

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 04/29/2024 and ending 04/27/2025

- 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 [x] 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: GOLUB CORPORATION QUALIFIED SECURITY PLAN
1b Three-digit plan number (PN): 004
1c Effective date of plan: 12/31/1987
2a Plan sponsor's name (employer, if for a single-employer plan): GOLUB CORPORATION
2b Employer Identification Number (EIN): 14-0724820
2c Plan Sponsor's telephone number: 518-355-5000
2d Business code (see instructions): 445110

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. Filed with authorized/valid electronic signature, 02/13/2026, MICHAEL MILLER (plan administrator); 2. Filed with authorized/valid electronic signature, 02/13/2026, MICHAEL MILLER (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

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  NORTEAST GROCERY ADMINISTRATIVE COMMITTEE  461 NOTT STREET SCHENECTADY, NY 12308	<b>3b</b> Administrator's EIN 93-4813053  <b>3c</b> Administrator's telephone number 518-355-5000
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<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	356
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<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).	
<b>6a(1)</b> Total number of active participants at the beginning of the plan year .....	15
<b>6a(2)</b> Total number of active participants at the end of the plan year .....	14
<b>b</b> Retired or separated participants receiving benefits .....	248
<b>c</b> Other retired or separated participants entitled to future benefits .....	34
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	296
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	53
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	349
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	0
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	0

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	
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**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 1A

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

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

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached \_\_\_\_\_
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 04/29/2024 and ending 04/27/2025

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

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

<b>A</b> Name of plan <u>GOLUB CORPORATION QUALIFIED SECURITY PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>004</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GOLUB CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>14-0724820</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date:	Month <u>04</u>	Day <u>29</u>	Year <u>2024</u>
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	<u>15472768</u>	
<b>b</b> Actuarial value .....	<b>2b</b>	<u>15472768</u>	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>284</u>	<u>10587942</u>	<u>10587942</u>
<b>b</b> For terminated vested participants .....	<u>63</u>	<u>3984606</u>	<u>3984606</u>
<b>c</b> For active participants .....	<u>15</u>	<u>502087</u>	<u>502087</u>
<b>d</b> Total .....	<u>362</u>	<u>15074635</u>	<u>15074635</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	<u>5.19 %</u>	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>36000</u>	
<b>c</b> Target normal cost .....	<b>6c</b>	<u>36000</u>	

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>			
	Signature of actuary	<u>01/20/2026</u>	Date
	<u>MICHAEL T. ALBONO ASA, EA, MAAA</u>	<u>23-07074</u>	Most recent enrollment number
	<u>BPAS ACTUARIAL &amp; PENSION SERVICES</u>	<u>315-703-8995</u>	Telephone number (including area code)
	<u>706 N. CLINTON ST., SUITE 200 SYRACUSE, NY 13204</u>		
	Address of the firm		

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	960952	
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....		
<b>9</b>	Amount remaining (line 7 minus line 8) .....	960952	
<b>10</b>	Interest on line 9 using prior year's actual return of <u>13.16</u> % .....	126461	
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.10</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		
	<b>d</b> Portion of (c) to be added to prefunding balance .....		
<b>12</b>	Other reductions in balances due to elections or deemed elections .....		
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	1087413	

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	95.42 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	102.64 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	102.04 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	0.00 %

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

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

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....			<b>21b</b> 0
<b>22</b> Weighted average retirement age .....			<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	36000	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....			
<b>b</b> Waiver amortization installment.....			
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	36000	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	36000		36000
<b>36</b> Additional cash requirement (line 34 minus line 35) .....			<b>36</b>
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....			<b>37</b>
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>		
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>		
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....			<b>39</b>
<b>40</b> Unpaid minimum required contributions for all years .....			<b>40</b>

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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **04/29/2024** and ending **04/27/2025**

<b>A</b> Name of plan <b>GOLUB CORPORATION QUALIFIED SECURITY PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>004</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GOLUB CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>14-0724820</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

HARRIS

04-3276558

(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	INVESTMENT MANAGER	5035	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)

YACKTMAN

36-3780592

(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	INVESTMENT MANAGER	4109	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)

SHAPIRO

20-4196445

(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	INVESTMENT MANAGER	4845	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)

DIAMOND HILL

31-1019984

(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	INVESTMENT MANAGER	5197	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)

KARPUS

16-1290558

(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	INVESTMENT MANAGER	55843	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)

HARDING LOEVNER

27-0684167

(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	INVESTMENT MANAGER	5924	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)

EAGLE

22-3361201

(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	INVESTMENT MANAGER	7296	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)

GRANITE

27-0225271

(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	INVESTMENT MANAGER	3056	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)

NUVEEN

27-4357327

(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	INVESTMENT MANAGER	2456	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)

CAPITAL GROUP

95-1411037

(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	INVESTMENT MANAGER	6852	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)

JENNISON

52-2069785

(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	INVESTMENT MANAGER	4883	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)

HARTER SECREST & EMERY LLP

16-0766172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	ATTORNEY/LEGAL	14570	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)

TEAL BECKER & CHIARAMONTE, CPAS P.C

14-1624930

(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	ACCOUNTING/AUDITING	8000	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.

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>04/29/2024</b> and ending <b>04/27/2025</b>	
<b>A</b> Name of plan <b>GOLUB CORPORATION QUALIFIED SECURITY PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>004</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GOLUB CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>14-0724820</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	23508
		14823
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	253370
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	313088
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	12327505
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	817487
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	592524
<b>(15)</b> Other.....	<b>1c(15)</b>	2050898
		1615751

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	15472768	15266327
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	15472768	15266327

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	393013	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	5249188	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	4548635	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-88429	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		89614
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		1094751

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	1137170	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		1137170
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	8000	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	105496	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	14570	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	35956	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		164022
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		1301192

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-206441
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **TEAL, BECKER & CHIARAMONTE, CPAS P.**

(2) EIN: **14-1624930**

**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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		10000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 566574.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
--	---	--

For calendar plan year 2024 or fiscal plan year beginning **04/29/2024** and ending **04/27/2025**

<b>A</b> Name of plan <b>GOLUB CORPORATION QUALIFIED SECURITY PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>004</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GOLUB CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>14-0724820</b>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	
<b>2</b> 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): _____		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	

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

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

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

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

<b>Part IV</b>	<b>ESOPs</b> (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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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: 0.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 0.0 %  
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 0.0 %

**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 \_\_\_\_\_.

***GOLUB CORPORATION  
PROFIT SHARING PLAN***

***FINANCIAL STATEMENTS***

***APRIL 27, 2025 AND APRIL 28, 2024***



Teal, Becker & Chiamonte  
CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS

**A Higher Standard of Excellence**

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<b><u>SUPPLEMENTARY INFORMATION</u></b>		
Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)		I



Teal, Becker & Chiaramonte™  
CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS

To The Northeast Grocery  
Administrative Committee  
Golub Corporation Profit Sharing Plan  
Schenectady, New York

### **Independent Auditors' Report**

#### ***Opinion***

We have audited the financial statements of Golub Corporation Profit Sharing Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of April 27, 2025 and April 28, 2024, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, Golub Corporation Profit Sharing Plan's net assets available for benefits as of April 27, 2025 and April 28, 2024, and the changes in net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

#### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of Golub Corporation Profit Sharing 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 audit opinion.

#### ***Responsibilities of Management for the Financial Statements***

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

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

***Responsibilities of Management for the Financial Statements (Continued)***

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

***Auditors' Responsibilities for the Audits of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits 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 Golub Corporation Profit Sharing 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 Golub Corporation Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

***Supplementary Schedule Required by ERISA***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of April 27, 2025, is presented for the purpose of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

*Leah Becker & Charamonte, CPAs PC*

Albany, New York  
February 11, 2026

**GOLUB CORPORATION PROFIT SHARING PLAN**

Statements Of Net Assets Available For Benefits

April 27, 2025 And April 28, 2024

	<u>2025</u>	<u>2024</u>
<b>Assets:</b>		
<b>Investments at fair value (Note 3)</b>	<u>\$ 98,508,893</u>	<u>\$ 103,107,331</u>
<b>Net Assets Available For Benefits</b>	<u>\$ 98,508,893</u>	<u>\$ 103,107,331</u>

The accompanying notes are an integral part of these financial statements

## GOLUB CORPORATION PROFIT SHARING PLAN

### Statements Of Changes In Net Assets Available For Benefits

For The Years Ended April 27, 2025 And April 28, 2024

	<u>2025</u>	<u>2024</u>
<b>Additions to net assets attributed to:</b>		
<b>Investment income (loss):</b>		
Net appreciation (depreciation) in fair value of investments	\$ 1,416,992	\$ (101,441,601)
Total investment income (loss)	<u>1,416,992</u>	<u>(101,441,601)</u>
<b>Deductions from net assets attributed to:</b>		
Benefits paid to participants	<u>6,015,430</u>	<u>17,870,153</u>
Total deductions from net assets	<u>6,015,430</u>	<u>17,870,153</u>
<b>Net decrease in net assets available for benefits</b>	(4,598,438)	(119,311,754)
<b>Net assets available for benefits - beginning</b>	<u>103,107,331</u>	<u>222,419,085</u>
<b>Net Assets Available For Benefits - Ending</b>	<u>\$ 98,508,893</u>	<u>\$ 103,107,331</u>

The accompanying notes are an integral part of these financial statements

## GOLUB CORPORATION PROFIT SHARING PLAN

### Notes To Financial Statements

#### **Note 1: Description Of Plan**

The following description of the Golub Corporation Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General - The Plan is a type of defined contribution retirement plan, known as a stock bonus plan, covering eligible employees of The Golub Corporation (the Company). Effective, November 8, 2021 no person may become a participant or resume active participation in the Plan and no contributions will be made to the Plan with respect to compensation paid for periods of employment after this date. The Plan exclusively holds shares of common stock of Northeast Grocery, Inc. (NGI). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participants' accounts - Each participant's account is credited with an allocation of plan earnings or losses, and is charged with an allocation of administrative expenses. Allocations are based on participant account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided by the participant's vested account balance.

Vesting - All nonvested accounts under the Plan that had not already been forfeited as of November 8, 2021 became fully vested.

Payment of benefits - Effective November 8, 2021, participants generally will receive payment for any shares held in their plan account in five annual installments, together with interest at the applicable federal rate plus 25 basis points, with the first installment payable on or before the first anniversary of the date the cash-out right is exercised.

Plan termination - Although it has not expressed any intention to do so, the Company has the right, under the Plan, to terminate the Plan subject to the provisions of ERISA.

# GOLUB CORPORATION PROFIT SHARING PLAN

## Notes To Financial Statements

### Note 2: Summary Of Significant Accounting Policies

Investment valuation and income recognition - Accounting principles generally accepted in the United States of America establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 or Level 2 inputs are not available. The three levels of the fair value hierarchy in accordance with accounting principles generally accepted in the United States of America are described below:

Level 1: Unadjusted quoted prices in active markets for identical, unrestricted assets, or liabilities that the Plan has the ability to access at the measurement date;

Level 2: Quoted prices which are not active, quoted prices for similar assets or liabilities in active markets, or inputs other than quoted prices that are observable (either directly or indirectly) for substantially the full term of the asset or liability; and

Level 3: Significant unobservable prices or inputs (including the Plan's own assumptions in determining the fair value of investments) where there is little or no market activity for the asset or liability at the measurement date.

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

Purchases and sales of securities are recorded on a trade-date basis with the gain or loss based upon the actual cost of the securities.

Income taxes - The Plan is exempt from federal income tax under the Internal Revenue Code. Tax positions are evaluated and recognized in the financial statements when it is more-likely-than-not the position will be sustained upon examination by the tax authorities.

The Plan obtained its latest determination letter on October 27, 2016, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

# GOLUB CORPORATION PROFIT SHARING PLAN

## Notes To Financial Statements

### **Note 2: Summary Of Significant Accounting Policies (Continued)**

**Estimates** - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. The application of these accounting principles involves the exercise of judgment and use of assumptions as to future uncertainties and, as a result, actual results could differ from these estimates. The Plan periodically evaluates estimates and assumptions used in the preparation of the financial statements and makes changes on a prospective basis when adjustments are necessary. Significant estimates made by the Plan in the accompanying financial statements include certain assumptions related to the calculation of the fair value of the investment in the common stock of Northeast Grocery, Inc.

**Presentation** - Certain reclassifications, when applicable, are made to the prior year financial statement presentation to correspond to the current year's format. Reclassifications, when made, have no effect on total net assets available for benefits or changes in net assets available for benefits.

### **Note 3: Fair Value Measurements**

The following is a description of the valuation methodology used for assets measured at fair value at April 27, 2025 and April 28, 2024:

*Common stock:* Valued annually using an independent outside appraiser. The stock price determined by the appraiser is then used throughout the year to value all stock transactions in the Plan for that given year. The common stock has been valued using a market approach. There were no significant changes in the valuation technique during the current year.

At April 27, 2025 and April 28, 2024, the Plan owned 15,686,129 and 16,657,077 shares of NGI common stock at a cost of \$42,253,170 and \$44,869,879, with a fair market value of \$98,508,893 and \$103,107,331, respectively. The fair market value per share at April 27, 2025 and April 28, 2024 was \$6.28 and \$6.19, respectively. The investment in stock represents a significant portion of net assets available for benefits each year.

The preceding method may produce fair value calculations that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in different fair value measurements at the reporting date.

## GOLUB CORPORATION PROFIT SHARING PLAN

### Notes To Financial Statements

#### **Note 3: Fair Value Measurements (Continued)**

##### **Fair Value Measurements At Reporting Date Using:**

	<b>Quoted Prices In Active Markets For Identical Assets (Level 1)</b>	<b>Significant Other Observable Inputs (Level 2)</b>	<b>Significant Unobservable Inputs (Level 3)</b>	<b>Total Fair Value</b>
<b><u>April 27, 2025</u></b>				
Common stock, Northeast Grocery, Inc.	\$ -	\$ 98,508,893	\$ -	\$ 98,508,893
<b>Total Investments At Fair Value</b>	<b>\$ -</b>	<b>\$ 98,508,893</b>	<b>\$ -</b>	<b>\$ 98,508,893</b>
<b><u>April 28, 2024</u></b>				
Common stock, Northeast Grocery, Inc.	\$ -	\$ 103,107,331	\$ -	\$ 103,107,331
<b>Total Investments At Fair Value</b>	<b>\$ -</b>	<b>\$ 103,107,331</b>	<b>\$ -</b>	<b>\$ 103,107,331</b>

#### **Note 4: Related Party Transactions**

Certain fees for administrative services may be paid by the Company.

As of April 27, 2025, the Plan owned 15,686,129 shares of NGI common stock valued at \$98,508,893, and as of April 28, 2024, the Plan owned 16,657,077 shares of NGI common stock valued at \$103,107,331. NGI is the parent of the Company. Therefore, NGI is considered a party-in-interest.

#### **Note 5: Risks And Uncertainties**

The Plan's investments consist of the common stock of Northeast Grocery, Inc. These securities represent a concentration of credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

## GOLUB CORPORATION PROFIT SHARING PLAN

### Notes To Financial Statements

#### **Note 6: Commitments And Contingencies**

The Plan follows the guidance for uncertainty in income taxes. As of April 27, 2025, the Plan believes that it has appropriate support for the income tax positions taken and to be taken on its returns based on an assessment of many factors including experience and interpretations of tax laws applied to the facts of each matter. The Plan has concluded that there are no significant uncertain tax positions requiring disclosure, and there are no material amounts of unrecognized tax benefits.

#### **Note 7: Subsequent Events**

Subsequent events have been evaluated through February 11, 2026, which is the date the financial statements were available to be issued.



## Actuarial Assumptions and Methods

The valuation of a defined benefit pension plan involves estimates and assumptions about the probability of events occurring far into the future. Examples include assumptions about future employment, mortality, and retirement. Below is a description of the actuarial assumptions and methods used in the valuation.

### Funding Target Liability

**Valuation Date:** April 29, 2024

**Demographic Information:** The demographic information was provided as of April 29, 2024 by The Golub Corporation. Although we did not audit the data, we did review the data for reasonableness.

**Actuarial Cost Method:** As required by PPA, the Traditional Unit Credit Cost Method was used.

**Asset Valuation Method:** Market Value of Assets, as provided by the trustee.

**Anticipated Rate of Return on Plan Assets:** 7.50%, based on a review of the Plan's asset allocation, investment policy (as shown in the annual funding notice), and expected returns using recent capital market assumptions published by leading financial organizations.

**Actuarial Valuation Software:** For purposes of developing the projected future benefit payments as well as determining attributed liabilities and normal costs as of the valuation date, we utilized the ProVal software platform developed by Winklevoss Technologies. We believe this externally developed valuation system is appropriate, was used for its intended purpose, and did not produce unreasonable results.

**Interest Rates for Minimum Required Contribution:** The April 2024 funding segment rates were utilized as prescribed by IRC Section 430(h) and elected by The Golub Corporation. Below, please find the segment rates after reflection of the segment rate stabilization provisions of IRC Section 430(h)(2)(C)(iv) with regard to provisions provided under Section 9706 of the American Rescue Plan Act of 2021.

Segment	Interest Rate
Segment 1	4.75%
Segment 2	5.18%
Segment 3	5.59%

Effective Interest Rate
5.19%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

**Interest Rates used to determine Maximum Recommended Contribution:** Below, please find the segment rates without reflection of the segment rate stabilization provisions of IRC Section 430(h)(2)(C)(iv). These rates were utilized to determine the low-default risk obligation measurement (“LDRM”) of the accrued benefits as of the Valuation Date.

Segment	Interest Rate
Segment 1	4.75%
Segment 2	5.18%
Segment 3	5.16%

Effective Interest Rate
5.12%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

**Rate of Compensation Increase:** Salary increases were not assumed in the valuation.

**Pre-Retirement Mortality:** Pre-retirement mortality was deemed to be immaterial and therefore was not assumed in the valuation.

**Post-Retirement Mortality:**

*Base mortality table:* The blended sex distinct Amount-Weighted Pri-2012 mortality tables for employees and healthy annuitants.

*Mortality improvements:* The base mortality table is adjusted by projecting mortality improvements using the IRS 2024 Adjusted Scale MP-2021 from the year 2012 through 2024, with an additional projection period of 8 years for males and 9 years for females. For ages below 80, the additional projection period is increased by 1 year for each year below age 80. For ages above 80, the additional projection period is reduced (but not below zero) by 1/3 year for each year above 80.

**Retirement Incidence:** Employees were assumed to retire at age 65 or age on valuation date, if greater.

**Turnover:** Rates of turnover were deemed to be immaterial and therefore were not assumed in this valuation.

**Disability:** Rates of disability were not assumed in the valuation because the Plan does not have additional disability benefits.

**Administrative Expenses:** Actual plan expenses, not including investment advisory fees or PBGC fees, paid out of the trust during the previous plan year, plus the current year PBGC premium, rounded to the nearest thousand.

**Spouse Assumptions:** 80% of participants not currently collecting benefits are assumed to be married, with male spouses assumed to be three years older and female spouses assumed to be three years younger than the participant. This assumption was based on national averages.

**Social Security Wage Base:** Increases to Social Security were not assumed in the valuation.

**Form of Benefit:**

Death:	Qualified pre-retirement survivor annuity.
Termination:	66 2/3% of the participants are assumed to elect a deferred life annuity and 33 1/3% are assumed to elect a deferred 15 year certain only annuity.
Retirement:	66 2/3% of the participants are assumed to elect a deferred life annuity and 33 1/3% are assumed to elect a deferred 15 year certain only annuity.

## Actuarial Present Value of Accumulated Plan Benefits (ASC 960)

**Interest Rate:** 7.50%.

**Mortality:** The sex-distinct Amount-Weighted White Collar Pri-2012 Mortality Tables for employees, healthy annuitants, and contingent survivors with mortality improvements projected using Scale MP-2021 on a generational basis. This assumption was based on a review of published mortality tables and the demographics and industry of the Plan.

Unless specifically mentioned, all remaining assumptions for the Actuarial Present Value of Accumulated Plan Benefits remain the same as described for the Funding Target Liability above.

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public  
Inspection**

For calendar plan year 2024 or fiscal plan year beginning 04/29/2024 and ending 04/27/2025

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

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

<b>A</b> Name of plan GOLUB CORPORATION QUALIFIED SECURITY PLAN		<b>B</b> Three-digit plan number (PN) ▶	004
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GOLUB CORPORATION		<b>D</b> Employer Identification Number (EIN) 14-0724820	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date: Month <u>04</u> Day <u>29</u> Year <u>2024</u>			
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	15,472,768	
<b>b</b> Actuarial value .....	<b>2b</b>	15,472,768	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	284	10,587,942	10,587,942
<b>b</b> For terminated vested participants .....	63	3,984,606	3,984,606
<b>c</b> For active participants .....	15	502,087	502,087
<b>d</b> Total .....	362	15,074,635	15,074,635
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	5.19%	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	0	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	36,000	
<b>c</b> Target normal cost .....	<b>6c</b>	36,000	

**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.

<b>SIGN HERE</b>	Michael T. Albino <i>MTA</i>	01/20/2026
	Signature of actuary	Date
	Michael T. Albino, ASA, EA, MAAA	2307074
	Type or print name of actuary	Most recent enrollment number
	BPAS Actuarial & Pension Services	315-703-8995
	Firm name	Telephone number (including area code)
	706 N. Clinton St., Suite 200	
	Syracuse NY 13204	
	Address of the firm	

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	960,952	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	960,952	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>13.16%</u> .....	126,461	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.10%</u> .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	1,087,413	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	95.42 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	102.64 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	102.04 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

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

<b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b>	0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	0

<b>20</b> Quarterly contributions and liquidity shortfalls:		
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>b</b>	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c</b>	If line 20a is "Yes," see instructions and complete the following table as applicable:	

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

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

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75%	2nd segment: 5.18%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code)..... **21b** 0

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

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

**Part VI Miscellaneous Items**

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

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

**26** Demographic and benefit information

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

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

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

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

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

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

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

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

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

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	36,000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</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** 36,000

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	36,000		36,000

**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)

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

**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

## Plan Provisions

This summary is intended as an outline of plan provisions and does not alter the intent or meaning of the provisions contained in the plan document.

**Plan Sponsor:** The Golub Corporation  
**EIN/PN:** 14-0724820/004

**Effective Date:** December 31, 1987

**Plan Year:** Twelve month period ending on the last Sunday in April.

**Participation:** An employee of the Golub Corporation who was a member of the Nonqualified Security Plan as of April 26, 1986 and was not a key employee became a participant as of December 31, 1987. There will be no other plan participants.

**Year of Service:** A twelve month period during which an employee completes 1,000 or more hours of service.

### Retirement Dates:

- Normal: The first day of the month coincident with or next following attainment of age 65.
- Early: The first day of any month preceding normal retirement date by no more than 10 years, provided the participant has 5 or more years of service.
- Deferred: The first day of any month coincident with or next following normal retirement date.

### Retirement Benefits:

- Normal Retirement  
For any participant who was an active participant in the Department Manager's Plan or the Senior Management Plan as of April 27, 1986, the annual amount of retirement income payable shall be equal to his Minimum Security Plan Vested Accrued Benefit.
- Early Retirement  
A participant electing early retirement may have his accrued benefit paid commencing at his normal retirement date reduced 1/2% per month for each month by which early retirement date precedes normal retirement date.
- Deferred Retirement  
The actuarial equivalent of the benefit payable at Normal Retirement Date.

### Automatic Form of Retirement Income

- Unmarried Participant: Life annuity
- Married Participant: An actuarially reduced 50% Joint and Survivor Annuity with the spouse as joint annuitant.

**Vesting:** A participant becomes fully vested at the earlier of his completion of 5 years of service or attainment of age 65. In no event may a participant's vested interest be less than that which was in effect as of April 26, 1986 under the Nonqualified Security Plan.

**Death Benefit:** In the event of the death of a vested participant prior to the commencement of his benefit payments, the surviving spouse will receive the benefit that would have been payable if the participant had terminated just prior to his death, lived to his earliest retirement date, elected a 50% joint and survivor option, and then died.

## GOLUB CORPORATION QUALIFIED SECURITY PLAN

EIN: 14-0724820 PN: 004

Schedule H, Line 4i - Schedule Of Assets (Held At End of Year)

April 27, 2025

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, Or Maturity Value	Cost	Current Value	
<b>Money Market Funds:</b>				
* GOLDMAN SACHS BANK USA DEPOSIT (BDA)		311,570 \$	311,570 \$	311,570
CANADIAN DOLLAR		1,068	1,068	1,068
EURO		450	450	450
Subtotal Money Market Funds			<u>313,088</u>	<u>313,088</u>
<b>Common Stocks:</b>				
NON-US EQUITY MANAGERS: PORTFOLIO 1 (ERISA) CLASS 1		7,916	750,000	1,633,115
* GOLDMAN SACHS BANK USA DEPOSIT (BDA)		390,184	390,184	391,339
* GS EMERGING MARKETS EQUITY INSIGHTS FUND CLASS P		44,222	414,969	389,594
LEGATO MERGER CORP. III CMN		30,000	303,450	316,500
EUREKA ACQUISITION CORP CMN		30,000	301,200	310,800
FLAG SHIP ACQUISITION CORP CMN		22,500	225,225	233,325
GLOBAL LIGHTS ACQUISITION CORP CMN		21,500	216,505	232,200
AA MISSION ACQUISITION CORP CMN		20,000	201,200	206,000
LIONHEART HOLDINGS CMN		20,000	199,600	206,000
PRIORITY INCOME FUND, INC PFD USD1.6562(6.62%) SERIES F		8,250	196,118	203,538
GLADSTONE INVESTMENT CORPORATION PFD USD1.2500(5.00%)		8,000	200,000	200,900
AMAZON.COM INC CMN		1,053	116,732	199,006
MICROSOFT CORPORATION CMN		501	46,703	196,317
GREAT ELM CAPITAL CORP. PFD USD1.4851(5.94%)		7,500	186,000	187,500
GREAT ELM CAPITAL CORP. PFD USD2.0538(8.22%)		7,500	185,625	187,500
CION INVESTMENT CORPORATION PFD USD1.8750(7.50%)		7,500	186,840	186,075
SARATOGA INVESTMENT CORP PFD USD1.5000(6.00%)		7,250	179,438	177,915
OXFORD LANE CAPITAL CORP. PFD USD1.7812(7.12%) SERIES 2029		7,250	177,625	173,989
ROMAN DBDR ACQUISITION CORP II CMN		16,000	159,680	160,800
ALPHABET INC. CMN CLASS C		916	86,367	150,087
OXFORD LANE CAPITAL CORP. PFD USD1.2500(5.00%)		6,250	155,000	148,750
CONOCOPHILLIPS CMN		1,619	161,553	148,495
GOLDENSTONE ACQUISITION LIMITED CMN		12,500	127,875	146,000
NEWBURY STREET II ACQUISITION CORP CMN		12,500	123,750	126,250
BLACK HAWK ACQUISITION CORP CMN		11,500	116,380	121,325
OFS CREDIT CO INC PFD USD1.3125(5.25%) SERIES E		5,000	124,142	119,466
META PLATFORMS INC-CLASS A CMN CLASS A		209	51,634	114,379
NVIDIA CORPORATION CMN		910	23,863	101,019
BROADCOM INC. CMN		517	35,042	99,424
CAPITAL ONE FINANCIAL CORP CMN		521	62,711	95,202
BERKSHIRE HATHAWAY INC. CLASS B		179	49,935	95,042
APPLE INC. CMN		415	64,800	86,851
ALPHABET INC. CMN CLASS A		483	57,907	78,227
CHARLES SCHWAB CORPORATION CMN		967	49,402	77,302
VISA INC. CMN CLASS A		215	31,267	72,062
WALT DISNEY COMPANY (THE) CMN		709	68,299	64,009
BOLLORE CMN NON DTC ELIGIBLE		10,545	41,894	63,692
NETFLIX, INC. CMN		56	23,616	61,686
AMERICAN INTL GROUP, INC. CMN		757	27,625	61,484
ABBOTT LABORATORIES CMN		450	32,927	58,248
BANK OF AMERICA CORP CMN		1,406	27,072	55,804
AIRBNB, INC. CMN CLASS A		443	57,997	54,272
FIRST CITIZENS BANKSHARES CL A CMN CLASS A		30	51,535	53,378
TAIWAN SEMICONDUCTOR MFG ADS LTD ADS 1ADS EQUALS 5ORDS		322	37,835	53,162
ELI LILLY & CO CMN		59	19,984	52,188
DEERE & COMPANY CMN		111	39,446	51,183
UNITEDHEALTH GROUP INCORPORATED CMN		121	38,822	50,655

## GOLUB CORPORATION QUALIFIED SECURITY PLAN

EIN: 14-0724820 PN: 004

Schedule H, Line 4i - Schedule Of Assets (Held At End of Year)

April 27, 2025

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, Or Maturity Value	Cost	Current Value	
<b>Common Stocks: (Continued)</b>				
AON PUBLIC LIMITED COMPANY CMN		149	44,090	50,042
L3HARRIS TECHNOLOGIES INC CMN		231	45,405	49,914
IQVIA HOLDINGS INC CMN		315	66,272	47,338
KEURIG DR PEPPER INC CMN		1,335	43,262	45,924
TEXAS INSTRUMENTS INC. CMN		269	44,313	43,809
SHELL PLC SPONSORED ADR CMN		662	32,456	43,599
GE AEROSPACE CMN		219	38,332	43,456
COMCAST CORPORATION CMN CLASS A VOTING		1,272	47,819	43,121
AERCAP HOLDINGS NV ORD CMN		405	25,891	41,837
EQUIFAX INC. CMN		162	41,846	41,550
SALESFORCE INC CMN		155	39,623	41,517
SYSCO CORPORATION CMN		574	37,625	40,714
PHILLIPS 66 CMN		388	48,079	40,340
PAYCOM SOFTWARE, INC. CMN		175	33,705	39,830
WORKDAY, INC. CMN CLASS A		162	37,462	38,804
LONDON STOCK EXCHANGE GROUP PLC ADR CMN		1,010	35,354	38,676
INTERCONTINENTAL EXCHANGE INC CMN		235	22,724	38,359
SAP SE (SPON ADR)		138	17,563	38,357
NASDAQ INC. CMN		505	30,286	38,057
MERCADOLIBRE, INC. CMN		17	26,400	37,839
CBRE GROUP, INC. CMN CLASS A		305	11,682	36,823
SS&C TECHNOLOGIES HOLDINGS, INC. CMN		496	29,896	36,054
CANADIAN NATURAL RESOURCES CMN		1,224	26,322	35,912
WILLIS TOWERS WATSON PLC CMN		115	26,171	34,752
MASTERCARD INCORPORATED CMN CLASS A		64	9,002	34,191
MICRON TECHNOLOGY, INC. CMN		426	28,056	33,986
ISHARES MSCI SOUTH KOREA ETF		586	35,818	32,705
ELEVANCE HEALTH INC CMN		77	24,851	32,469
GE VERNOVA LLC CMN		84	17,263	31,304
CONSTELLATION ENERGY CORP CMN		139	22,091	30,996
HILTON WORLDWIDE HOLDINGS INC. CMN		138	17,364	30,308
TARGET CORPORATION CMN		313	32,977	30,230
MARSH & MCLENNAN CO INC CMN		136	23,100	29,927
SERVICENOW INC CMN		31	15,914	29,303
ELANCO ANIMAL HEALTH INCORPORATED CMN		3,075	34,953	29,090
PINTEREST INC CMN CLASS A		1,100	33,227	28,666
LIBERTY BROADBAND CORPORATION CMN CLASS C		330	32,429	28,456
LITHIA MOTORS INC CL-A CMN CLASS A		96	26,390	28,116
NCR VOYIX CORP CMN		3,275	39,763	28,067
CENTENE CORPORATION CMN		485	35,606	27,980
TESLA, INC. CMN		98	23,792	27,925
COLGATE-PALMOLIVE CO CMN		293	26,773	27,676
ZIMMER BIOMET HOLDINGS INC		270	28,597	27,491
COSTCO WHOLESALE CORPORATION CMN		28	13,880	27,360
VERTEX PHARMACEUTICALS INCORPORATED CMN		55	20,580	27,161
WOODWARD INC CMN		143	16,838	26,007
LINDE PLC CMN		55	17,234	24,662
LENNAR CORPORATION CMN CLASS A		226	26,769	24,437
PENN ENTERTAINMENT INC CMN		1,500	27,892	24,225
FOX CORPORATION CMN CLASS B		526	18,946	24,086
HUMANA INC. CMN		90	30,109	23,796
LIONS GATE ENTERTAINMENT CORP. CMN CLASS B		3,161	45,645	23,581
DIAMONDBACK ENERGY INC CMN		170	26,493	23,249
PFIZER INC. CMN		1,003	27,781	22,989
MARTIN MARIETTA MATERIALS, INC CMN		45	19,583	22,700

## GOLUB CORPORATION QUALIFIED SECURITY PLAN

EIN: 14-0724820 PN: 004

Schedule H, Line 4i - Schedule Of Assets (Held At End of Year)

April 27, 2025

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, Or Maturity Value	Cost	Current Value	
<b>Common Stocks: (Continued)</b>				
	WELLS FARGO & COMPANY CMN	323	9,027	22,523
	WARNER BROS DISCOVERY INC CMN	2,615	29,786	22,463
	ADOBE INC CMN	61	20,702	22,431
	UNION PACIFIC CORP. CMN	104	23,051	22,182
	DEVON ENERGY CORPORATION (NEW) CMN	706	28,338	22,133
	CARMAX, INC. CMN	340	22,848	22,110
	WASTE MANAGEMENT INC CMN	96	15,584	21,918
	BAYER AG-SPONSORED ADR SPONSORED ADR CMN	3,352	32,764	21,902
	GRAPHIC PACKAGING HLDGCO CMN	857	9,454	21,434
	WALMART INC CMN	225	18,369	21,395
	JPMORGAN CHASE & CO CMN	87	12,613	21,311
	LABCORP HOLDINGS INC CMN	92	19,220	21,005
	CADENCE DESIGN SYSTEMS INC CMN	71	16,012	20,564
	FERGUSON ENTERPRISES INC CMN	119	19,032	20,263
	PHILIP MORRIS INTL INC CMN	119	11,848	20,259
	U-HAUL HOLDING COMPANY CMN	369	11,323	20,059
	GENERAL MOTORS COMPANY CMN	420	14,453	19,786
	HCA HEALTHCARE, INC CMN	60	11,116	19,675
	ASTRAZENECA PLC SPONS ADR SPONSORED ADR CMN	276	18,244	19,201
	WINTRUST FINANCIAL CORPORATION CMN	170	12,014	18,834
	CHARTER COMMUNICATIONS, INC. CMN	49	11,549	18,309
	METLIFE, INC. CMN	241	20,703	18,121
	ACCENTURE PLC CMN CLASS A	61	19,892	17,965
	SBA COMMUNICATIONS CORPORATION CMN	80	16,487	17,767
	ULTRA CLEAN HOLDINGS, INC. CMN	785	24,374	17,655
	STARBUCKS CORP. CMN	210	18,715	17,600
	O'REILLY AUTOMOTIVE, INC. CMN	13	13,036	17,511
	WASTE CONNECTIONS, INC. CMN	90	12,521	17,502
	CROWDSTRIKE HOLDINGS, INC. CMN	41	10,670	17,420
	THE PROGRESSIVE CORPORATION CMN	65	12,709	17,226
	ESTEE LAUDER COS INC CL-A CMN CLASS A	288	21,398	17,104
	GENERAL MILLS INC CMN	292	17,328	16,568
	COGNIZANT TECHNOLOGY SOLUTIONS CORP CLASS A	229	13,125	16,527
	CISCO SYSTEMS, INC. CMN	285	6,851	16,162
	ALLIANZ SE ADR CMN	393	6,217	16,044
	BOEING COMPANY CMN	90	17,791	16,015
	HOLOGIC INCORPORATED CMN	275	16,902	15,956
	TYSON FOODS INC CL-A CMN CLASS A	258	16,428	15,640
	BRUNSWICK CORP. CMN	332	23,592	15,558
	JOHNSON & JOHNSON CMN	100	10,468	15,458
	KLA CORP CMN	22	8,054	15,281
	DBS GROUP HOLDINGS SPONSORED ADR CMN	117	5,343	15,279
	CASELLA WASTE SYSTEMS INC CLASS A	131	10,361	15,144
	SAFRAN SA SPONSORED ADR CMN	229	7,320	14,976
	PEPSICO, INC. CMN	109	10,631	14,538
	CATERPILLAR INC (DELAWARE) CMN	47	8,079	14,469
	MONDELEZ INTERNATIONAL, INC. CMN	220	14,115	14,430
	BAXTER INTERNATIONAL INC CMN	475	16,314	14,355
	BUILDERS FIRSTSOURCE, INC. CMN	118	17,783	14,319
	UBER TECHNOLOGIES, INC. CMN	184	4,331	14,306
	LULULEMON ATHLETICA INC. CMN	53	14,577	14,199
	N V R INC CMN	2	4,806	14,143
	NEWS CORPORATION CMN CLASS A	509	5,376	13,809
	TRANSDIGM GROUP INCORPORATED CMN	10	5,960	13,781
	REGAL REXNORD CORP CMN	128	17,213	13,699

## GOLUB CORPORATION QUALIFIED SECURITY PLAN

EIN: 14-0724820 PN: 004

Schedule H, Line 4i - Schedule Of Assets (Held At End of Year)

April 27, 2025

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, Or Maturity Value	Cost	Current Value	
<b>Common Stocks: (Continued)</b>				
	SPOTIFY TECHNOLOGY S.A. CMN	22	10,200	13,656
	PROSUS NV SPONSORED ADR CMN	1,453	8,642	13,474
	MEDTRONIC PUBLIC LIMITED COMPANY CMN	160	12,593	13,466
	EXTRA SPACE STORAGE INC. CMN	95	12,116	13,400
	CHUGAI PHARMACEUTICAL CO., LTD. UNSPONSORED ADR CMN	465	6,501	13,361
	TOPGOLF CALLAWAY BRANDS CORP CMN	1,975	30,075	13,252
	TRUIST FINANCIAL CORPORATION CMN	349	13,555	13,147
	THE PROCTER & GAMBLE COMPANY CMN	80	5,645	12,966
	KEYCORP CMN	870	12,394	12,806
	NORTHROP GRUMMAN CORP CMN	27	10,103	12,776
	ALCOA CORPORATION CMN	492	18,373	12,649
	INTERNATIONAL PAPER CO. CMN	261	11,611	12,358
	CBIZ, INC. CMN	185	4,930	12,245
	NUCOR CORPORATION CMN	104	13,547	12,084
	ASSOCIATED BRITISH FOOD PLC ADR (NEW)	412	8,378	12,079
	STATE STREET CORPORATION (NEW) CMN	136	7,184	11,884
	CHIPOTLE MEXICAN GRILL, INC. CMN	228	8,630	11,806
	INGREDION INC CMN	90	7,328	11,718
	ABBVIE INC. CMN	62	10,247	11,637
	INTUITIVE SURGICAL, INC. CMN	22	5,474	11,321
	WESCO INTERNATIONAL INC. CMN	70	8,313	11,312
	GLOBAL PAYMENTS INC. CMN	155	12,962	11,234
	HDFC BANK LIMITED SPONSORED ADR CMN	155	8,621	11,186
	SENSATA TECHNOLOGIES HOLDING PLC CMN	525	20,354	11,177
	NOVO-NORDISK A/S ADR ADR CMN	179	9,890	11,112
	DISCOVER FINANCIAL SERVICES CMN	60	7,893	11,092
	SNOWFLAKE INC. CMN CLASS A	68	11,731	10,771
	THE BANK OF NY MELLON CORP CMN	135	5,127	10,681
	EBAY INC. CMN	154	8,665	10,446
	ARMSTRONG WORLD INDUSTRIES, INC CMN	75	5,693	10,388
	HARTFORD INSURANCE GROUP INC/THE CMN	87	3,273	10,332
	REGENERON PHARMACEUTICAL INC CMN	17	14,426	10,245
	INTUIT INC CMN	16	9,587	9,986
	MASCO CORPORATION CMN	165	9,527	9,969
	GENIUS SPORTS LTD CMN	918	8,496	9,933
	ATMOS ENERGY CORPORATION CMN	62	9,235	9,805
	COCA-COLA COMPANY (THE) CMN	136	5,598	9,780
	SONY GROUP CORPORATION SPONSORED ADR CMN	390	6,688	9,738
	FIRSTCASH HLDGS INC CMN	73	7,710	9,632
	KKR & CO. INC. CMN	83	11,818	9,431
	HALEON PLC SPONSORED ADR CMN	909	7,554	9,360
	EDWARDS LIFESCIENCES CORPORATION CMN	123	9,199	9,353
	ROYAL CARIBBEAN GROUP ISIN: LR0008862868	44	8,123	9,327
	PTC INC. CMN	60	9,279	9,242
	MANULIFE FINANCIAL CORP CMN	301	5,114	9,102
	ARTHUR J GALLAGHER & CO CMN	28	4,889	9,024
	RTX CORP CMN	72	6,699	9,016
	DANAHER CORPORATION CMN	45	11,242	8,871
	MOODY'S CORPORATION CMN	20	6,611	8,772
	PAYCHEX, INC. CMN	61	9,338	8,736
	SCHNEIDER ELECTRIC SE UNSPONSORED ADR (FRANCE)	176	3,170	8,718
	DASSAULT SYSTEMES SPONSORED ADR CMN	232	5,246	8,585
	EOG RESOURCES INC CMN	75	8,284	8,553
	FOMENTO ECONOMICO MEXICANO SAB DE C.V. NEW SPONS ADR	79	5,646	8,535
	L'OREAL CO (ADR) ADR CMN	100	3,336	8,508
	KEYSIGHT TECHNOLOGIES, INC. CMN	59	9,096	8,497

## GOLUB CORPORATION QUALIFIED SECURITY PLAN

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Schedule H, Line 4i - Schedule Of Assets (Held At End of Year)

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(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, Or Maturity Value	Cost	Current Value	
<b>Common Stocks: (Continued)</b>				
	AXON ENTERPRISE INC CMN	14	8,218	8,453
	ROCHE HOLDING AG ADR B SHS(NOM CHF 100) VAL 224.184	210	6,497	8,286
	ESAB CORPORATION CMN	69	4,881	8,277
	RELIANCE INC CMN	29	4,380	8,243
	LIMBACH HOLDINGS INC. CMN	87	7,938	8,070
	ELECTRONIC ARTS CMN	55	7,651	8,063
	DEXCOM, INC. CMN	112	8,275	8,026
	AXALTA COATING SYSTEMS LTD. CMN	252	3,963	8,021
	UNILEVER PLC (NEW) SPONSORED ADR CMN	128	5,063	8,015
	KENVUE INC. CMN	345	5,255	7,938
	PINNACLE FINANCIAL PARTNERS, INC. CMN	79	5,610	7,922
	VERACYTE, INC. CMN	245	7,627	7,896
	ORACLE CORPORATION CMN	57	2,038	7,894
	VSE CORPORATION CMN	69	6,957	7,862
	DATADOG, INC. CMN CLASS A	77	9,264	7,817
	ESCO TECHNOLOGIES INC CMN	49	5,210	7,735
	WINGSTOP INC. CMN	34	8,126	7,728
	GUARDANT HEALTH, INC. CMN	157	7,575	7,583
	AGILYSYS, INC. CMN	102	4,837	7,555
	NESTLE SA SPONSORED ADR (REP 1/20 CHF 10 REGD SHS)	73	6,146	7,543
	KRATOS DEFENSE & SECURITY SOL *INC CMN	223	3,052	7,491
	BELDEN INC CMN	73	3,958	7,442
	TENCENT HOLDINGS LIMITED UNSPONSORED ADR CMN ADD ADR	120	4,773	7,398
	CONTINENTAL AKTIENGESELLSCHAFT ADR	925	6,577	7,348
	STRIDE INC CMN	52	3,092	7,331
	CHAMPION HOMES INC CMN	85	8,308	7,209
	ALPHATEC HOLDINGS, INC. CMN	624	6,359	7,182
	FRESHPET, INC. CMN	96	5,439	7,166
	HAYWARD HOLDINGS, INC. CMN	553	7,157	7,128
	TOWER SEMICONDUCTOR LTD CMN	190	5,994	7,116
	AIA GROUP LIMITED SPONSORED ADR CMN SERIES	250	5,894	7,097
	WNS (HOLDINGS) LIMITED ADR CMN	118	5,770	7,089
	KEMPER CORPORATION CMN	121	7,964	7,042
	AMERIS BANCORP CMN	125	5,357	7,003
	FIRST HAWAIIAN, INC. CMN	299	7,384	6,832
	PHILLIPS EDISON & COMPANY, INC. CMN	194	6,944	6,825
	LA Z BOY CHAIR CO CMN	175	5,893	6,816
	BALDWIN INSURANCE GROUP INC/TH CMN CLASS A	162	5,447	6,798
	ASML HOLDING N.V. ADR CMN	10	6,885	6,773
	DISCO CORPORATION ADR CMN	339	8,933	6,765
	AMETEK INC (NEW) CMN	40	5,235	6,668
	LOUISIANA PACIFIC CORP CMN	77	4,544	6,663
	WELLTOWER, INC. CMN	45	6,249	6,613
	SYSMEX CORPORATION ADR CMN	357	6,045	6,597
	AXSOME THERAPEUTICS, INC. CMN	61	5,705	6,482
	AMGEN INC. CMN	23	6,760	6,459
	PNC FINANCIAL SERVICES GROUP, INC., THE CMN	40	5,344	6,402
	LIGAND PHARMACEUTICALS INCORPORATED CMN	59	5,439	6,376
	APPROVIN CORPORATION CMN CLASS A	23	7,499	6,367
	GROCERY OUTLET HOLDING CORP. CMN	402	7,472	6,307
	PREFERRED BANK CMN	78	4,298	6,250
	INGERSOLL RAND INC CMN	83	8,218	6,223
	ALFA LA VAL AB UNSPONSORED ADR CMN	149	3,021	6,189
	CENTERPOINT ENERGY, INC CMN	162	4,963	6,187
	ARAMARK CMN	184	7,011	6,059
	ADIDAS AG ADR CMN	49	6,494	6,044

## GOLUB CORPORATION QUALIFIED SECURITY PLAN

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Schedule H, Line 4i - Schedule Of Assets (Held At End of Year)

April 27, 2025

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, Or Maturity Value	Cost	Current Value	
<b>Common Stocks: (Continued)</b>				
COMMERCIAL METALS CO CMN	136	4,000	6,006	
CATHAY GENERAL BANCORP CMN	142	5,088	5,991	
TERRENO REALTY CORPORATION CMN	105	6,013	5,944	
MSCI INC. CMN	11	6,737	5,889	
UMB FINANCIAL CORP CMN	61	4,964	5,835	
HAMILTON INSURANCE GROUP LTD. CMN	321	5,197	5,829	
JACK HENRY & ASSOC INC CMN	34	5,843	5,812	
LENNOX INTERNATIONAL INC CMN	11	6,298	5,800	
ATI INC CMN	109	4,662	5,787	
OPTION CARE HEALTH, INC. CMN	174	3,431	5,725	
ENERSYS CMN	66	6,508	5,703	
ICU MEDICAL INC CMN	42	5,324	5,698	
RUSH ENTERPRISES, INC CMN CLASS A	110	6,429	5,663	
CRANE CO. CMN	38	3,392	5,653	
P G & E CORPORATION CMN	329	5,219	5,639	
SHERWIN-WILLIAMS CO CMN	17	5,095	5,638	
SITEONE LANDSCAPE SUPPLY, INC. CMN	49	6,886	5,635	
MAGNOLIA OIL & GAS CORP CMN CLASS A	264	2,827	5,602	
TRACTOR SUPPLY COMPANY CMN	112	4,600	5,591	
CONNECTONE BANCORP INC CMN	249	6,236	5,575	
SPIRE INC. CMN	72	4,474	5,545	
ARLO TECHNOLOGIES INC CMN	558	5,539	5,535	
ALCON, INC. CMN	58	3,860	5,507	
ATLAS COPCO AB SPONS ADR NEW REPSTG COM SER-A	340	1,977	5,456	
TAKE TWO INTERACTIVE SOFTWARE INC	24	2,910	5,409	
RESIDEO TECHNOLOGIES INC. CMN	331	6,336	5,382	
KURA SUSHI USA INC CMN	85	5,765	5,341	
MORGAN STANLEY CMN	46	5,071	5,336	
BANCO BILBAO VIZCAYA S A ADR SPONSORED ADR CMN	375	1,840	5,336	
INTERPARFUMS INC CMN	49	2,356	5,314	
GROUP 1 AUTOMOTIVE, INC. CMN	13	1,269	5,286	
AMICUS THERAPEUTICS, INC. CMN	719	8,377	5,285	
LOCKHEED MARTIN CORPORATION CMN	11	3,691	5,254	
BLACK HILLS CORP CMN	87	5,838	5,240	
STEWART INFORMATION SERVICES CORPORATION CMN	81	3,381	5,240	
NOVOCURE LIMITED (JE) CMN	283	4,148	5,236	
EVERUS CONSTRUCTION GROUP INC CMN	128	6,545	5,229	
LADDER CAPITAL CORP CMN CLASS A	507	5,214	5,182	
APPLIED MATERIALS INC CMN	34	5,680	5,153	
THE CHEF'S WAREHOUSE INC CMN	97	5,080	5,152	
OTTER TAIL CORPORATION CMN	66	3,646	5,141	
POWER INTEGRATIONS, INC. CMN	101	6,689	5,119	
COPT DEFENSE PROPERTIES CMN	194	4,841	5,114	
MP MATERIALS CORP CMN	209	4,125	5,102	
INDUSTRIA DE DISEÑO TEXTIL, S.A. ADR CMN	184	5,404	5,093	
NCINO, INC. CMN	221	6,209	5,092	
TRINITY INDUSTRIES INC (DEL) CMN	200	7,257	5,080	
ONEMAIN HOLDINGS, INC. CMN	104	3,052	5,074	
CHURCH & DWIGHT CO., INC. CMN	51	4,775	5,065	
ATLASSIAN CORP CMN	22	3,665	5,031	
EPIROC AB SPONSORED ADR CMN	236	2,291	5,020	
NIKE CLASS-B CMN CLASS B	87	6,595	5,013	
KORN FERRY CMN	81	2,852	5,009	
DARLING INGREDIENTS INC CMN	157	6,640	5,005	
RIO TINTO PLC SPONSORED ADR	82	4,031	4,966	
COMMVAULT SYSTEMS, INC. CMN	30	2,672	4,965	
ADYEN N.V. ADR CMN	297	2,227	4,951	
VULCAN MATERIALS CO CMN	20	4,774	4,941	

## GOLUB CORPORATION QUALIFIED SECURITY PLAN

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Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, Or Maturity Value	Cost	Current Value	
<b>Common Stocks: (Continued)</b>				
	ENCOMPASS HEALTH CORPORATION CMN	43	3,417	4,875
	MINERALS TECHNOLOGIES INC. CMN	91	5,215	4,821
	CSX CORPORATION CMN	173	5,871	4,816
	TRADE DESK, INC. (THE) CMN	89	6,944	4,803
	PRESTIGE CONSUMER HEALTHCARE, INC CMN	59	4,076	4,752
	ENTERGY CORPORATION CMN	56	4,153	4,738
	CNX RESOURCES CORP CMN	163	2,658	4,711
	EMBECTA CORP. CMN	390	9,622	4,633
	SEMPRA ENERGY CMN	62	4,002	4,630
	CHART INDUSTRIES, INC. CMN	34	5,642	4,607
	OLIN CORPORATION CMN	209	11,483	4,598
	MAGNITE, INC. CMN	370	4,149	4,581
	OLD SECOND BANCORP, INC. CMN	293	5,190	4,580
	BHP GROUP LTD SPONSORED ADR CMN	94	5,075	4,532
	PIPER SANDLER COS CMN	19	1,786	4,523
	HILLMAN SOLUTIONS CORP CMN	583	5,034	4,472
	CUSHMAN & WAKEFIELD PLC CMN	502	5,259	4,418
	CENTERSPACE CMN	74	5,465	4,404
	LPL FINANCIAL HOLDINGS INC. CMN	14	5,288	4,404
	KNIFE RIVER CORPORATION CMN	47	2,478	4,348
	FIRST INTERSTATE BANCYSYSTEM, INC. CMN	155	4,044	4,340
	EXELIXIS, INC. CMN	115	2,063	4,304
	WHIRLPOOL CORP. CMN	55	5,685	4,257
	CRANE NXT CO CMN	91	5,022	4,242
	KOMATSU LTD ADR (NEW) SPONSORED GDS CMN	151	2,620	4,232
	AIR LIQUIDE SA ADR CMN	104	1,645	4,219
	Q2 HOLDINGS, INC. CMN	53	2,116	4,193
	PRIMERICA, INC. CMN	16	2,424	4,185
	TJX COMPANIES INC (NEW) CMN	33	3,946	4,176
	YUM BRANDS, INC. CMN	28	3,582	4,124
	STAG INDUSTRIAL, INC. CMN	125	3,909	4,104
	MARRIOTT INTERNATIONAL, INC CMN CLASS A	17	4,660	4,015
	HAIER SMART HOME CO.,LTD. ADR CMN	347	4,027	3,999
	INSPIRE MEDICAL SYSTEMS, INC. CMN	24	4,520	3,817
	SYMRISE AG UNSPONSORED ADR CMN	137	2,142	3,803
	M/I HOMES, INC. CMN	36	1,792	3,801
	CREDICORP LTD. CMN	19	2,665	3,760
	ULTRAGENYX PHARMACEUTICAL INC. CMN	98	5,336	3,733
	ASSA ABLOY AB UNSPONSORED ADR (SWEDEN)	247	2,687	3,719
	GETTY REALTY CORP (NEW) CMN	135	3,634	3,696
	NAPCO SECURITY TECHNOLOGIES, INC. CMN	161	4,903	3,684
	TITAN AMERICA SA CMN	279	4,740	3,649
	CONCENTRA GROUP HOLDINGS PARENT, INC. CMN	171	3,553	3,634
	DELUXE CORPORATION CMN	236	6,667	3,625
	NETEASE INC SPONSORED ADR CMN	34	3,474	3,599
	FEDEX CORPORATION CMN	17	4,315	3,597
	CAVA GROUP, INC. CMN	39	4,292	3,541
	METHANEX CORPORATION CMN	113	2,633	3,511
	DAIFUKU CO., LTD. ADR CMN	274	2,403	3,484
	SHIONOGI & CO., LTD. UNSPONSORED ADR CMN	415	3,116	3,465
	PRIMO BRANDS CORP CMN	105	3,426	3,415
	GRUPO FINANCIERO BANORTE, S.A.*B. DE C.V ADR CMN	81	2,793	3,400
	HARMONIC INC. CMN	369	4,825	3,398
	ENOVIS CORPORATION CMN	96	4,827	3,370
	ECOVYST INC. CMN	574	5,356	3,364
	WILLDAN GROUP, INC. CMN	87	3,288	3,340
	TOAST, INC. CMN	90	2,064	3,249

## GOLUB CORPORATION QUALIFIED SECURITY PLAN

EIN: 14-0724820 PN: 004

Schedule H, Line 4i - Schedule Of Assets (Held At End of Year)

April 27, 2025

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, Or Maturity Value	Cost	Current Value	
<b>Common Stocks: (Continued)</b>				
	ABERCROMBIE & FITCH CO. CLASS A COMMON STOCK	45	3,326	3,224
	ONE GAS, INC. CMN	41	3,057	3,191
	ZTO EXPRESS (CAYMAN) INC. SPONSORED ADR CMN	163	3,237	3,164
	SONOVA HOLDING AG (THE) UNSPONSORED ADR CMN	49	1,640	2,963
	CIVITAS RESOURCES, INC. CMN	100	5,631	2,948
	APPLE HOSPITALITY REIT INC CMN	247	3,718	2,937
	P.T. TELEKOMUNIKASI INDONESIA ADS (1 ADS --> 40 ORD SHS)	191	4,219	2,934
	PLEXUS CORP. CMN	23	2,210	2,916
	SITIME CORP CMN	19	2,289	2,908
	UNICHARM CORPORATION SPONSORED ADR CMN	633	3,234	2,895
	THE HERSHEY COMPANY CMN	17	2,731	2,776
	SCHNEIDER NATIONAL, INC. CMN	125	3,140	2,744
	CARRIER GLOBAL CORPORATION CMN	45	2,395	2,703
	KRYSTAL BIOTECH, INC. CMN	16	1,892	2,689
	COLOPLAST A/S SPONSORED ADR CMN	243	3,060	2,683
	ZIFF DAVIS INC CMN	86	5,722	2,662
	NOVOZYMES A/S UNSPONSORED ADR CMN	42	2,175	2,641
	GMS INC. CMN	36	3,359	2,638
	STRATASYS LTD CMN	276	3,453	2,625
	OUTFRONT MEDIA INC. CMN	174	2,215	2,620
	ALKERMES PLC CMN	93	2,329	2,589
	HELMERICH & PAYNE INC. CMN	129	3,764	2,576
	CANADIAN NATIONAL RAILWAY CO. CMN	26	2,031	2,525
	ZETA GLOBAL HOLDINGS CORP. CMN	188	4,433	2,470
	PROPETRO HOLDING CORP. CMN	464	4,640	2,468
	BURLINGTON STORES INC CMN	11	1,970	2,455
	KENNEDY-WILSON HOLDINGS, INC. CMN	373	6,234	2,428
	TECHTRONIC INDUSTRIES COMPANY LIMITED SPONSORED	47	3,440	2,387
	GENMAB A/S SPONSORED ADR CMN	116	3,198	2,383
	VERINT SYSTEMS INC. CMN	124	4,734	2,261
	VIAVI TECHNOLOGY INC CMN	150	1,823	2,118
	PING AN INS GRP CO OF CHINA SPONSORED ADR CMN	178	1,561	2,109
	RXSIGHT, INC. CMN	136	5,065	2,033
	ONESPAN, INC. CMN	131	2,059	2,023
	EVERCORE INC CMN CLASS A	10	1,729	1,976
	VEECO INSTRUMENTS INC CMN	102	2,427	1,975
	FIRST AMERICAN FIN CORP CMN	30	1,791	1,828
	AZEK COMPANY INC. (THE) CMN	37	668	1,826
	ESTABLISHMENT LABS HOLDINGS INC CMN	58	2,711	1,738
	GRAFTECH INTERNATIONAL LTD. CMN	2,351	13,134	1,656
	CANADIAN DOLLAR	1,811	1,309	1,307
	ACADIA HEALTHCARE COMPANY INC CMN	55	3,201	1,218
	IMMUNOVANT INC CMN	76	2,071	1,119
	MAXLINEAR, INC. CMN	109	2,247	1,102
	ANGEL OAK FINANCIAL STRATEGIES INCOME TERM TRUST	16,000	-	480
	U S DOLLAR	(3,574)	(3,588)	(3,574)
	<b>Subtotal Common Stocks</b>		<b>10,403,362</b>	<b>12,730,141</b>

## GOLUB CORPORATION QUALIFIED SECURITY PLAN

EIN: 14-0724820 PN: 004

Schedule H, Line 4i - Schedule Of Assets (Held At End of Year)

April 27, 2025

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, Or Maturity Value	Cost	Current Value
<b>Municipal Bonds:</b>				
	NUVEEN NEW YORK AMT-FREE QUALITY MUNICIPAL INCOME FD	43,500	436,661	434,957
	WESTERN ASSET INFLATION- LINKED INCOME FUND	47,500	457,118	393,870
	ISHARES 7-10 YEAR TREASURY BOND ETF	3,250	311,982	309,433
	VANGUARD TOTAL BOND MARKET ETF	3,650	268,596	267,107
	ANGEL OAK FINANCIAL STRATEGIES INCOME TERM TRUST CLOSED	16,000	199,654	210,384
	<b>Subtotal Municipal Bonds</b>		<u>1,674,011</u>	<u>1,615,751</u>
<b>Mutual Funds:</b>				
	BLACKROCK MUNICIPAL CREDIT ALPHA PORTFOLIO	25,028	-	319,855
	BLACKROCK MUNICIPAL INCOME TRUST MUTUAL FUND	14,500	138,185	141,375
	BLACKROCK MUNIHLDGS CALIF QUALITY FUND INC	12,500	129,513	131,294
	<b>Subtotal Mutual Funds</b>		<u>267,698</u>	<u>592,524</u>
	<b>Total Investments</b>		<u>\$ 12,658,159</u>	<u>\$ 15,251,504</u>

\* Party-In-Interest

The Golub Corporation Qualified Security Plan  
Schedule SB, Line 22 - Description of Weighted Average Retirement Age  
EIN/PN: 14-0724820/004

All participants were assumed to retire at age 65.