

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
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
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.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan THE LINCOLN CENTER PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 09/01/1959
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LINCOLN CENTER FOR THE PERFORMING ARTS, INC. 70 LINCOLN CENTER PLAZA, 9TH FLOOR NEW YORK, NY 10023-6583	2b Employer Identification Number (EIN) 13-1847137
		2c Plan Sponsor's telephone number 212-875-5000
		2d Business code (see instructions) 711100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/10/2026	JIM O'HARA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1154
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 186 6a(2) 157 6b 245 6c 658 6d 1060 6e 23 6f 1083 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 1I

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ 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 1
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan THE LINCOLN CENTER PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LINCOLN CENTER FOR THE PERFORMING ARTS, INC.	D Employer Identification Number (EIN) 13-1847137	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	731132	1134	01/01/2025	06/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	63796166

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b****c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

(4) Transferred from separate account

7c(4)

(5) Other (specify below).....

7c(5)

▶

(6) Total additions

7c(6)**d** Total of balance and additions (add lines **7b** and **7c(6)**)**7d****e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier.....

7e(2)

(3) Transferred to separate account

7e(3)

(4) Other (specify below).....

7e(4)

▶

(5) Total deductions

7e(5)**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....**7f**

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
▶ 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.	
A Name of plan THE LINCOLN CENTER PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LINCOLN CENTER FOR THE PERFORMING ARTS, INC.	D Employer Identification Number (EIN) 13-1847137
E Type of plan: ☐ Single ☐ Multiple-A ☒ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 07 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	93272035	
b	Actuarial value	2b	87165962	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	232	57830995	57830995
b	For terminated vested participants	733	57991755	57991755
c	For active participants	186	24406316	24505244
d	Total	1151	140229066	140327994
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.33 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	620000	
c	Target normal cost	6c	620000	

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

SIGN HERE	Signature of actuary ELNATAN SULIMANOFF, FSA, MAAA Type or print name of actuary SEGAL Firm name 66 HUDSON BLVD E NEW YORK, NY 10001-2192 Address of the firm	03/12/2026 Date 23-06454 Most recent enrollment number 212-251-5000 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of _____ %.....		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.36</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage.....	14	62.11 %
15 Adjusted funding target attainment percentage	15	%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/15/2024	956000	0			
10/22/2024	164000	0			
01/15/2025	1120000	0			
04/15/2025	1120000	0			
07/01/2025	1763462	0			
Totals ►			18(b)	5123462	18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.12 %	3rd segment: 5.59 %
	☐ N/A, full yield curve used		
b Applicable month (enter code)	21b	4	
22 Weighted average retirement age	22	67	
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI	Miscellaneous Items
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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	1

Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years
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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	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII	Minimum Required Contribution For Current Year
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	0	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment			
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			
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		
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
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)
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41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan THE LINCOLN CENTER PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 LINCOLN CENTER FOR THE PERFORMING ARTS, INC.	D Employer Identification Number (EIN) 13-1847137

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

JP MORGAN CHASE

13-4994650

(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

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

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

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

SIBSON CONSULTING - THE SEGAL GROUP

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	116027	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NIXON PEABODY

16-0764720

(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	NONE	66296	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SIKICH CPA LLC

54-1172176

(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	NONE	17325	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

JP MORGAN CHASE

13-4994650

(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?
21	NONE	16286	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan THE LINCOLN CENTER PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 LINCOLN CENTER FOR THE PERFORMING ARTS, INC.		D Employer Identification Number (EIN) 13-1847137
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN DIVERSIFIED INTL SA-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-015	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9936576
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCP S&P 500 INDEX SA-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-016	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29076418
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP S&P 600 INDEX SA-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-028	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 699127
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP S&P 400 IDX SA-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-023	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1719252
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LDI LONG DURATION SA-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-104	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13437332
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL OVERSEAS SEP ACCT-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-116	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3471676
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LDI INTRM DUR SEP ACCT-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-128	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4253612
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2024 v. 240311		

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LDI EXT DUR SEP ACCT-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-129	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1153671
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a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF II INTL QUALITY GROWTH

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA

c EIN-PN 04-6913417-153	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan THE LINCOLN CENTER PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 LINCOLN CENTER FOR THE PERFORMING ARTS, INC.	D Employer Identification Number (EIN) 13-1847137

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	1763462
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	85293	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	22271540	497
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	15493711
(5) Partnership/joint venture interests	1c(5)	15798617	0
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	0	938391
(9) Value of interest in common/collective trusts	1c(9)	8085282	0
(10) Value of interest in pooled separate accounts	1c(10)	0	63796166
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3958024	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	43198789	18741538

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	93397545	100733765
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	125510	0
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	110105
k Total liabilities (add all amounts in lines 1g through 1j)	1k	125510	110105
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	93272035	100623660

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	5123462	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5123462
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	938136	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		938136
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		9187825
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		15249423

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7179523	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		7179523
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	718275	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		718275
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7897798

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7351625
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **SIKICH USA CPA LLP**

(2) EIN: **84-3697598**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 601775.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025					
A Name of plan THE LINCOLN CENTER PENSION PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LINCOLN CENTER FOR THE PERFORMING ARTS, INC.				D Employer Identification Number (EIN) 13-1847137	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-4994650 42-0127290					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☒ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code) ► File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
---	---	--

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan THE LINCOLN CENTER PENSION PLAN	B Three-digit Plan number (PN)..... ► 001
--	---

C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF LINCOLN CENTER FOR THE PERFORMING ARTS, INC.	D Administrator's EIN 13-1847137
--	--

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
--------	--

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

a ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)

b ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)

c ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)

d ☒ other multiple-employer pension plan (Describe) CSEC DEFINED BENEFIT MEP (Complete Part II)

Part II	Participating Employer Information.
---------	-------------------------------------

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer FILM SOCIETY OF LINCOLN CENTER, INC.	2b EIN 23-7042553	2c Percentage of Total Contributions for the Plan Year 8.71	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer LINCOLN CENTER FOR THE PERFORMING ARTS, INC.	2b EIN 13-1847137	2c Percentage of Total Contributions for the Plan Year 55.96	2d Aggregate Account Balances Attributable to Participating Employer

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	☐ Yes ☐ No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JAZZ AT LINCOLN CENTER, INC.	13-3888641	14.15	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHAMBER MUSIC SOCIETY OF LINCOLN CENTER, INC.	13-2628036	3.80	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LINCOLN CENTER DEVELOPMENT PROJECT, INC.	13-4172481	2.02	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LINCOLN CENTER THEATER	13-3004747	15.36	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III	Pooled Employer Plan Information
-----------------	---

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)..... ☐ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)
ACK ID _____



THE LINCOLN CENTER PENSION PLAN

FINANCIAL STATEMENTS AND INDEPENDENT AUDITOR'S REPORT

For the Years Ended June 30, 2025 and 2024



THE LINCOLN CENTER
PENSION PLAN
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1415 West Diehl Road, Suite 400
Naperville, IL 60563
630.566.8400

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and LCPA Investment Subcommittee
The Lincoln Center Pension Plan

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

We have performed audits of the accompanying financial statements of The Lincoln Center Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of and for the years ended June 30, 2025 and 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- The information in the financial statements referred to above related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of June 30, 2025 and the schedule of reportable transactions for the year ended June 30, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to 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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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



Naperville, Illinois
April 7, 2026

FINANCIAL STATEMENTS

**THE LINCOLN CENTER
PENSION PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
ASSETS		
Investments at fair value	\$ 98,031,912	\$ 93,312,252
Accrued investment income	-	85,293
Receivables		
Employer contribution	1,763,462	-
Pending trade receivable	938,391	-
Total receivables	2,701,853	-
Total assets	100,733,765	93,397,545
LIABILITIES		
Accrued expenses	110,105	125,510
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 100,623,660</u></u>	<u><u>\$ 93,272,035</u></u>

See accompanying notes to financial statements.

**THE LINCOLN CENTER
PENSION PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS**

For the Years Ended June 30, 2025 and 2024

	2025	2024
ADDITIONS IN NET ASSETS ATTRIBUTED TO		
Investment income		
Net appreciation in fair value of investments	\$ 9,187,825	\$ 8,366,653
Interest and dividends	938,136	1,326,885
Total investment income	10,125,961	9,693,538
Employer contributions	5,123,462	4,115,137
Total additions, net of investment loss	15,249,423	13,808,675
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	7,179,523	6,394,694
Administrative expenses	718,275	766,453
Total deductions	7,897,798	7,161,147
NET INCREASE	7,351,625	6,647,528
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	93,272,035	86,624,507
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	\$ 100,623,660	\$ 93,272,035

See accompanying notes to financial statements.

**THE LINCOLN CENTER
PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

June 30, 2025 and 2024

1. DESCRIPTION OF PLAN

The following information of The Lincoln Center Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan is a noncontributory multiple employer defined benefit plan for eligible employees of Lincoln Center for the Performing Arts, Inc. (LCPA or Plan Sponsor), The Chamber Music Society of Lincoln Center, Inc., Film at Lincoln Center, Inc., Jazz at Lincoln Center, Inc., Lincoln Center Theater, Inc., and The Lincoln Center Development Project, Inc. (collectively, the Employers). The Plan provides benefits to participants based upon salary, subject to the Employee Retirement Income Security Act of 1974, as amended (ERISA) limitations, and years of service. The Plan is subject to the provisions of ERISA.

The Plan was amended such that; 1) active employees of LCPA and The Lincoln Center Development Project, Inc. will cease to accrue any future benefits under the Plan as of July 31, 2023, 2) active employees of Film at Lincoln Center, Inc. and Lincoln Center Theater, Inc. will cease to accrue any future benefits under the Plan as of December 31, 2023. Active employees of Chamber Music Society of Lincoln Center will cease to accrue any future benefits under the Plan as of June 30, 2024.

Plan Administration

The general administration of the Plan and the responsibility for carrying out the Plan's provisions are performed by the Plan Administrator, as designated by the Executive Committee of the Board of Directors of LCPA.

Under the terms of a previous trust agreement between LCPA and JPMorgan Chase Bank, N.A. (JPMCB or the Trustee) through March 2025, and a current trust agreement between LCPA and Principal Trust Bank (Principal or the Trustee) since March 2025, investment assets of the Plan are held in a trust entitled The Lincoln Center Pension Plan Trust (the Trust).

THE LINCOLN CENTER
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)

1. DESCRIPTION OF PLAN (Continued)

Pension Benefits

Participants are eligible for regular pension benefits upon reaching age 65 with three years of service or, at their own option, reduced pension benefits any time after attaining age 55 with a minimum of five years of service. Prior to July 1, 2017, the annual benefit was calculated at 1.7% of final average compensation (as defined in the plan document) multiplied by years of service, to a maximum of 35 years. For those who were Plan participants before July 1, 1989, there is an alternative formula of 1.0% of the first \$4,800 of compensation for each year of ongoing service credit (as defined in the plan document), plus 2.0% of compensation in excess of \$4,800 for each year of ongoing service credit. If one formula produces a greater benefit than the other, participants will receive the higher of the two benefits as his/her pension. After July 1, 2017, pursuant to plan amendment, annual benefit is calculated at 1.5% of career average compensation multiplied by years of service to a maximum of 35 years. Effective July 1, 2017, the Plan was amended to include a modified freeze. Jazz at Lincoln Center Inc., effective July 1, 2017 implemented a full freeze, with no further benefits being accrued. New employees hired after June 30, 2017 were not eligible to participate in the Plan, with the exception of Film Society of Lincoln Center, Inc. which chose to freeze plan entry as of December 31, 2023.

Vesting

Vesting is based on years of continuous service. A participant becomes fully vested after three years of qualified service. In addition, a participant becomes fully vested upon attaining age 65, if earlier then obtaining three years of qualified service, if the participant is then employed by an Employer.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements is in conformity with accounting principles generally accepted in the United States of America (US GAAP) and requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits. Actual results could differ from those estimates.

THE LINCOLN CENTER
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The LCPA Investment Subcommittee determines the Plan's valuation policies utilizing information provided by the investment adviser and trustee. See Note 5 for discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Plan pays for certain plan administration fees from plan assets including advisory, actuary and audit fees. Certain investment-related expenses are included in net appreciation (depreciation) of fair value of investments.

Recent Accounting and Regulatory Pronouncements

The SECURE 2.0 Act of 2022 was signed into law on December 29, 2022. This legislation includes a vast array of provisional changes to retirement plans, becoming effective in 2023 and beyond. Plan management adopted mandatory provisions effective for the years ended December 31, 2024 and 2023. Plan management continues to evaluate the impact of the optional provisions of SECURE 2.0 and is awaiting additional regulatory guidance from the Internal Revenue Service (IRS) and Department of Labor (DOL). The application of SECURE 2.0 Act did not have a material effect on the Plan's financial statements for the plan years ended December 31, 2024 and 2023. The Plan will be amended to reflect any changes made in response to SECURE 2.0 prior to the deadline set by law or applicable regulations.

3. FUNDING POLICY

The Plan is financed by contributions made by the Employers, which are actuarially determined by an independent consultant to be sufficient to meet the minimum funding requirements of ERISA. Such contributions are designed to fund the Plan's current service costs on a current basis. The minimum funding requirements for the Plan have been met for fiscal years 2025 and 2024.

THE LINCOLN CENTER
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)

4. ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those estimated future periodic payments, including lump sum distributions, that are attributable, under the Plan's provisions, to the service that employees have rendered up to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The accumulated plan benefits for active employees are based on their average compensation preceding the valuation date. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included with respect to eligible employee service rendered up to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent consulting actuary, using the unit credit cost method, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the July 1, 2025 and 2024 valuations are as follows:

Assumed rate of return on investments for 2025 and 2024: 7%

Mortality rates for 2025 and 2024: PRI-2012 healthy employee and retiree tables (with generational projection for future improvement based on Social Security Administration's projected mortality rates from its 2025 and 2024 Trustee Reports, respectively, and reflecting "intermediate cost" assumptions)

THE LINCOLN CENTER
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)

4. ACCUMULATED PLAN BENEFITS (Continued)

Retirement rates for 2025 and 2024:

For active participants:	Age	Rate
	65	25%
	66	25
	67	25
	68	100
For term vested participants:	Age	Rate
	65	50%
	66	25
	67	25
	68	100

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

The actuarial present value of accumulated plan benefits as of July 1, 2025 and 2024 are as follows:

	2025	2024
Vested benefits:		
Participants currently receiving benefits	\$ 61,803,972	\$ 51,725,410
Other participants	53,877,537	64,933,289
	115,681,509	116,658,699
Nonvested benefits	4,283	84,506
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u>\$ 115,685,792</u>	<u>\$ 116,743,205</u>

THE LINCOLN CENTER
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)

4. ACCUMULATED PLAN BENEFITS (Continued)

The following is a summary of the changes in the actuarial present value of accumulated plan benefits as of the end of the plan year:

	2025	2024
Actuarial present value of accumulated plan benefits at beginning of year	\$ 116,743,205	\$ 113,942,778
Increase (decrease) during the year due to		
Plan amendments	-	(8,606)
Change in actuarial assumptions	(26,564)	(9,014)
Benefits accumulated and plan experience	(1,776,318)	1,236,747
Change in interest due to decrease in discount period	7,924,991	7,975,994
Benefits paid	(7,179,522)	(6,394,694)
Net increase	(1,057,413)	2,800,427
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	\$ 115,685,792	\$ 116,743,205

The computation of the actuarial present value of accumulated plan benefits were made as of July 1 each year. Had the valuations been performed as of June 30, there would be no material differences.

5. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Topic 820 are described as follows:

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

Level 2: Inputs to the valuation methodology other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- a. Quoted prices for similar assets or liabilities in active markets,
- b. Quoted prices for identical or similar assets or liabilities in inactive markets,

THE LINCOLN CENTER
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)

5. FAIR VALUE MEASUREMENTS (Continued)

Level 2: (Continued)

- c. Inputs other than quoted prices that are observable for the asset or liability, and
- d. Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2025 and 2024.

Cash equivalents: the money market fund is valued using a net asset value of \$1, which represents fair value.

Pooled separate accounts: Investments in units of pooled separate accounts held with an insurance company are stated at estimated fair market value and are valued by the insurance company based on the net asset value (NAV) of units held by the Plan at year end. The NAV is determined by the insurance company based on the market value of the underlying investments held in the pooled fund. The NAV is a readily determinable fair value and is the basis for current transactions.

Mutual fund and collective trust fund: the Plan utilizes net asset value (NAV) reported by the funds and quoted market prices. The net asset value is an unadjusted quoted price on an active market and classified within Level 1 of the fair value hierarchy.

Partnership interests, hedge funds and collective trust fund: the Plan utilizes the NAV as reported by the issuer of the funds. The NAV is determined based on the fair value of the underlying securities of the funds. For certain alternative investments, which do not have readily determinable fair market values, including hedge funds, limited partnerships and certain collective trust funds, fair value is estimated using NAV per share or its equivalent, as a practical expedient, as reported by the investment managers. In accordance with Accounting Standards Update No. 2015-07, *Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or its Equivalent)*, such investments are excluded from the fair value hierarchy levels.

THE LINCOLN CENTER
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)

5. FAIR VALUE MEASUREMENTS (Continued)

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2025 and 2024:

Description	Assets at Fair Value as of June 30, 2025			
	Level 1	Level 2	Level 3	Total
Cash equivalents	\$ 497	\$ -	\$ -	\$ 497
Pooled separate accounts	63,747,664	-	-	63,747,664
TOTAL	\$ 63,748,161	\$ -	\$ -	63,748,161
Investments measured at net asset value ^(a)				<u>34,283,751</u>
TOTAL INVESTMENTS AT FAIR VALUE				<u>\$ 98,031,912</u>

Description	Assets at Fair Value as of June 30, 2024			
	Level 1	Level 2	Level 3	Total
Cash equivalents	\$ 22,271,540	\$ -	\$ -	\$ 22,271,540
Mutual fund	3,958,024	-	-	3,958,024
Collective trust fund	4,427,343	-	-	4,427,343
TOTAL	\$ 30,656,907	\$ -	\$ -	30,656,907
Investments measured at net asset value ^(a)				<u>62,655,345</u>
TOTAL INVESTMENTS AT FAIR VALUE				<u>\$ 93,312,252</u>

- (a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

THE LINCOLN CENTER
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)

5. FAIR VALUE MEASUREMENTS (Continued)

The Plan's investments in mutual funds and certain collective trusts traded daily, contain no restrictions in redemption, and are considered to have a readily determinable fair value. The Plan's investments in partnership interests, hedge funds and other collective trust fund (collectively, alternative investments) contain various weekly, monthly, quarterly, semi-annual, annual, and lock-up redemption restrictions with required written notice ranging from 1 to 90 days. As of June 30, 2025 and 2024, the following table summarizes the composition of such investments by the various redemption provisions:

<u>Redemption Period</u>	<u>2025</u>	<u>2024</u>
Weekly	\$ -	\$ 5,717,297
Monthly	3,022,782	10,295,604
Quarterly	22,819,905	32,801,910
Semi-annual	2,623,272	4,672,352
Annual	-	3,657,939
Lock-up	5,817,792	5,510,243
 TOTAL	 \$ 34,283,751	 \$ 62,655,345

As of June 30, 2025 and 2024, the Plan's unfunded commitments totaled \$1,570,096 and \$2,326,712, respectively.

6. CERTIFICATION OF FINANCIAL INFORMATION

The financial data included in the accompanying financial statements as of and for the years ended June 30, 2025 and 2024 and supplemental schedule of assets (held at end of year) as of June 30, 2025 and of reportable transactions for the year ended June 30, 2025, have been certified as complete and accurate by JPMorgan Chase Bank, N.A. (JPMCB), qualified institution, for the period July 1, 2024 to March 26, 2025, and Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company and Principal Bank, qualified institutions, for the period March 27, 2025 to June 30, 2025. The following certified information was obtained by management and agreed to or derived from information certified as complete and accurate; and has not been audited by the independent auditors for the Plan: investments at fair value, accrued investment income, pending trade receivable, net appreciation in fair value of investments, and interest and dividends.

THE LINCOLN CENTER
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)

7. PLAN TERMINATION

Although the Employers have not expressed any intent to terminate the Plan, they may do so at any time subject to the provisions of ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
- c. All other vested benefits (i.e., vested benefits not insured by the PBGC).
- d. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2025 and 2024 that ceiling is \$7,432 and \$7,108, respectively, per month.

That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

THE LINCOLN CENTER
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)

8. TAX STATUS

The Internal Revenue Service (IRS) has determined and informed LCPA by letter dated April 26, 2013, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

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

9. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

JPMCB was the Plan's trustee until March 26, 2025, and Principal Trust Company and Principal Bank are the Plan's trustees for the period March 27, 2025 to June 30, 2025. Therefore, all transactions with JPMCB, Principal Trust Company, Principal Bank or its affiliates are with a known party in interest as defined by ERISA. Certain plan investments are managed by an affiliate of Principal Trust Company and Principal Bank, the trustees, therefore these transactions qualify as party-in-interest. Furthermore, as of June 30, 2025 and 2024, the Plan had approximately \$2.6 and \$4.6 million, respectively, invested in two funds, which are managed by an entity for which a Co-Founder, Co-Chairman, and Co-CEO serves as a member of the Plan Sponsor's Board of Directors. No additional associations are considered to be significant. Employees of LCPA provide administrative services to the Plan for which no fees are charged.

10. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

11. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through April 7, 2026, which was the date that these financial statements were available for issuance and determined that there were no significant nonrecognized subsequent events through that date.

Attachment to 2024 Schedule B of Form 5500
Schedule B, Line 8c – Schedule of Active Participant Data
Lincoln Center Pension Plan
Lincoln Center for the Performing Arts, Inc.
EIN: 13-1847137 / PN: 001

[illegible]

Attachment to 2024 Schedule B of Form 5500
Schedule B, Line 6 – Statement of Actuarial Assumptions/Methods
Lincoln Center Pension Plan
Lincoln Center for the Performing Arts, Inc.
EIN: 13-1847137 / PN: 001

ACTUARIAL ASSUMPTIONS AND ACTUARIAL COST METHOD (SCHEDULE B, LINE 6)

Net investment return: 7.00%, net of all expenses; this assumption is based on the recommendation of the Plan’s investment advisor and is a reasonable assumption based on the Plan’s asset allocation.

Interest rate for determination of current liability and maximum tax-deductible contribution:

Current Liability: 5.59% (previously 5.74%)
Current liability is calculated for Lincoln Center’s funding valuation because the Plan is an eligible charity plan not governed by PPA’s minimum funding requirements. The specific application of this measurement is in the determination of the full funding limitation credit, as shown in Section 2G. The current liability interest rate is equal to the third segment of the yield curve assumption that is used for calculating minimum funding requirements for plans subject to PPA minimum funding rules as of the plan valuation date, including reflecting the funding stabilization provisions of the American Rescue Plan Act of 2021 (“ARPA”).

Maximum-Tax Deductible Contributions: As mandated by the Pension Protection Act of 2006, the interest rates used are the 24-month average of corporate bond yields ending in March 2024. The effective yield rate is 5.09%. This market-based assumption is mandated by law. (Prior year’s rates were the 24-month average of corporate bond yields ending in March 2023.)

Mortality rates:

Minimum Funding / ASC 960: PRI-2012 healthy employee and retiree tables, which were published in the Society of Actuaries’ October 2019 mortality study. In addition, the mortality assumption includes a generational projection for future improvement based on the Social Security Administration’s (“SSA”) projected mortality rates from its 2024 Trustees Report and reflecting “intermediate cost” assumptions. We believe the SSA’s 2024 projection is an appropriate assumption for this plan. The prior year’s assumption used the same base table with mortality improvement from the SSA’s 2023 Trustees Report.

Attachment to 2024 Schedule B of Form 5500
Schedule B, Line 6 – Statement of Actuarial Assumptions/Methods
Lincoln Center Pension Plan
Lincoln Center for the Performing Arts, Inc.
EIN: 13-1847137 / PN: 001

Current Liability / Max-Tax

Deductible Contribution:

Pri-2012 separate employee and annuitant healthy mortality tables, with generational projection using the 2024 Adjusted MP-2021 scale as described in the final IRS mortality regulations released in October 2023. (The prior year's mortality assumption used the RP-2006 separate employee and annuitant healthy mortality tables, with generational projection using scale MP-2021.) This assumption is one of the choices allowed by the regulations.

Retirement rates:

For active participants:

Age	Rate
65	25%
66	25
67	25
68	100

For term vested participants:

Age	Rate
65	50%
66	25
67	25
68	100

This assumption is based on historical and current data, including an update of the assumption as of July 2020 reflecting our review of recent retirement experience, as well as a consideration of anticipated future experience and professional judgment.

Attachment to 2024 Schedule B of Form 5500
Schedule B, Line 6 – Statement of Actuarial Assumptions/Methods
Lincoln Center Pension Plan
Lincoln Center for the Performing Arts, Inc.
EIN: 13-1847137 / PN: 001

Salary scale: N/A (All benefits are frozen).

Termination rates:

Age	Rate
20	21.20%
25	23.70
30	17.40
35	16.80
40	12.40
45	10.50
50	6.50
55	3.00
60	0.00

This assumption is based on historical and current data, as well as a consideration of anticipated future experience and professional judgment.

Disability rates:

Age	Rate
20	0.01%
25	0.01
30	0.01
35	0.01
40	0.02
45	0.04
50	0.10
55	0.21
60	0.43

This assumption is based on historical and current data, as well as a consideration of anticipated future experience and professional judgment.

Attachment to 2024 Schedule B of Form 5500
Schedule B, Line 6 – Statement of Actuarial Assumptions/Methods
Lincoln Center Pension Plan
Lincoln Center for the Performing Arts, Inc.
EIN: 13-1847137 / PN: 001

Benefit election:	Single life annuity with 10-year guarantee. This is the Plan's normal form of payment for non-married participants and is a reasonable assumption based on the Plan's provisions for optional forms adjustments.
Percent married:	Social Security awards during 1972 For inactive participants for whom a spouse's date of birth was not provided, and for active participants, it was assumed that husbands were 3 years older than their wives. This assumption generally only affects the valuation of the pre-retirement survivor benefit and has little impact on the valuation results.
Plan-related expenses:	Equal to the PBGC premium for the July 1, 2024 plan year plus a three year average of historical plan expenses (other than PBGC premiums) for the period ending on the valuation date, rounded to the nearest thousand. For the 2024 plan year, assumed expenses are \$620,000. This assumption is only applicable to the calculation of the maximum deductible contribution, since the PPA rules apply for this calculation, and PPA requires plan related expenses to be included in the Normal Cost. For minimum funding purposes, the assumed investment return is net of plan expenses.
Actuarial value of assets:	Smoothed actuarial value method with a five-year averaging period for investment gains and losses. The actuarial value of assets is developed as follows: 1) the prior year's actuarial value of assets before any corridor limitations; plus 2) net new money during the year; plus 3) expected return on the average market value of assets; plus 4) 20% of each of the previous five year's gain/(loss) due to investment return greater/(less) than expected. The actuarial value of assets is further limited to not less than 80% and not greater than 120% of market value. The actuarial value of assets was reset to market value as of June 30, 2021, and all unrecognized investment

Attachment to 2024 Schedule B of Form 5500
Schedule B, Line 6 – Statement of Actuarial Assumptions/Methods
Lincoln Center Pension Plan
Lincoln Center for the Performing Arts, Inc.
EIN: 13-1847137 / PN: 001

gains/(losses) prior to that date were immediately recognized.

For the maximum deductible contribution, the rules under the Pension Protection Act apply, based on the plan sponsor's election of an allowable asset averaging method. The actuarial value of assets is an average of the market value of assets as of the valuation date and the adjusted market value of assets as of the preceding two years. The adjusted assets reflect expected earnings (subject to a statutory cap) and actual cash flow. The resulting value is limited to between 90% and 110% of the market value of assets.

Amortization of unfunded actuarial liability:

Each valuation year, the unfunded actuarial liability (UAL) can change in comparison to expected from the prior year. Based on IRS regulations, changes in UAL are amortized over prescribed periods that depend on the source of the change. The required amortization periods are as follows:

<u>Source of UAL</u>	<u>Period (years)</u>
Experience gain/loss	5
Assumption/method change	10
Plan amendment	15

Actuarial cost method and contribution requirement:

Projected Unit Credit Actuarial Cost Method

This cost method develops the annual cost or expense of the Plan in two parts: that attributable to benefits accruing in the current year, known as the normal or service cost; and that due to service earned prior to the current year, known as the actuarial accrued or past service liability. Each of these components is calculated individually for each active employee.

Attachment to 2024 Schedule B of Form 5500
Schedule B, Line 6 – Statement of Actuarial Assumptions/Methods
Lincoln Center Pension Plan
Lincoln Center for the Performing Arts, Inc.
EIN: 13-1847137 / PN: 001

The normal cost is the present value of the portion of projected benefits that is attributable to service accrued in the current year and the actuarial accrued liability is attributable to service accrued prior to the current year. Both amounts reflect projected future salary increases over the period the employee is expected to earn future benefits. As of July 1, 2024, the plan is frozen for all active employees, the normal cost is \$0, and projected future salary increases is \$0. The unfunded actuarial liability reflects the difference between the actuarial accrued liability and assets already accumulated. The unfunded actuarial liability is paid off in accordance with a specified amortization procedure, as described above.

Under the projected unit credit method, if actual plan experience is close to the assumptions, the normal cost will increase each year for each employee as he or she approaches retirement age. The total contribution is made up of the sum of the individual normal costs and the amortization payment on the unfunded actuarial liability. If all assumptions are met (including investment earnings based on the assumed interest rate), funding the plan at the minimum required contribution level is generally designed to achieve a 100% funded level by the time the last remaining amortization base is fully amortized (see above for the required amortization periods for each UAL source). Once that is achieved, the minimum contribution will generally equal the normal cost offset for any overfunding.

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative and client requirements. Our Actuarial Technology and Systems unit, comprising both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary.

Lincoln Center Pension Plan
EIN: 13-1847137, PN:001, PYE 06/30/2025

Multiple Employer Plan Participant Information

Name of participating employer	EIN	Percent of Total Contributions
Film Society of Lincoln Center, Inc.	23-7042553	8.71%
Lincoln Center for the Performing Arts, Inc.	13-1847137	55.96%
Jazz at Lincoln Center, Inc.	13-3888641	14.15%
Chamber Music Society of Lincoln Center, Inc.	13-2628036	3.80%
Lincoln Center Development Project, Inc.	13-4172481	2.02%
Lincoln Center Theater	13-3004747	15.36%
		100.00%

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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 07/01/2024 and ending 06/30/2025

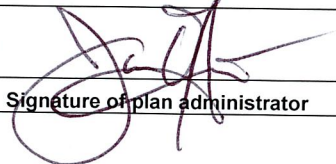
- A** This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☐ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ the final return/report
- ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶ ☐
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
- ☐ special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan The Lincoln Center Pension Plan	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 09/01/1959
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Lincoln Center for the Performing Arts, Inc. 70 Lincoln Center Plaza, 9th Floor New York NY 10023-6583	2b Employer Identification Number (EIN) 13-1847137
	2c Plan Sponsor's telephone number 212-875-5000
	2d Business code (see instructions) 711100

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

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

SIGN HERE		4/10/2026	JIM O'HARA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		3c Administrator's telephone number 4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	1,154
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	186
a(2) Total number of active participants at the end of the plan year		6a(2)	157
b Retired or separated participants receiving benefits		6b	245
c Other retired or separated participants entitled to future benefits		6c	658
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1,060
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	23
f Total. Add lines 6d and 6e		6f	1,083
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)		6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
--	--

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**THE LINCOLN CENTER
PENSION PLAN**

SCHEDULE OF REPORTABLE TRANSACTIONS
FORM 5500, SCHEDULE H, ITEM 4j

EIN: 13-1847137 PLAN: #001

For the Year Ended June 30, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(f) Net Gain or (Loss)
<u>Category (iii) - Series of transactions in excess of 5% of plan assets</u>						
JPMorgan	JPMorgan Treasury Plus Money Market Fund (61 purchases)	\$ 40,206,055	\$ -	\$ 40,206,055	\$ 40,206,055	\$ -
JPMorgan	JPMorgan Treasury Plus Money Market Fund (53 sales)	-	60,947,118	60,947,118	60,947,118	-
GQG Partners	GQG Partners Emerging Markets Equity Fund	-	5,211,112	2,962,663	5,211,112	2,248,449
Wellington Management Company LLP	WTC-CIF II International Quality Growth Series I	-	4,813,817	3,229,553	4,813,817	1,584,264
Principal Global Investors	Diversified International Separate Account Z	9,699,124	-	9,699,124	9,699,124	-
Principal Global Investors	LDI Intermediate Duration Separate Account Z	4,775,007	-	4,775,007	4,775,007	-
Principal Global Investors	LDI Long Duration Separate Account Z	15,238,362	-	15,238,362	15,238,362	-
Principal Global Investors	LargeCap S&P 500 Index Separate Account Z	28,102,591	-	28,102,591	28,102,591	-
Farallon Capital Management LLC	Farallon Equity Partners, LP	8,531,714	-	8,531,714	8,531,714	-
Junto Capital Management LP	Junto Offshore Fund Ltd Class J Series	5,576,216	-	5,576,216	5,576,216	-
Redwood Capital Management, LLC	Redwood Offshore Fund Ltd	6,071,685	-	6,071,685	6,071,685	-

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
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

▶ 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.

A Name of plan LINCOLN CENTER PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LINCOLN CENTER FOR THE PERFORMING ARTS, INC.	D Employer Identification Number (EIN) 13-1847137
E Type of plan: ☐ Single ☐ Multiple-A ☒ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month 07 Day 01 Year 2024	
2 Assets:	
a Market value	2a 93,272,035
b Actuarial value	2b 87,165,962
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants 232 (2) Vested Funding Target 57,830,995 (3) Total Funding Target 57,830,995
b For terminated vested participants	733 57,991,755 57,991,755
c For active participants	186 24,406,316 24,505,244
d Total	1,151 140,229,066 140,327,994
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 5.33%
6 Target normal cost	
a Present value of current plan year accruals	6a 0
b Expected plan-related expenses	6b 620,000
c Target normal cost	6c 620,000

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

SIGN HERE <i>ElNatan Sulimanoff</i> Signature of actuary ELNATAN SULIMANOFF, FSA, MAAA Type or print name of actuary SEGAL Firm name 66 HUDSON BLVD E NEW YORK NY 10001-2192 Address of the firm	03/12/2026 Date 2306454 Most recent enrollment number 212-251-5000 Telephone number (including area code)
--	---

Part II	Beginning of Year Carryover and Prefunding Balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of _____%		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.36</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III	Funding Percentages	
14 Funding target attainment percentage	14	62.11 %
15 Adjusted funding target attainment percentage	15	%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV	Contributions and Liquidity Shortfalls				
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/15/2024	956,000	0			
10/22/2024	164,000	0			
01/15/2025	1,120,000	0			
04/15/2025	1,120,000	0			
07/01/2025	1,763,462	0			
Totals ►			18(b)	5,123,462	18(c)
					0

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 4.75 % 2nd segment: 5.12 % 3rd segment: 5.59 %	☐ N/A, full yield curve used
b	Applicable month (enter code).....	21b	4
22	Weighted average retirement age	22	67
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☐ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☐ No		
26	Demographic and benefit information		
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☐ Yes ☐ No
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☐ Yes ☐ No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	1
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	
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6c).....	31a	0
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment		
b	Waiver amortization installment		
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34
			0
35	Balances elected for use to offset funding requirement	Carryover balance	Prefunding balance
			Total balance
36	Additional cash requirement (line 34 minus line 35).....		36
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)		38a
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39
40	Unpaid minimum required contributions for all years		40
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		

Attachment to 2024 Schedule SB of Form 5500
2024 Schedule SB, Line 27 – Actuarial Information for CSEC Plans
Lincoln Center Pension Plan
Lincoln Center for the Performing Arts, Inc.
EIN: 13-1847137 / PN: 001

As required, all pre-PPA actuarial information is supplied in the Schedule B, and requisite attachments. While the Schedule B is a 2007 form, all information is based on the 7/1/2024 Actuarial Valuation.

Refer to the attachments to the Schedule B form for information regarding plan provisions, assumptions, and data, as well as a statement of the justification of changes in actuarial assumptions since the prior year.

**SCHEDULE B
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Actuarial Information

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.

- **Attach to Form 5500 or 5500-EZ if applicable.**
► **See separate instructions.**

Official Use Only

OMB No. 1210-0110

2007

**This Form is Open to Public
Inspection (except when
attached to Form 5500-EZ).**

For calendar plan year 2007 or fiscal plan year beginning _____, and ending _____,

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

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

A Name of plan			B Three-digit plan number . . . ►		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ.			D Employer Identification Number		
E Type of plan: (1) ☐ Multiemployer (2) ☐ Single-employer (3) ☐ Multiple-employer			F ☐ 100 or fewer participants in prior plan year		

Part I Basic Information (To be completed by all plans)

1a Enter the actuarial valuation date: Month _____ Day _____ Year _____

b Assets:

(1) Current value of assets	b(1)	
(2) Actuarial value of assets for funding standard account	b(2)	

c (1) Accrued liability for plans using immediate gain methods **c(1)**

(2) Information for plans using spread gain methods:

(a) Unfunded liability for methods with bases	c(2)(a)	
(b) Accrued liability under entry age normal method	c(2)(b)	
(c) Normal cost under entry age normal method	c(2)(c)	

Statement by Enrolled Actuary (see instructions before signing):

To the best of my knowledge, the information supplied in this schedule and on the accompanying schedules, statements, and attachments, if any, is complete and accurate, and in my opinion each assumption, used in combination, represents my best estimate of anticipated experience under the plan. Furthermore, in the case of a plan other than a multiemployer plan, each assumption used (a) is reasonable (taking into account the experience of the plan and reasonable expectations) or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasonable; in the case of a multiemployer plan, the assumptions used, in the aggregate, are reasonable (taking into account the experience of the plan and reasonable expectations).

SIGN HERE Elnatan Sulimanoff
Signature of actuary

Type or print name of actuary

Firm name

Address of the firm

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-EZ. v10.1 Schedule B (Form 5500) 2007

0 8 0 7 3 5 0 1 0 0



1d Information on current liabilities of the plan:

- | | | |
|---|----------------|--|
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions) . . . | d(1) | |
| (2) "RPA '94" information: | | |
| (a) Current liability | d(2)(a) | |
| (b) Expected increase in current liability due to benefits accruing during the plan year | d(2)(b) | |
| (c) Current liability computed at highest allowable interest rate (see instructions) | d(2)(c) | |
| (d) Expected release from "RPA '94" current liability for the plan year | d(2)(d) | |
| (3) Expected plan disbursements for the plan year | d(3) | |

2 Operational information as of beginning of this plan year:**a** Current value of the assets (see instructions)**2a****b** "RPA '94" current liability:

- | | (1) No. of Persons | (2) Vested Benefits | (3) Total Benefits |
|---|--------------------|---------------------|--------------------|
| (1) For retired participants and beneficiaries receiving payments | | | |
| (2) For terminated vested participants | | | |
| (3) For active participants | | | |
| (4) Total | | | |

c If the percentage resulting from dividing line 2a by line 2b(4), column (3) is less than 70%, enter such percentage**2c**

%

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

(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees	(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees
3 Totals ▶ (b)					(c)

4 Quarterly contributions and liquidity shortfall(s):**a** Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions)**4a**

%

b If line 4a is less than 100%, see instructions, and complete the following table as applicable:

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

0 8 0 7 3 5 0 2 0 P



5 Actuarial cost method used as the basis for this plan year's funding standard account computation:**a** ☐ Attained age normal **b** ☐ Entry age normal **c** ☐ Accrued benefit (unit credit)**d** ☐ Aggregate **e** ☐ Frozen initial liability **f** ☐ Individual level premium**g** ☐ Individual aggregate **h** ☐ Other (specify) ▶ _____**i** Has a change been made in funding method for this plan year? ☐ Yes ☐ No**j** If line i is "Yes," was the change made pursuant to Revenue Procedure 2000-40? ☐ Yes ☐ No**k** If line i is "Yes," and line j is "No" enter the date of the ruling letter (individual or class) approving the change in funding method Month Day Year**6** Checklist of certain actuarial assumptions:**a** Interest rates for "RPA '94" current liability **6a** % ☐ N/A**b** Weighted average retirement age **6b** ☐ N/A**c** Rates specified in insurance or annuity contracts ... ☐ N/A **6c** ☐ Yes ☐ No ☐ Yes ☐ No ☐ N/A**d** Mortality table code for valuation purposes:(1) Males **d(1)**(2) Females **d(2)****e** Valuation liability interest rate ☐ N/A **6e** % % ☐ N/A**f** Expense loading ☐ N/A **6f** % % ☐ N/A**g** Annual withdrawal rates:(1) Age 25 **g(1)** % %(2) Age 40 **g(2)** % %(3) Age 55 **g(3)** % %**h** Salary scale ☐ N/A **6h** % % ☐ N/A**i** Estimated investment return on actuarial value of assets for year ending on the valuation date **6i** %**j** Estimated investment return on current value of assets for year ending on the valuation date . . . **6j** %**7** New amortization bases established in the current plan year:**(1)** Type of Base**(2)** Initial Balance**(3)** Amortization Charge/Credit

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8 Miscellaneous information:**a** If a waiver of a funding deficiency or an extension of an amortization period has been approved for this plan year, enter the date of the ruling letter granting the approval Month Day Year

0 8 0 7 3 5 0 3 0 0



8b If one or more alternative methods or rules (as listed in the instructions) were used for this plan year, enter the appropriate code in accordance with the instructions ▶ _____

c Is the plan required to provide a Schedule of Active Participant Data? (see instructions) If "Yes," attach schedule ☐ Yes ☐ No

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any		9a
b Employer's normal cost for plan year as of valuation date		9b
c Amortization charges as of valuation date:	Outstanding Balance	
(1) All bases except funding waivers	▶ (\$ _____)	c(1)
(2) Funding waivers	▶ (\$ _____)	c(2)
d Interest as applicable on lines 9a, 9b, and 9c		9d
e Additional interest charge due to late quarterly contributions, if applicable		9e
f Adjusted additional funding charge from Part II, line 12q, if applicable	☐ N/A	9f
g Total charges. Add lines 9a through 9f		9g

Credits to funding standard account:

h Prior year credit balance, if any		9h
i Employer contributions. Total from column (b) of line 3		9i
	Outstanding Balance	
j Amortization credits as of valuation date	▶ (\$ _____)	9j
k Interest as applicable to end of plan year on lines 9h, 9i, and 9j		9k
l Full funding limitation (FFL) and credits		
(1) ERISA FFL (accrued liability FFL)	l(1)	
(2) "RPA '94" override (90% current liability FFL)	l(2)	
(3) FFL credit		l(3)
m (1) Waived funding deficiency		m(1)
(2) Other credits		m(2)
n Total credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2)		9n
o Credit balance: If line 9n is greater than line 9g, enter the difference		9o
p Funding deficiency: If line 9g is greater than line 9n, enter the difference		9p

Reconciliation account:

q Current year's accumulated reconciliation account:		
(1) Due to additional funding charges as of the beginning of the plan year	q(1)	
(2) Due to additional interest charges as of the beginning of the plan year	q(2)	
(3) Due to waived funding deficiencies:		
(a) Reconciliation outstanding balance as of valuation date	q(3)(a)	
(b) Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a)	q(3)(b)	
(4) Total as of valuation date		q(4)

10 Contribution necessary to avoid an accumulated funding deficiency. Enter the amount in line 9p or the amount required under the alternative funding standard account if applicable **10**

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☐ Yes ☐ No

0 8 0 7 3 5 0 4 0 R



Attachment to 2024 Schedule B of Form 5500
Schedule B, Line 6 – Statement of Actuarial Assumptions/Methods
Lincoln Center Pension Plan
Lincoln Center for the Performing Arts, Inc.
EIN: 13-1847137 / PN: 001

ACTUARIAL ASSUMPTIONS AND ACTUARIAL COST METHOD (SCHEDULE B, LINE 6)

Net investment return: 7.00%, net of all expenses; this assumption is based on the recommendation of the Plan’s investment advisor and is a reasonable assumption based on the Plan’s asset allocation.

Interest rate for determination of current liability and maximum tax-deductible contribution:

Current Liability: 5.59% (previously 5.74%)

Current liability is calculated for Lincoln Center’s funding valuation because the Plan is an eligible charity plan not governed by PPA’s minimum funding requirements. The specific application of this measurement is in the determination of the full funding limitation credit, as shown in Section 2G. The current liability interest rate is equal to the third segment of the yield curve assumption that is used for calculating minimum funding requirements for plans subject to PPA minimum funding rules as of the plan valuation date, including reflecting the funding stabilization provisions of the American Rescue Plan Act of 2021 (“ARPA”).

Maximum-Tax Deductible Contributions: As mandated by the Pension Protection Act of 2006, the interest rates used are the 24-month average of corporate bond yields ending in March 2024. The effective yield rate is 5.09%. This market-based assumption is mandated by law. (Prior year’s rates were the 24-month average of corporate bond yields ending in March 2023.)

Mortality rates:

Minimum Funding / ASC 960: PRI-2012 healthy employee and retiree tables, which were published in the Society of Actuaries’ October 2019 mortality study. In addition, the mortality assumption includes a generational projection for future improvement based on the Social Security Administration’s (“SSA”) projected mortality rates from its 2024 Trustees Report and reflecting “intermediate cost” assumptions. We believe the SSA’s 2024 projection is an appropriate assumption for this plan. The prior year’s assumption used the same base table with mortality improvement from the SSA’s 2023 Trustees Report.

Attachment to 2024 Schedule B of Form 5500
Schedule B, Line 6 – Statement of Actuarial Assumptions/Methods
Lincoln Center Pension Plan
Lincoln Center for the Performing Arts, Inc.
EIN: 13-1847137 / PN: 001

Current Liability / Max-Tax

Deductible Contribution:

Pri-2012 separate employee and annuitant healthy mortality tables, with generational projection using the 2024 Adjusted MP-2021 scale as described in the final IRS mortality regulations released in October 2023. (The prior year's mortality assumption used the RP-2006 separate employee and annuitant healthy mortality tables, with generational projection using scale MP-2021.) This assumption is one of the choices allowed by the regulations.

Retirement rates:

For active participants:

Age	Rate
65	25%
66	25
67	25
68	100

For term vested participants:

Age	Rate
65	50%
66	25
67	25
68	100

This assumption is based on historical and current data, including an update of the assumption as of July 2020 reflecting our review of recent retirement experience, as well as a consideration of anticipated future experience and professional judgment.

Attachment to 2024 Schedule B of Form 5500
Schedule B, Line 6 – Statement of Actuarial Assumptions/Methods
Lincoln Center Pension Plan
Lincoln Center for the Performing Arts, Inc.
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Salary scale: N/A (All benefits are frozen).

Termination rates:

Age	Rate
20	21.20%
25	23.70
30	17.40
35	16.80
40	12.40
45	10.50
50	6.50
55	3.00
60	0.00

This assumption is based on historical and current data, as well as a consideration of anticipated future experience and professional judgment.

Disability rates:

Age	Rate
20	0.01%
25	0.01
30	0.01
35	0.01
40	0.02
45	0.04
50	0.10
55	0.21
60	0.43

This assumption is based on historical and current data, as well as a consideration of anticipated future experience and professional judgment.

Attachment to 2024 Schedule B of Form 5500
Schedule B, Line 6 – Statement of Actuarial Assumptions/Methods
Lincoln Center Pension Plan
Lincoln Center for the Performing Arts, Inc.
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Benefit election:	Single life annuity with 10-year guarantee. This is the Plan's normal form of payment for non-married participants and is a reasonable assumption based on the Plan's provisions for optional forms adjustments.
Percent married:	Social Security awards during 1972 For inactive participants for whom a spouse's date of birth was not provided, and for active participants, it was assumed that husbands were 3 years older than their wives. This assumption generally only affects the valuation of the pre-retirement survivor benefit and has little impact on the valuation results.
Plan-related expenses:	Equal to the PBGC premium for the July 1, 2024 plan year plus a three year average of historical plan expenses (other than PBGC premiums) for the period ending on the valuation date, rounded to the nearest thousand. For the 2024 plan year, assumed expenses are \$620,000. This assumption is only applicable to the calculation of the maximum deductible contribution, since the PPA rules apply for this calculation, and PPA requires plan related expenses to be included in the Normal Cost. For minimum funding purposes, the assumed investment return is net of plan expenses.
Actuarial value of assets:	Smoothed actuarial value method with a five-year averaging period for investment gains and losses. The actuarial value of assets is developed as follows: 1) the prior year's actuarial value of assets before any corridor limitations; plus 2) net new money during the year; plus 3) expected return on the average market value of assets; plus 4) 20% of each of the previous five year's gain/(loss) due to investment return greater/(less) than expected. The actuarial value of assets is further limited to not less than 80% and not greater than 120% of market value. The actuarial value of assets was reset to market value as of June 30, 2021, and all unrecognized investment

Attachment to 2024 Schedule B of Form 5500
Schedule B, Line 6 – Statement of Actuarial Assumptions/Methods
Lincoln Center Pension Plan
Lincoln Center for the Performing Arts, Inc.
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gains/(losses) prior to that date were immediately recognized.

For the maximum deductible contribution, the rules under the Pension Protection Act apply, based on the plan sponsor's election of an allowable asset averaging method. The actuarial value of assets is an average of the market value of assets as of the valuation date and the adjusted market value of assets as of the preceding two years. The adjusted assets reflect expected earnings (subject to a statutory cap) and actual cash flow. The resulting value is limited to between 90% and 110% of the market value of assets.

Amortization of unfunded actuarial liability:

Each valuation year, the unfunded actuarial liability (UAL) can change in comparison to expected from the prior year. Based on IRS regulations, changes in UAL are amortized over prescribed periods that depend on the source of the change. The required amortization periods are as follows:

<u>Source of UAL</u>	<u>Period (years)</u>
Experience gain/loss	5
Assumption/method change	10
Plan amendment	15

Actuarial cost method and contribution requirement:

Projected Unit Credit Actuarial Cost Method

This cost method develops the annual cost or expense of the Plan in two parts: that attributable to benefits accruing in the current year, known as the normal or service cost; and that due to service earned prior to the current year, known as the actuarial accrued or past service liability. Each of these components is calculated individually for each active employee.

Attachment to 2024 Schedule B of Form 5500
Schedule B, Line 6 – Statement of Actuarial Assumptions/Methods
Lincoln Center Pension Plan
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The normal cost is the present value of the portion of projected benefits that is attributable to service accrued in the current year and the actuarial accrued liability is attributable to service accrued prior to the current year. Both amounts reflect projected future salary increases over the period the employee is expected to earn future benefits. As of July 1, 2024, the plan is frozen for all active employees, the normal cost is \$0, and projected future salary increases is \$0. The unfunded actuarial liability reflects the difference between the actuarial accrued liability and assets already accumulated. The unfunded actuarial liability is paid off in accordance with a specified amortization procedure, as described above.

Under the projected unit credit method, if actual plan experience is close to the assumptions, the normal cost will increase each year for each employee as he or she approaches retirement age. The total contribution is made up of the sum of the individual normal costs and the amortization payment on the unfunded actuarial liability. If all assumptions are met (including investment earnings based on the assumed interest rate), funding the plan at the minimum required contribution level is generally designed to achieve a 100% funded level by the time the last remaining amortization base is fully amortized (see above for the required amortization periods for each UAL source). Once that is achieved, the minimum contribution will generally equal the normal cost offset for any overfunding.

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative and client requirements. Our Actuarial Technology and Systems unit, comprising both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary.

Attachment to 2024 Schedule B of Form 5500
Schedule B, Line 6 – Summary of Plan Provisions
Lincoln Center Pension Plan
Lincoln Center for the Performing Arts, Inc.
EIN: 13-1847137 / PN: 001

SUMMARY OF PLAN PROVISIONS (SCHEDULE B, LINE 6)

This exhibit summarizes the major provisions of the Plan as included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan status:	Frozen (effective June 30, 2017 for Jazz, July 31, 2023 for LPCA and LCDP, December 31, 2023 for Film and LCT, and June 30, 2024 for CMS)
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Normal retirement:

<i>Age requirement:</i>	65
<i>Service requirement:</i>	3
<i>Amount:</i>	the greater of (1) or (2) calculated as of June 30, 2017 (or termination, if earlier): (1) 1% of career average salary up to \$4,800 plus 2% of career average salary in excess of \$4,800, for participants hired July 1, 1989 or earlier, otherwise \$0. (2) 1.7% of final average salary for each year of credited service, not exceeding a total of 35 years. Final average salary is defined as the average of basic salary earned during the highest 5 consecutive years out of the last 10 years of employment prior to termination. plus, effective July 1, 2017, (3) 1.5% of career average salary for salary earned after June 30, 2017 and prior to attaining 35 years of credited service, for all Constituents except Jazz, and up to each Constituent's respective freeze date noted above.

Early retirement:

<i>Age requirement:</i>	55
<i>Service requirement:</i>	5
<i>Amount:</i>	Normal pension accrued, reduced by 5% for each year before age 65.

Attachment to 2024 Schedule B of Form 5500
Schedule B, Line 6 – Summary of Plan Provisions
Lincoln Center Pension Plan
Lincoln Center for the Performing Arts, Inc.
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Disability:

<i>Age requirement:</i>	None
<i>Service requirement:</i>	10
<i>Amount:</i>	Regular pension payable at normal retirement age, based on service projected to normal retirement date and continuation of salary at rate in effect as of date of disability. Projected service and continuation of salary do not extend beyond each Constituent's plan freeze date noted above.

Late retirement:

<i>Age requirement:</i>	Past 65
<i>Service requirement:</i>	3
<i>Amount:</i>	Greater of accrued benefit and prior year benefit amount, actuarially adjusted, iteratively applied starting the first year after normal retirement age.

Vesting:

<i>Age requirement:</i>	None
<i>Service requirement:</i>	3
<i>Amount:</i>	Regular pension accrued, payable at normal retirement age.

Pre-retirement death benefits:

Spouse's benefit:

<i>Age requirement:</i>	None
<i>Service requirement:</i>	5
<i>Amount:</i>	50% of the benefit the employee would have received had he/she retired the day before he/she died and elected the joint and survivor option. Commences immediately if employee was eligible for early retirement at time of death. Otherwise, commences no earlier than the participant's first eligibility for early retirement.

Attachment to 2024 Schedule B of Form 5500
Schedule B, Line 6 – Summary of Plan Provisions
Lincoln Center Pension Plan
Lincoln Center for the Performing Arts, Inc.
EIN: 13-1847137 / PN: 001

Post-retirement death benefits:

Joint and Survivor:	If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the employee. If rejected, or if not married, benefits are payable for the life of the employee with 10 years of payment guaranteed without reduction or in any other available optional form elected by the employee in an actuarially equivalent amount.
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Forms of benefit:

Normal:	Ten Year Certain and Life Annuity (single) Joint and Survivor Annuity (married)
Optional:	Ten Year Certain and Life Annuity Joint and Survivor Annuity (as 25%, 50%, 75%, or 100%) Single Life Annuity Twenty Year Certain and Life Annuity Social Security Level Income Lump Sum (if Actuarial Equivalent present value is \$10,000 or less)

Actuarial equivalence for optional payment form conversions:	25% Joint and Survivor Annuity – applicable benefit multiplied by 94% plus (or minus) 0.3% for each year beneficiary is older (or younger) 50% Joint and Survivor Annuity – applicable benefit multiplied by 90% (95% when beneficiary is spouse) plus (or minus) 0.4% for each year beneficiary is older (or younger) 75% Joint and Survivor Annuity – applicable benefit multiplied by 85% plus (or minus) 0.5% for each year beneficiary is older (or younger) 100% Joint and Survivor Annuity – applicable benefit multiplied by 81% plus (or minus) 0.6% for each year beneficiary is older (or younger) Single Life Annuity – applicable benefit multiplied by 108% minus 0.6% for each year participant is less than 65 or plus 1.4% for each year participant is above 65
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Attachment to 2024 Schedule B of Form 5500
Schedule B, Line 6 – Summary of Plan Provisions
Lincoln Center Pension Plan
Lincoln Center for the Performing Arts, Inc.
EIN: 13-1847137 / PN: 001

Twenty Year Certain and Life Annuity - applicable benefit multiplied by 85.6% plus 0.8% for each year participant is less than 65 or minus 1.0% for each year participant is above 65
Lump Sum / Social Security Level Income – based on 417(e) required assumptions

Participation:

Age requirement:

Age 21

Service requirement:

Completion of 1,000 hours during the 12 month period following hire, or after the completion of 1,000 hours during any plan year thereafter.

Service credit for vesting/plan eligibility status:

All service as an employee; a year of service is credited for each period between consecutive anniversary dates during which the employee worked 1,000 hours

Service credit for benefit accruals:

Prior to July 1, 2017, service credit is based on the same definition as above.

Effective July 1, 2017, benefit accruals are based on compensation earned and service credit is equal to 1/12 of a year for each calendar month in which the employee worked at least one hour. Benefit accruals and service credit are frozen for all Constituents based on the applicable effective dates as described above.

Plan Amendment:

The Plan has been amended to freeze benefit accruals effective June 30, 2024 for employees of CMS.

The Plan has been amended to freeze benefit accruals effective July 31, 2023 for employees of LCPA and LCDP and to freeze benefit accruals effective December 31, 2023 for employees of FILM and LCT

The impact of these amendments have been taken into account in this valuation.

Attachment to 2024 Schedule B of Form 5500
Schedule B, Line 6b – Description of Weighted Average Retirement Age
Lincoln Center Pension Plan
Lincoln Center for the Performing Arts, Inc.
EIN: 13-1847137 / PN: 001

<u>Age</u>	<u>Rate</u>	<u>Probability of Retiring</u>	<u>Age x Probability</u>
65	25.00%	25.00%	16.25
66	25.00	18.75	12.38
67	25.00	14.06	9.42
68	100.00	42.19	28.69
Weighted Average			66.74

Attachment to 2024 Schedule B of Form 5500
Schedule B, Line 8c – Schedule of Active Participant Data
Lincoln Center Pension Plan
Lincoln Center for the Performing Arts, Inc.
EIN: 13-1847137 / PN: 001

[illegible]

Attachment to 2024 Schedule B of Form 5500
Schedule B, Line 9f
Lincoln Center Pension Plan
Lincoln Center for the Performing Arts, Inc.
EIN: 13-1847137 / PN: 001

The Lincoln Center Pension Plan satisfies the definition of a “CSEC Plan” under the terms of the Cooperative and Small Employer Charity Pension Flexibility Act enacted on April 7, 2014, and therefore is exempt from the “Additional Required Funding Charge” component of the minimum funding requirement.

Attachment to 2024 Schedule B of Form 5500
Schedule B, Line 11 – Justification for Change in Actuarial Assumptions
Lincoln Center Pension Plan
Lincoln Center for the Performing Arts, Inc.
EIN: 13-1847137 / PN: 001

- (1) The mortality assumption used to calculate the minimum funding requirement is the PRI-2012 healthy employee and retiree tables, which were published in the Society of Actuaries' October 2019 mortality study. In addition, the mortality assumption includes a generational projection for future improvement based on the Social Security Administration's ("SSA") projected mortality rates from its 2024 Trustees Report and reflecting "intermediate cost" assumptions. Previously, the PRI-2012 healthy employee and retiree amounts-weighted mortality tables with generational mortality improvement projection based on the Intermediate Tier assumptions of the Social Security Administration's 2023 Trustees Report was used. This update was made to reflect more recent mortality experience data and better reflect anticipated future mortality experience.

Attachment to 2024 Schedule B of Form 5500
Schedule B, Line 6 – Summary of Plan Provisions
Lincoln Center Pension Plan
Lincoln Center for the Performing Arts, Inc.
EIN: 13-1847137 / PN: 001

SUMMARY OF PLAN PROVISIONS (SCHEDULE B, LINE 6)

This exhibit summarizes the major provisions of the Plan as included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan status:	Frozen (effective June 30, 2017 for Jazz, July 31, 2023 for LPCA and LCDP, December 31, 2023 for Film and LCT, and June 30, 2024 for CMS)
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Normal retirement:

<i>Age requirement:</i>	65
<i>Service requirement:</i>	3
<i>Amount:</i>	the greater of (1) or (2) calculated as of June 30, 2017 (or termination, if earlier): (1) 1% of career average salary up to \$4,800 plus 2% of career average salary in excess of \$4,800, for participants hired July 1, 1989 or earlier, otherwise \$0. (2) 1.7% of final average salary for each year of credited service, not exceeding a total of 35 years. Final average salary is defined as the average of basic salary earned during the highest 5 consecutive years out of the last 10 years of employment prior to termination. plus, effective July 1, 2017, (3) 1.5% of career average salary for salary earned after June 30, 2017 and prior to attaining 35 years of credited service, for all Constituents except Jazz, and up to each Constituent's respective freeze date noted above.

Early retirement:

<i>Age requirement:</i>	55
<i>Service requirement:</i>	5
<i>Amount:</i>	Normal pension accrued, reduced by 5% for each year before age 65.

Attachment to 2024 Schedule B of Form 5500
Schedule B, Line 6 – Summary of Plan Provisions
Lincoln Center Pension Plan
Lincoln Center for the Performing Arts, Inc.
EIN: 13-1847137 / PN: 001

Disability:

<i>Age requirement:</i>	None
<i>Service requirement:</i>	10
<i>Amount:</i>	Regular pension payable at normal retirement age, based on service projected to normal retirement date and continuation of salary at rate in effect as of date of disability. Projected service and continuation of salary do not extend beyond each Constituent's plan freeze date noted above.

Late retirement:

<i>Age requirement:</i>	Past 65
<i>Service requirement:</i>	3
<i>Amount:</i>	Greater of accrued benefit and prior year benefit amount, actuarially adjusted, iteratively applied starting the first year after normal retirement age.

Vesting:

<i>Age requirement:</i>	None
<i>Service requirement:</i>	3
<i>Amount:</i>	Regular pension accrued, payable at normal retirement age.

Pre-retirement death benefits:

Spouse's benefit:

<i>Age requirement:</i>	None
<i>Service requirement:</i>	5
<i>Amount:</i>	50% of the benefit the employee would have received had he/she retired the day before he/she died and elected the joint and survivor option. Commences immediately if employee was eligible for early retirement at time of death. Otherwise, commences no earlier than the participant's first eligibility for early retirement.

Attachment to 2024 Schedule B of Form 5500
Schedule B, Line 6 – Summary of Plan Provisions
Lincoln Center Pension Plan
Lincoln Center for the Performing Arts, Inc.
EIN: 13-1847137 / PN: 001

Post-retirement death benefits:

Joint and Survivor:	If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the employee. If rejected, or if not married, benefits are payable for the life of the employee with 10 years of payment guaranteed without reduction or in any other available optional form elected by the employee in an actuarially equivalent amount.
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Forms of benefit:

Normal:	Ten Year Certain and Life Annuity (single) Joint and Survivor Annuity (married)
Optional:	Ten Year Certain and Life Annuity Joint and Survivor Annuity (as 25%, 50%, 75%, or 100%) Single Life Annuity Twenty Year Certain and Life Annuity Social Security Level Income Lump Sum (if Actuarial Equivalent present value is \$10,000 or less)

Actuarial equivalence for optional payment form conversions:	25% Joint and Survivor Annuity – applicable benefit multiplied by 94% plus (or minus) 0.3% for each year beneficiary is older (or younger) 50% Joint and Survivor Annuity – applicable benefit multiplied by 90% (95% when beneficiary is spouse) plus (or minus) 0.4% for each year beneficiary is older (or younger) 75% Joint and Survivor Annuity – applicable benefit multiplied by 85% plus (or minus) 0.5% for each year beneficiary is older (or younger) 100% Joint and Survivor Annuity – applicable benefit multiplied by 81% plus (or minus) 0.6% for each year beneficiary is older (or younger) Single Life Annuity – applicable benefit multiplied by 108% minus 0.6% for each year participant is less than 65 or plus 1.4% for each year participant is above 65
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Attachment to 2024 Schedule B of Form 5500
Schedule B, Line 6 – Summary of Plan Provisions
Lincoln Center Pension Plan
Lincoln Center for the Performing Arts, Inc.
EIN: 13-1847137 / PN: 001

Twenty Year Certain and Life Annuity - applicable benefit multiplied by 85.6% plus 0.8% for each year participant is less than 65 or minus 1.0% for each year participant is above 65
Lump Sum / Social Security Level Income – based on 417(e) required assumptions

Participation:

Age requirement:

Age 21

Service requirement:

Completion of 1,000 hours during the 12 month period following hire, or after the completion of 1,000 hours during any plan year thereafter.

Service credit for vesting/plan eligibility status:

All service as an employee; a year of service is credited for each period between consecutive anniversary dates during which the employee worked 1,000 hours

Service credit for benefit accruals:

Prior to July 1, 2017, service credit is based on the same definition as above.
Effective July 1, 2017, benefit accruals are based on compensation earned and service credit is equal to 1/12 of a year for each calendar month in which the employee worked at least one hour. Benefit accruals and service credit are frozen for all Constituents based on the applicable effective dates as described above.

Plan Amendment:

The Plan has been amended to freeze benefit accruals effective June 30, 2024 for employees of CMS.

The Plan has been amended to freeze benefit accruals effective July 31, 2023 for employees of LCPA and LCDP and to freeze benefit accruals effective December 31, 2023 for employees of FILM and LCT

The impact of these amendments have been taken into account in this valuation.

Attachment to 2024 Schedule B of Form 5500
Schedule B, Line 6b – Description of Weighted Average Retirement Age
Lincoln Center Pension Plan
Lincoln Center for the Performing Arts, Inc.
EIN: 13-1847137 / PN: 001

<u>Age</u>	<u>Rate</u>	<u>Probability of Retiring</u>	<u>Age x Probability</u>
65	25.00%	25.00%	16.25
66	25.00	18.75	12.38
67	25.00	14.06	9.42
68	100.00	42.19	28.69
Weighted Average			66.74

SUPPLEMENTAL SCHEDULES

**THE LINCOLN CENTER
PENSION PLAN**

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, ITEM 4i

EIN: 13-1847137 PLAN: #001

June 30, 2025

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Cash Equivalents				
*	JPMorgan	JPMorgan Treasury Plus Money Market Fund	\$ 233	\$ 234
*	Principal Global Investors	Principal Government Money Market Fund	263	263
	Total cash equivalents		496	497
Partnership Interests				
	Anchorage Capital Group LLC	Anchorage Illiquid Opportunities Offshore LP	-	516,865
*	Canyon Partners, LLC	Canyon Distressed Opportunity Fund III L.P.	475,203	746,491
	Davidson Kempner Capital Management LP	Davidson Kempner Long Term Distressed Opportunities International IV LP	240,779	391,754
	Davidson Kempner Capital Management LP	Davidson Kempner Long Term Distressed Opportunities International V LP	733,393	1,113,896
	Davidson Kempner Capital Management LP	Davidson Kempner Long Term Distressed Opportunities International VI LP	803,929	914,610
	Durable Capital Partners, LP	Durable Capital Offshore Fund, Ltd. Series B Unrestricted	2,544,665	4,354,695
	Davidson Kempner Capital Management LP	Davidson Kempner - Holdback	602,522	602,522
	Durable Capital Partners, LP	Durable Capital Opportunities Offshore Fund LP	289,246	300,944
	Total partnership interests		5,689,737	8,941,777
Pooled Separate Accounts				
	Causeway Capital Management and Barrow Hanley	Principal Overseas Separate Account Z	3,179,597	3,471,676
*	Principal Global Investors	Diversified International Separate Account Z	9,200,785	9,936,576
*	Principal Global Investors	LargeCap S&P 500 Index Separate Account Z	26,497,594	29,076,418
*	Principal Global Investors	Extended Duration Separate Account Z	1,164,055	1,153,671
*	Principal Global Investors	LDI Intermediate Duration Separate Account Z	4,182,633	4,253,612
*	Principal Global Investors	LDI Long Duration Separate Account Z	13,240,938	13,437,332
*	Principal Global Investors	MidCap S&P 400 Index Separate Account Z	1,627,997	1,719,252
*	Principal Global Investors	SmallCap S&P 600 Index Separate Account Z	670,315	699,127
	Total pooled separate accounts		59,763,914	63,747,664
Hedge Funds				
*	Canyon Partners, LLC	The Canyon Value Realization Fund (Cayma L Series Initial)	576,787	1,876,781
	Farallon Capital Management LLC	Farallon Special Situations Fund, LP	4,578	80,057
	Farallon Capital Management LLC	Farallon Special Situations Fund II LP	685,919	691,284
	Farallon Capital Management LLC	Farallon Equity Partners, LP	3,867,110	6,880,081
	HCIF Offshore LP	HCIF Offshore LP	825,478	852,188
	Balbec Capital LP	Insolve Global Credit Feeder Fund V LP	901,798	900,365
	Junto Capital Management LP	Junto Offshore Fund Ltd Class J Series	3,807,997	5,029,906
	Redwood Capital Management, LLC	Redwood Offshore Fund Ltd	2,583,808	4,452,897
	Redwood Capital Management, LLC	Redwood SP Argentina Litigation 1.5/20 A	5,855	14,416
	Viking Global Investors LP	Viking Global Equities III LTD Class I-E Series	942,220	4,065,239
	Whale Rock Capital Management LLC	Whale Rock Flagship Fund LTD Class B21	10,521	3,974
	Whale Rock Capital Management LLC	Whale Rock Class B25 Series I00123962 SP25 Databricks Inc	16,645	22,026
	Whale Rock Capital Management LLC	Whalerock Class B27 Series I00126962 SP2 Jumpcloud Inc	5,824	2,639

(This schedule is continued on the following page)

**THE LINCOLN CENTER
PENSION PLAN**

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)
FORM 5500, SCHEDULE H, ITEM 4i

EIN: 13-1847137 PLAN: #001

June 30, 2025

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Hedge Funds (Continued)				
	Whale Rock Capital Management LLC	Whalerock Class B28 Series I00126962 SP28 Modern Clinics Inc	\$ 385	\$ 172
	Whale Rock Capital Management LLC	Whalerock Class B28A Series I000126962 SP28A Modern Clinics Follow On	81	37
	Whale Rock Capital Management LLC	Whalerock Class B29 Series I00126962 SP29 Coalition Inc	9,318	9,689
	Whale Rock Capital Management LLC	Whale Rock Flagship Fund LTD B33A Sub Series I0001269 SP33A Canva Inc Follow On	36,412	27,596
	Whale Rock Capital Management LLC	Whale Rock Flagship Fund LTD B36 Series I000126962 SP36 Bolt Technology	12,940	7,296
	Whale Rock Capital Management LLC	Whale Rock Flagship Fund LTD B37 Series I000126962 SP37 Flash App Ltd	5,163	3,840
	Whale Rock Capital Management LLC	Whale Rock Flagship Fund LTD B38 Series I000126962 SP38 Fenbeitong Limited	3,887	1,418
	Whale Rock Capital Management LLC	Whale Rock Flagship Fund LTD B39 Series I000126962 SP39 Cellink Corporation	10,259	2,796
	Whale Rock Capital Management LLC	Whale Rock Flagship Fund LTD B40 Series I000126962 SP40 CRB Group Inc	7,694	5,163
	Whale Rock Capital Management LLC	Whale Rock Flagship Fund LTD B41 Series I000126962 SP41 Flutterwave Inc	5,130	1,855
	Whale Rock Capital Management LLC	Whalerock Class B30A Series I000126962 SP30A Aandela Inc Follow On	3,321	681
	Whale Rock Capital Management LLC	Whale Rock Flagship Fund LTD B34 Series I000126962 SP34 Innovaccer Inc	2,559	2,129
	Whale Rock Capital Management LLC	Whale Rock Flagship Fund LTD B42 Series I000126962 SP42 Andela Inc Tender	5,309	1,101
	Whale Rock Capital Management LLC	Whale Rock Flagship Fund LTD B43 Series I000126962 SP43 Innovaccer Inc Tender	3,488	1,619
	Whale Rock Capital Management LLC	Whale Rock Flagship Fund LTD Class B24 Series I000126962 SP24 Celonis SE	4,419	2,677
	Whale Rock Capital Management LLC	Whale Rock Flagship Fund LTD Class B23 Series I000126962 SP 23 Revolut LTD	6,648	10,784
	Whale Rock Capital Management LLC	Whale Rock Flagship Fund LTD Class B9 SUB Series I000126962 SP9 STOCKX, Inc.	37,075	18,376
	Whale Rock Capital Management LLC	Whale Rock Flagship Fund LTD	54,299	43,559
	Whale Rock Capital Management LLC	Whalerock Class B26 Series I00126962 SP26 SNYK LTD	9,784	4,999
	Whale Rock Capital Management LLC	Whale Rock Flagship Fund LTD B30 Series I000126962 SP 30 Andela Inc	2,638	916
	Whale Rock Capital Management LLC	Whale Rock Flagship Fund LTD B32 Series I000126962 Hinge Health Inc.	5,556	3,490
	Whale Rock Capital Management LLC	Whale Rock Flagship Fund LTD B33 Series I000126962 SP33 Canva Inc.	2,423	1,826
	Whale Rock Capital Management LLC	Whale Rock Flagship Fund LTD B35 Series I000126962 SP35 Rakt PTE LTD	12,819	19,748
	Whale Rock Capital Management LLC	Whale Rock Flagship Fund LTD Class B44 Sub Series I000126962 SP44 Revolut LTD	7,044	8,623
	Whale Rock Capital Management LLC	Whale Rock Flagship Fund LTD Class B1 Sub Series I000126962 SP1 Stripe	107,671	225,049
	Whale Rock Capital Management LLC	Whale Rock Flagship Fund LTD Class B10 Sub Series I000126962 SP10 Databricks, Inc.	25,296	40,179
	Whale Rock Capital Management LLC	Whale Rock Flagship Fund LTD Class B13 Sub Series I000126962 SP13 Pilot.com, Inc.	9,223	5,778
	Whale Rock Capital Management LLC	Whale Rock Flagship Fund LTD Class B14 Sub Series I000126962 SP14 Rapyd Financial Network	1,806	12,222
	Whale Rock Capital Management LLC	Whale Rock Flagship Fund LTD Class B15 Sub Series I000126962 SP15 Capsule Corporation Series D	4,979	230
	Whale Rock Capital Management LLC	Whale Rock Flagship Fund LTD Class B18 Sub Series I000126962 SP18 Smarthr, Inc.	2,190	1,335
	Whale Rock Capital Management LLC	Whale Rock Flagship Fund LTD Class A1 Series I000126962	4,938	4,938
	Total hedge funds		14,639,294	25,341,974
	TOTAL INVESTMENTS		\$ 80,093,441	\$ 98,031,912

* Denotes a party-in-interest to the Plan.

Attachment to 2024 Schedule B of Form 5500
Schedule B, Line 11 – Justification for Change in Actuarial Assumptions
Lincoln Center Pension Plan
Lincoln Center for the Performing Arts, Inc.
EIN: 13-1847137 / PN: 001

- (1) The mortality assumption used to calculate the minimum funding requirement is the PRI-2012 healthy employee and retiree tables, which were published in the Society of Actuaries' October 2019 mortality study. In addition, the mortality assumption includes a generational projection for future improvement based on the Social Security Administration's ("SSA") projected mortality rates from its 2024 Trustees Report and reflecting "intermediate cost" assumptions. Previously, the PRI-2012 healthy employee and retiree amounts-weighted mortality tables with generational mortality improvement projection based on the Intermediate Tier assumptions of the Social Security Administration's 2023 Trustees Report was used. This update was made to reflect more recent mortality experience data and better reflect anticipated future mortality experience.

Attachment to 2024 Schedule B of Form 5500
Schedule B, Line 11 – Justification for Change in Actuarial Assumptions
Lincoln Center Pension Plan
Lincoln Center for the Performing Arts, Inc.
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