699	0.0000	24.0435
Total					62.0651

62.0651 is the expected retirement age in the absence of other decrements.

**Retirement Plan for Employees of San Francisco Symphony Corporation
(Administrative Plan)**

**EIN: 94-1156284
Plan Number: 001**

**Form 5500 for 2024 Plan Year
Schedule SB, line 26a –Schedule of Active Participant Data**

SERVICE: Age	UNDER 5 YEAR		5 – 9 YEARS		10 – 14 YEARS		15 – 19 YEARS	
	No.	Average Comp*	No.	Average Comp*	No.	Average Comp*	No.	Average Comp*
Under 25	0		0		0		0	
25 - 29	0		0		0		0	
30 - 34	0		0		0		0	
35 - 39	0		0		0		0	
40 - 44	0		0		0		0	
45 - 49	0		0		0		1	
50 - 54	0		0		0		2	
55 - 59	0		0		0		2	
60 - 64	0		0		0		0	
65 & Up	<u>0</u>		<u>0</u>		<u>0</u>		<u>1</u>	
Total	0		0		0		6	

	20 – 24 YEARS	25 – 29 YEARS	30 – 34 YEARS	35 – 39 YEARS
Under 25	0	0	0	0
25 - 29	0	0	0	0
30 - 34	0	0	0	0
35 - 39	0	0	0	0
40 - 44	0	1	0	0
45 - 49	0	0	0	0
50 - 54	1	2	1	0
55 - 59	2	1	0	0
60 - 64	3	0	0	1
65 & Up	<u>1</u>	<u>1</u>	<u>1</u>	<u>0</u>
Total	7	5	2	1

	40 YEARS & OVER	TOTAL
Under 25	0	0
25 - 29	0	0
30 - 34	0	0
35 - 39	0	0
40 - 44	0	1
45 - 49	0	1
50 - 54	0	6
55 - 59	0	5
60 - 64	0	3
65 & Up	<u>2</u>	<u>7</u>
Total	2	23

* Shown only for Plans with 1,000 or more active participants.