

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 08/01/2024 and ending 07/31/2025	
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) _____ ☐ 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 METROPOLITAN OPERA ASSOCIATION RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 007
1c	Effective date of plan 07/01/1961
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) METROPOLITAN OPERA ASSOCIATION, INC HANNAH RICH, CFO 30 LINCOLN CENTER ROOM 423 FINANCE NEW YORK, NY 10023-6980
2b	Employer Identification Number (EIN) 13-1624087
2c	Plan Sponsor's telephone number 212-799-3100
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.	05/15/2026	HANNAH RICH
	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 1641
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) 689 6a(2) 715 6b 521 6c 326 6d 1562 6e 102 6f 1664 6g(1) 6g(2) 6h 13
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A

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

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 _____
- (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 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 08/01/2024 and ending 07/31/2025	
▶ 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 METROPOLITAN OPERA ASSOCIATION RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 007
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF METROPOLITAN OPERA ASSOCIATION, INC	D Employer Identification Number (EIN) 13-1624087
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 08 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	264793994	
b	Actuarial value	2b	256528943	
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	618	191422081	191422081
b	For terminated vested participants	343	20588525	20588525
c	For active participants	689	80662573	84408925
d	Total	1650	292673179	296419531
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	5.32 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	4105419	
b	Expected plan-related expenses	6b	1427485	
c	Target normal cost	6c	5532904	

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 ZORAST WADIA Type or print name of actuary MILLIMAN INC. Firm name 463 7TH AVENUE 19TH FLOOR NEW YORK, NY 10018 Address of the firm	04/08/2026 Date 26-06860 Most recent enrollment number 646-473-3000 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	272051
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	272051
10 Interest on line 9 using prior year's actual return of <u>11.05</u> %	0	30062
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		2991
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>5.28</u> %		158
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		3149
d Portion of (c) to be added to prefunding balance		3148
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	305261

Part III Funding Percentages

14 Funding target attainment percentage	14	86.43 %
15 Adjusted funding target attainment percentage	15	85.97 %
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	85.41 %
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
11/13/2024	2400000				
02/12/2025	2400000				
05/13/2025	2400000				
08/13/2025	2400000				
04/01/2026	1472000				
Totals ►			18(b)	11072000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	10629200

20 Quarterly contributions and liquidity shortfalls:

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.18 %3rd segment:
5.59 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**26** Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c) **31a** 5532904**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment

Outstanding Balance

Installment

40195849

5093027

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** 10625931

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

0

0

0

36 Additional cash requirement (line 34 minus line 35) **36** 10625931**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 10629200**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

3269

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

0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)****41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021

SCHEDULE C (Form 5500) 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 08/01/2024 and ending 07/31/2025

A Name of plan METROPOLITAN OPERA ASSOCIATION RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 007
C Plan sponsor's name as shown on line 2a of Form 5500 METROPOLITAN OPERA ASSOCIATION, INC	D Employer Identification Number (EIN) 13-1624087

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

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

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

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

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

PARTNERS CAPITAL

01-0572419

(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?
27 51	NONE	1607739	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROSKAUER ROSE LLP

13-1840454

(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 50	NONE	153953	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MILLIMAN

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	127562	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)

STATE STREET GLOBAL ADVISORS

04-0025081

(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?
13 50	NONE	96325	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KPMG

13-5565207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	44850	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HOLLYPORT IX FEEDER LP

IFC6 THE ESPLANADE
ST. HELIER, JERSEY JE40QH JE

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	40000	Yes ☒ No ☐	Yes ☒ No ☐	15685	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)

GEMSPRING CAPITAL FUND III-A, LP

88-4290069

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	28074	Yes ☒ No ☐	Yes ☒ No ☐	15582	Yes ☐ No ☒

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

ARROWSTREET GLOBAL

98-1296664

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	18616	Yes ☒ No ☐	Yes ☒ No ☐	14445	Yes ☐ No ☒

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

THE CHILDREN'S INVESTMENT FUND

623 FIFTH AVENUE
SUITE 2603
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	504386	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)

TWO SIGMA AB RET ENHANCED FUND

89 NEXUS WAY
CAMANA BAY, GRANY CAYMAN KY19009 KY

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	503535	Yes ☐ No ☒

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

SOROBAN LONG

C/O WALKERS CORPORATE LIMITED 190 ELGIN AVENUE
GEORGE TOWN, GRAND CAYMAN KY19008 KY

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	385109	Yes ☐ No ☒

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

ELLIOTT INTERNATIONAL LIMITED

MAPLES CORPORATE SERVICES LIMITED P.O. BOX 309
UGLAND HOUSE, GRAND CAYMAN KY11104 KY

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	246525	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)

GLAZER ENHANCED OFFSHORE FUND LTD

227 ELGIN AVENUE PO BOX 852
GRAND CAYMAN, GRAND CAYMAN KY11103 KY

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	216627	Yes ☐ No ☒

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

140 SUMMER PARTNERS

89 NEXUS WAY
CAMANA BAY, GRAND CAYMAN KY19009 KY

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	202607	Yes ☐ No ☒

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

HOLOCENE ADVISORS OFFSHORE FUND LTD

P.O. BOX 309 UGLAND HOUSE
GRAND CAYMAN, CAYMAN ISLANDS KY11104 KY

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	161469	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)

ENCOMPASS

89 NEXUS WAY CAMANA BAY
GRAND CAYMAN, CAYMAN ISLANDS KY19009 KY

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	145536	Yes ☐ No ☒

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

ANDURAND CAPITAL

P.O. BOX 309 UGLAND HOUSE
GRAND CAYMAN, CAYMAN ISLANDS KY11104 KY

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	130468	Yes ☐ No ☒

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

EXODUS POINT PARTNERS

CAYMAN CORPORATE CENTRE 27 HOSPITAL ROAD
GEORGE TOWN, CAYMAN ISLANDS KY19008 KY

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	116329	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)

WALLEYE

83-4344421

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	109486	Yes ☐ No ☒

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

ARES STRATEGIC INC FUND

P.O. BOX 309 UGLAND HOUSE
GRAND CAYMAN, CAYMAN ISLANDS KY11104 KY

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	85000	Yes ☐ No ☒

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

ANOMALY

510 MADISON AVE
25TH FLOOR
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	80545	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)

NB PARTNERS FUND III, LP

401 EDGEWATER PLACE
SUITE 107
WAKEFIELD, MA 01880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	74937	Yes ☐ No ☒

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

PINNACLE

PINNACLE ASSET MANAGEMENT LP
712 FIFTH AVENUE, 29TH FLOOR
NEW YORK, NY 10019

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	74644	Yes ☐ No ☒

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

ONE ROCK CAPITAL PARTNERS IV, LP

45 ROCKEFELLER PLAZA
39TH FLOOR
NEW YORK, NY 10111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	67799	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)

GMO QUALITY FUND - CLASS VI

04-3319886

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	63262	Yes ☐ No ☒

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

WMQS

45 MARKET STREET, SUITE 3205 GARDENIA COURT
CAMANA BAY, CAYMAN ISLANDS KY19003 KY

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	51496	Yes ☐ No ☒

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

RTW INNOVATION OFFSHORE FUND, LTD.

40 10TH AVENUE
7TH FLOOR
NEW YORK, NY 10014

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	46903	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)

HOLLYPORT SECONDARY OPPORTUNITIES

IFC 5
ST. HELIER, JERSEY JE11ST JE

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	43168	Yes ☐ No ☒

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

MSD SPECIAL INVESTMENTS FUND II

MAPLES CORPORATE SERVICES LIMITED P.O. BOX 309, UGLAND HOUSE
GRAND CAYMAN, CAYMAN ISLANDS KY11104 KY

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	41421	Yes ☐ No ☒

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

IFP GLOBAL EQUITY

98-0682628

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	39870	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)

CENTRA LANE

83-1962292

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	39234	Yes ☐ No ☒

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

FORTRESS CREDIT OPPORTUNITIES FUND

1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	38085	Yes ☐ No ☒

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

NB PARTNERS FUND IV, LP

88-1880643

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	38007	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)

HPT FEEDER VIII LP

IFC 5
ST. HELIER, JERSEY JE11ST JE

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	37500	Yes ☐ No ☒

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

VISTA EQUITY PARTNERS FUND VII - A

P.O. BOX 309 UGLAND HOUSE
GRAND CAYMAN, CAYMAN ISLANDS KY11104 KY

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	36235	Yes ☐ No ☒

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

ALPINVEST US HOLDINGS, LLC

299 PARK AVENUE
35TH FLOOR
NEW YORK, NY 10171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	34856	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)

STONEPEAK OPPORTUNITIES FUND

THE CORPORATION TRUST COMPANY
1209 ORANGE STREET
WILMINGTON, DE 19801

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	33430	Yes ☐ No ☒

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

DUNES POINT CAPITAL FUND II-A L.P.

CAYMAN CORPORATE CENTRE 27 HOSPITAL ROAD
GEORGE TOWN, GRAND CAYMAN KY19008 KY

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	33099	Yes ☐ No ☒

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

CRAFT VENTURES III FEEDER

855 FRONT STREET
SAN FRANCISCO, CA 94111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	32583	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)

SYCAMORE PARTNERS FUND III-A, LP

9 WEST 57TH STREET
31ST FLOOR
NEW YORK, NY 10019

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	31406	Yes ☐ No ☒

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

SDC DIGIT INFRA OPPORTUNITY FUND IV

CORPORATION TRUST CENTER
1209 ORANGE STREET
WILMINGTON, DE 19801

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	30745	Yes ☐ No ☒

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

COVALIS

27 HOSPITAL ROAD
GEORGE TOWN, GRAND CAYMAN KY19008 KY

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	30149	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)

SILVER POINT DISTRESSED OPPORTUNITY

190 ELGIN AVENUE GEORGE TOWN
GRAND CAYMAN, CAYMAN ISLANDS KY19005 KY

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	29401	Yes ☐ No ☒

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

CENTER ROCK I

1600 GOLF ROAD
SUITE 1200
ROLLING MEADOWS, IL 60008

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	29339	Yes ☐ No ☒

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

8VC-FUND III

84-4539845

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	28751	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)

AVESI PARTNERS FUND II-A LP

4 STAR POINT
SUITE 202
STAMFORD, CT 06902

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	25666	Yes ☐ No ☒

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

BLACKSTONE REAL ESTATE PARTNERS EUR

98-1482128

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	25199	Yes ☐ No ☒

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

CRAFT VENTURES GROWTH I FEEDER FUND

86-2646508

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	24736	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)

FRANCISCO CREDIT PARTNERS VII

MAPLES CORPORATE SERVICES LIMITED P.O. BOX 309
UGLAND HOUSE, GRAND CAYMAN KY11104 KY

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	24183	Yes ☐ No ☒

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

VISTA EQUITY PARTNERS FUND VIII

C/O MAPLES CORPORATE SERVICES LIMIT P.O. BOX 309
UGLAND HOUSE, GRAND CAYMAN KY11104 KY

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	23933	Yes ☐ No ☒

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

8VC-FUND II

82-4266224

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	22188	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)

PALATINE REAL ESTATE FUND III LP

1691 MICHIGAN AVENUE
SUITE 320
MIAMI BEACH, FL 33139

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	20681	Yes ☐ No ☒

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

FP CREDIT PARTNERS II AGGREGATOR A

P.O. BOX 309 UGLAND HOUSE
GRAND CAYMAN, CAYMAN ISLANDS KY11104 KY

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	20426	Yes ☐ No ☒

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

MSD SPECIAL INVESTMENTS FUND

MAPLES CORPORATE SERVICES LIMITED P.O. BOX 309, UGLAND HOUSE
GRAND CAYMAN, CAYMAN ISLANDS KY11104 KY

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	18793	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)

PRIME FINANCE

CORPORATION TRUST CENTER
1209 ORANGE STREET
WILMINGTON, DE 19801

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	17944	Yes ☐ No ☒

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

MSD PRIVATE CREDIT OPPORTUNITY FUND

MAPLES CORPORATE SERVICES LIMITED P.O. BOX 309, UGLAND HOUSE
GRAND CAYMAN, CAYMAN ISLANDS KY11104 KY

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	17735	Yes ☐ No ☒

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

FRANCISCO CREDIT PARTNERSAGGREGATOR

98-1508948

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	16965	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)

GENERAL CATALYST GROUPON XII

251 LITTLE FALLS DRIVE
WILMINGTON, DE 19808

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	16868	Yes ☐ No ☒

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

PERCEPTIVE CREDIT OPPORTUNITIES III

C/O PERCEPTIVE ADVISORS LLC
51 ASTOR PLACE, 10TH FLOOR
NEW YORK, NY 10003

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	16504	Yes ☐ No ☒

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

DBX ADVISORS LLC

DEUTSCHE MSCI JAPAN
345 PARK AVENUE
NEW YORK, NY 10154

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	15888	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)

CENTER ROCK II

87-3827545

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	15324	Yes ☐ No ☒

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

DUNES POINT CAPITAL FUND III-A L.P.

87-4331490

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	15178	Yes ☐ No ☒

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

AMULET CAPITAL FUND III, L.P.

92-1282856

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	14847	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)

BROOKFIELD INFRASTRUCTURE FUND V-C,

98-1755406

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	14113	Yes ☐ No ☒

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

CRAFT VENTURES FEEDER IV

88-2202772

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	12809	Yes ☐ No ☒

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

PALATINE REAL ESTATE FUND IV LP

CORPORATE TRUST CNETER
1209 ORANGE STREET
WILMINGTON, DE 19801

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	12001	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)

ISHARES MSCI USA VALUE (VLUE)

400 HOWARD STREET
SAN FRANCISCO, CA 94105

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	9466	Yes ☐ No ☒

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

ATLAS CAPITAL GROUP, LLC

450 PARK AVENUE
4TH FLOOR
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	9241	Yes ☐ No ☒

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

VANGUARD INTER-TERM TREASURY FUND (ADM)

100 VANGUARD BOULEVARD
MALVERN, PA 19355

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	9093	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)

FRANCISCO PARTNERS AGILITY III-A LP

ONE LETTERMAN DRIVE
BLDG C, SUITE 410
SAN FRANCISCO, CA 94129

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	8814	Yes ☐ No ☒

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

ARES MANAGEMENT UK LIMITED

10 NEW BURLINGTON STREET 6TH FLOOR
MAYFAIR, LONDON W1S3BF EG

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	8223	Yes ☐ No ☒

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

8VC-FUND VI

907 SOUTH CONGRESS AVENUE
AUSTIN, TX 78704

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	7930	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)

VANGUARD TOTAL WORLD (VT)

100 VANGUARD BOULEVARD
MALVERN, PA 19355

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	7778	Yes ☐ No ☒

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

THE FOUNDERS FUND GROWTH II, LP

ONE LETTERMAN DRIVE
BUILDING D, 5TH FLOOR
SAN FRANCISCO, CA 94129

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	7584	Yes ☐ No ☒

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

ROARK

1180 PEACHTREE STREET NE
ATLANTA, GA 30309

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	7548	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)

CRAFT VENTURES GROWTH FEEDER II, LP

88-2178867

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	7308	Yes ☐ No ☒

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

ELLIOTT CO-INVESTMENT- B1 TO B7, C

CAYMAN CORP CNTR, 4TH FLOOR 27 HOSPITAL ROAD
GEORGE TOWN, GRAND CAYMAN KY11102 KY

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	6853	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 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 08/01/2024 and ending 07/31/2025

A Name of plan METROPOLITAN OPERA ASSOCIATION RETIREMENT PLAN	B Three-digit plan number (PN) 007
C Plan sponsor's name as shown on line 2a of Form 5500 METROPOLITAN OPERA ASSOCIATION, INC	D Employer Identification Number (EIN) 13-1624087

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)	3861000	3872000
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	28476	17327
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	9434576	5698200
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	174100636	187911689
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	77425081	80727127
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	264849769	278226343
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	830776	760869
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	830776	760869
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	264018993	277465474

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)	11072000	
(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)		11072000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	218753	
(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)	340698	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		559451
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	3124721	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		3124721
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	7037769	
(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)	15140402	
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		36934343

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	20060082	
(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)		20060082
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)	30900	
(5) Investment advisory and investment management fees	2i(5)	1880499	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	116767	
(8) Legal fees	2i(8)	115548	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1284066	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3427780
j Total expenses. Add all expense amounts in column (b) and enter total	2j		23487862

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		13446481
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: **KPMG, LLP**

(2) EIN: **13-5565207**

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?	☒		20000000
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 571363.

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 08/01/2024 and ending 07/31/2025		
A Name of plan METROPOLITAN OPERA ASSOCIATION RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 007
C Plan sponsor's name as shown on line 2a of Form 5500 METROPOLITAN OPERA ASSOCIATION, INC		D Employer Identification Number (EIN) 13-1624087
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): 04-0025081		
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: 40.00 % Private Equity: 16.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 8.00 %

High-Yield Debt: 5.00 % Real Assets: 2.00 % Cash or Cash Equivalents: 4.00 % Other: 25.00 %

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_____.



METROPOLITAN OPERA ASSOCIATION RETIREMENT PLAN

Financial Statements and Supplemental Schedules

July 31, 2025 and 2024

(With Independent Auditors' Report Thereon)

METROPOLITAN OPERA ASSOCIATION RETIREMENT PLAN

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I Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – July 31, 2025	16 –17
II Schedule H, Line 4j – Schedule of Reportable Transactions – Year ended July 31, 2025	18
Note:	
All other schedules are omitted since they are not applicable or are not required based upon the disclosure requirements of the Employee Retirement Income Security Act of 1974 and applicable regulations issued by the Department of Labor.	



KPMG LLP
Two Manhattan West
375 9th Avenue, 17th Floor
New York, NY 10001

Independent Auditors' Report

To the Plan Participants and Board of Managing Directors
Metropolitan Opera Association Retirement Plan:

Opinion

We have audited the financial statements of Metropolitan Opera Association Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for plan benefits as of July 31, 2025 and 2024, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for plan benefits of the Plan as of July 31, 2025 and 2024, and the changes in its net assets available for plan benefits for the years then ended, in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the 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 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 U.S. generally accepted accounting principles, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of July 31, 2025 and Schedule H, line 4j - Schedule of Reportable Transactions for the year ended July 31, 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

KPMG LLP

New York, New York
May 15, 2026

METROPOLITAN OPERA ASSOCIATION RETIREMENT PLAN

Statements of Net Assets Available for Plan Benefits

July 31, 2025 and 2024

Assets	2025	2024
Investments (note 8):		
Interest-bearing account	\$ 5,698,200	9,434,576
Interests in registered investment companies	80,727,127	77,425,081
Interests in limited partnerships	187,911,689	174,100,636
Total investments	274,337,016	260,960,293
Receivables:		
Interest and dividends receivable	17,327	28,476
Employer contribution receivable	3,872,000	3,861,000
Total receivables	3,889,327	3,889,476
Total assets	278,226,343	264,849,769
Liabilities		
Accrued expenses	760,869	830,776
Total liabilities	760,869	830,776
Net assets available for plan benefits	\$ 277,465,474	264,018,993

See accompanying notes to financial statements.

METROPOLITAN OPERA ASSOCIATION RETIREMENT PLAN

Statements of Changes in Net Assets Available for Plan Benefits

Years ended July 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 22,178,171	24,719,487
Interest and dividends	<u>3,684,172</u>	<u>3,058,199</u>
Total investment income	25,862,343	27,777,686
Employer contributions	<u>11,072,000</u>	<u>10,965,000</u>
Total additions	<u>36,934,343</u>	<u>38,742,686</u>
Deductions:		
Benefits paid to participants	20,060,082	19,786,730
Administrative expenses	<u>3,427,780</u>	<u>3,013,629</u>
Total deductions	<u>23,487,862</u>	<u>22,800,359</u>
Net increase	13,446,481	15,942,327
Net assets available for plan benefits at:		
Beginning of year	<u>264,018,993</u>	<u>248,076,666</u>
End of year	<u>\$ 277,465,474</u>	<u>264,018,993</u>

See accompanying notes to financial statements.

METROPOLITAN OPERA ASSOCIATION RETIREMENT PLAN

Notes to Financial Statements

July 31, 2025 and 2024

(1) Description of the Plan

The following brief description of the Metropolitan Opera Association Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

(a) General

The Metropolitan Opera Association, Inc. (the Association or the Plan Sponsor) established the Plan as of July 1, 1961. Effective August 1, 1976, the Plan was amended and the Plan in effect prior to that date is referred to as the Pre-Amended Plan. The Plan provides for retirement, death, and disability benefits to participants and their survivors. The Plan is a noncontributory defined-benefit plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

State Street Bank & Trust Co. (State Street) is the trustee and custodian of the Plan. The Plan is administered by the Pension Committee that includes officers of the Association.

(b) Eligibility

Prior to August 1, 1976, each employee in actual service of the Association on July 1, 1961 became a qualified member in the Pre-Amended Plan as of that date. Each employee employed after July 1, 1961 but prior to August 1, 1976 became a qualified member as of the date the employee commenced actual service with the Association.

As of August 1, 1976, all full-time administrative staff of the Association, as well as certain groups of union employees, were eligible to become qualified members of the Plan as of the first date that the employee is deemed to be a full-time employee, as defined in the Plan document. In August 2023, the Plan was amended to provide that administrative staff hired or rehired after July 31, 2023 are generally not eligible to participate in the Plan.

Also, employees not deemed to be full-time employees, but otherwise eligible for Plan membership, who complete 1,000 hours of service within a Plan year or the twelve-month period commencing on his/her hire date or who fulfill the qualifications as required by their respective collective bargaining agreement are eligible to become qualified members of the Plan.

(c) Benefits

(i) Benefit Description and Timing

Retirement benefits are provided for qualified employees and former employees of the Association. Benefits are payable in the form of a life annuity, a joint and survivor annuity, a 10 year certain and life annuity, or, when the actuarial present value of the accrued benefit is \$5,000 or less, a lump sum. The normal form of the retirement benefit is a life annuity for single members and a Qualified Joint and Survivor Annuity (as defined under ERISA) for married members. Retirement benefits are fully vested after five years of credited service, or at age 65 if earlier, and become payable at age 65 for members who retire from active employment with the Association.

The Plan provides for disability retirement benefits after 10 years of credited service, early retirement benefits after 10 years of credited service provided that the member has attained

METROPOLITAN OPERA ASSOCIATION RETIREMENT PLAN

Notes to Financial Statements

July 31, 2025 and 2024

50 years of age, late retirement benefits for a member that has continued employment with the Association after the member's normal retirement age, and unreduced early retirement benefits with a combination of age and years of credited service, as set forth in the Plan document.

Members are entitled to deferred vested retirement benefits if employment ends for a reason other than death or retirement, the member has completed five or more years of vesting service, and the member has not qualified for or received any other benefits under the Plan.

Members who are eligible for a benefit under the Plan of which the actuarial equivalent present value is \$1,000 or less will automatically receive their benefit in the form of a lump sum payment. When the actuarial equivalent present value of a member's benefit is greater than \$1,000 and not more than \$5,000, a member may elect to receive his benefit in the form of a lump sum payment.

In September 2017, the Plan was amended in connection with a Voluntary Retirement Program under which full-time administrative staff employees of the Association in certain departments who were born before January 15, 1961 and who had completed at least 7 years of credited service could elect to retire by a certain date and receive enhanced pension benefits, as set forth in the resolution amending the Plan adopted on September 14, 2017.

In October 2018, the Plan was amended to reflect certain amendments agreed to in collective bargaining between the Association and certain unions and to revise the procedures for disability benefit claims and appeals to comply with new regulations under ERISA.

In February 2022, the Plan was amended to reflect an amendment agreed to with a certain union to allow for qualifying promotions.

In August 2023, the Plan was amended to provide that administrative staff hired or rehired after July 31, 2023, generally, are not eligible to participate in the Plan. Those administrative staff employees that are not eligible to participate in the Plan, are instead eligible, effective August 1, 2024, for a new 403(b) contribution from the Association to the Metropolitan Opera Retirement Savings Plan ("Savings Plan"). Such contributions are subject to the Savings Plan's rules.

(ii) *Basis for Benefit Calculation*

The retirement benefit calculation for all members is based on a percentage of annual compensation, as defined in the Plan document, multiplied by years of credited service up to 60% of annual compensation (or other applicable limit, as specified in the Plan). The percentage of annual compensation is dependent on the employee's date of hire and date of separation from service as well as whether the employee is a member of a union or administrative staff.

For these purposes, annual compensation generally means the regular remuneration paid to a member for services to the Association, including bonuses and pay for overtime or special pay and excluding certain items. The precise determination of annual compensation for a particular member can vary under the Plan terms based on a number of factors, including whether the member is covered by a collective bargaining agreement as well as the fiscal year for which annual compensation is to be calculated.

METROPOLITAN OPERA ASSOCIATION RETIREMENT PLAN

Notes to Financial Statements

July 31, 2025 and 2024

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting.

(b) Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (U.S. GAAP) requires the Plan Sponsor to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosures of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. The most significant estimates relate to the determination of the accumulated plan benefits (e.g., assumptions pertaining to interest rates, inflation rates, and employee demographics) and valuation of interests in limited partnerships. Actual results could differ from those estimates.

(c) Valuation of Investments and Income Recognition

The Plan investments are reported at fair value. Fair value is defined as 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. See note 8 for discussion of fair value measurement.

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

(d) 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 values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the statements of net assets available for plan benefits.

The Plan may invest indirectly in securities with contractual cash flows, such as asset-backed securities, collateralized mortgage obligations and commercial mortgage-backed securities. The value, liquidity, and related income of these securities are sensitive to changes in economic conditions, including real estate values, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

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.

METROPOLITAN OPERA ASSOCIATION RETIREMENT PLAN

Notes to Financial Statements

July 31, 2025 and 2024

(e) *Expenses*

Investment management expenses and all administrative expenses of the Plan are paid for by the Plan in accordance with the provision of the Plan document, including Pension Benefit Guaranty Corporation (PBGC) premiums.

(f) *Payment of Benefits*

Benefit payments to participants are recorded when paid. As of July 31, 2025 and 2024, all benefits processed and approved to be paid during the year ended July 31, 2025 and 2024, had been paid by the Plan.

(3) **Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are those estimated future periodic payments that are attributable under the Plan's provisions to services rendered by the employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The accumulated plan benefits for active employees are generally a function of the employee's annual compensation, as defined under the Plan, and their credited years of service. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits was determined by the Plan's consulting actuary. The actuarial present value of accumulated plan benefits is the 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, withdrawal, or retirement) between the valuation date and the expected date of payment.

A summary of the actuarial present value of accumulated plan benefits as of July 31, 2025 and 2024 is as follows:

	<u>2025</u>	<u>2024</u>
Vested benefits:		
Participants currently receiving payments	\$ 161,914,881	161,028,134
Other participants	<u>72,463,496</u>	<u>73,054,209</u>
	234,378,377	234,082,343
Nonvested benefits	<u>2,912,252</u>	<u>2,581,724</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 237,290,629</u>	<u>236,664,067</u>

METROPOLITAN OPERA ASSOCIATION RETIREMENT PLAN

Notes to Financial Statements

July 31, 2025 and 2024

The significant factors affecting the change in the actuarial present value of accumulated plan benefits for the years ended July 31, 2025 and 2024 are as follows:

	<u>2025</u>	<u>2024</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 236,664,067	234,140,586
Increase (decrease) during the year attributable to:		
Increase for interest due to the decrease in the discount period	16,943,054	16,764,576
Benefits accumulated and other changes	3,743,590	5,545,635
Benefits paid	<u>(20,060,082)</u>	<u>(19,786,730)</u>
Actuarial present value of accumulated plan benefits at end of year	\$ <u>237,290,629</u>	<u>236,664,067</u>

The significant assumptions underlying the actuarial computations for the years ended July 31, 2025 and 2024 are as follows:

Interest rate	July 31, 2025 and 2024: 7.47%;
Mortality rates	July 31, 2025 and 2024: PRI-2012 Blue Collar Mortality Tables projected with Scale MP2021;
Retirement age	50% of pensioners retire at age 65; 40% retire at age 63 and the completion of 30 years of service, if later, but not later than age 65; 10% retire at completion of combination of age and years of service equal to 80; 10% retire between the ages of 66 and 69; and 100% retire upon reaching the age of 70.

The actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of the accumulated plan benefits were made as of August 1, 2025 and 2024. Had the valuations been performed as of July 31, there would be no material differences.

(4) Plan Termination

Although it has not expressed any intention of doing so, the Association has the option, under the terms of the Plan document, to terminate the Plan subject to the provisions set forth in ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA, its related regulations, and the Plan document.

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 pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the

METROPOLITAN OPERA ASSOCIATION RETIREMENT PLAN

Notes to Financial Statements

July 31, 2025 and 2024

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. The monthly maximum benefit guarantee for a participant at age 65 is \$7,432 and \$7,108 in 2025 and 2024, respectively, for a straight-life annuity and \$6,689 and \$6,397 in 2025 and 2024, respectively, for a joint and 50% survivor annuity. The 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 pensioners 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 such future time, of the Plan's net assets to provide those benefits and may also depend on the financial conditions of the Plan Sponsor and level of benefits guaranteed by the PBGC.

(5) Funding Policy

The Association contributes such amounts as may be necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to Plan members to comply with Section 302 of ERISA minimum funding requirements, and that will not result in the existence of an "accumulated funding deficiency" within the meaning of Section 412 of the Internal Revenue Code (IRC). No contributions are made to the Plan by employees. It is the Association's policy to contribute at least the minimum funding required in each Plan year. The amounts contributed to the Plan are determined considering (a) valuation of the Plan by the Plan's consulting actuary; (b) the maximum amount permitted by law or regulation as a Federal income tax deduction; and (c) the minimum amount computed by the actuary as necessary during any Plan year to avoid an accumulated funding deficiency as defined by ERISA. During both fiscal years ended July 31, 2025 and 2024, the Association made cash contribution payments to the Plan of approximately \$11.0 million. The Plan has met the minimum funding requirements for the fiscal years 2025 and 2024.

The Plan was not considered to be in "at risk" status as defined by the applicable section of the Internal Revenue Code for both of the Plan years ended July 31, 2025 and 2024.

(6) Party-In-Interest Transactions

The Plan holds certain investments managed by State Street, the Plan's custodian. These transactions qualify as exempt party-in-interest transactions.

For some of the Plan's investment funds, certain investment management fees and other fees are charged to the individual funds in the Plan and are included in the net appreciation (depreciation) in the fair value of investments in the statements of changes in net assets available for plan benefits.

(7) Tax Status

The Internal Revenue Service has determined and informed the Plan Sponsor by a letter dated March 20, 2014, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan Sponsor believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

METROPOLITAN OPERA ASSOCIATION RETIREMENT PLAN

Notes to Financial Statements

July 31, 2025 and 2024

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and would recognize a tax liability 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.

(8) Fair Value Measurements

U.S. GAAP establishes a framework for measuring fair value. That framework 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 or published prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted or published prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Observable inputs other than Level 1 prices such as quoted or published prices for similar assets; prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The assets' or liabilities' fair value measurement 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.

Investments in common stock and exchange-traded registered investment companies (mutual funds) are reported at fair value based on quoted or published market prices. Quoted or published prices of mutual funds are reported based on the net asset values of the shares held by the Plan and are generally based on the fair value of the underlying assets. Investments in collective trusts that have a readily determinable fair value are reported in the financial statements based upon the underlying net asset value that is published by the investment manager. Investments in limited partnerships that do not have a readily determinable fair value are reported in the financial statements based upon the underlying net asset value (or partner's capital) of each investment as a practical expedient. Management reviews and evaluates the values provided by the fund managers and general partners and agrees with the valuation methods and assumptions used to determine net asset values (or partner's capital).

The valuation methodology as determined by the investment manager varies by the different investments held within the fund and may include discounted cash flow models, which consider recent bids as determined by recognized dealers, recent bid prices if quoted market prices are readily available, matrix pricing for fixed income securities, which consider yield or price of bonds with comparable quality, coupon and maturity; and pricing services that incorporate dealer-supplied valuation and valuation models.

METROPOLITAN OPERA ASSOCIATION RETIREMENT PLAN

Notes to Financial Statements

July 31, 2025 and 2024

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. There have been no changes in the methodologies used at July 31, 2025 and 2024.

The following tables present assets that are measured at fair value on a recurring basis at July 31, 2025 and 2024. There are no Level 2 or Level 3 investments:

	2025 Total	Level 1	Investments at net asset value
Cash equivalents and short-term investments	\$ 5,698,200	5,698,200	—
Fixed income – mutual fund	10,401,724	10,401,724	—
Fixed income – exchange traded funds	16,229,734	16,229,734	—
U.S. equities – exchange traded funds	15,312,160	15,312,160	—
Global equities:			
Mutual fund	16,154,937	16,154,937	—
Exchange traded fund	22,628,572	22,628,572	—
Limited partnerships	17,565,617	—	17,565,617
Other	26,681,061	—	26,681,061
Alternative investments:			
Long/short equity	16,194,227	—	16,194,227
Absolute return	44,960,164	—	44,960,164
Commodities	4,032,991	—	4,032,991
Credit	5,945,346	—	5,945,346
Private debt	11,968,992	—	11,968,992
Private equity	60,563,291	—	60,563,291
Total investments	\$ 274,337,016	86,425,327	187,911,689

METROPOLITAN OPERA ASSOCIATION RETIREMENT PLAN

Notes to Financial Statements

July 31, 2025 and 2024

	<u>2024 Total</u>	<u>Level 1</u>	<u>Investments at net asset value</u>
Cash equivalents and short-term investments	\$ 6,454,593	6,454,593	—
Cash pending investment	2,990,967	2,990,967	—
Fixed income – mutual fund	8,551,152	8,551,152	—
Fixed income – exchange traded funds	19,997,736	19,997,736	—
U.S. equities – exchange traded funds	15,202,390	15,202,390	—
Global equities:			
Mutual fund	14,861,051	14,861,051	—
Exchange traded fund	18,801,768	18,801,768	—
Limited partnerships	16,994,461	—	16,994,461
Other	21,595,168	—	21,595,168
Alternative investments:			
Long/short equity	17,287,784	—	17,287,784
Absolute return	39,959,983	—	39,959,983
Commodities	4,551,007	—	4,551,007
Credit	5,110,969	—	5,110,969
Private debt	17,995,429	—	17,995,429
Private equity	50,605,835	—	50,605,835
Total investments	\$ <u>260,960,293</u>	<u>86,859,657</u>	<u>174,100,636</u>

The redeemable limited partnership funds included in the Plan's investment portfolio at July 31, 2025 and 2024 are redeemable based on the following terms and conditions:

	<u>2025</u>	<u>2024</u>
Semi-monthly redemption with 3–15 days' notice	\$ 16,799,322	13,735,074
Monthly redemption with 5–62 days' notice	33,063,797	29,258,953
Quarterly redemption with 45 days' notice	6,157,974	6,379,220
Quarterly redemption with 60-90 days' notice (some subject to lock ups and/or gates)	45,028,698	47,792,521
Biennial redemption with 123 days' notice subject to 2-year lockup	11,133,675	11,710,661
	\$ <u>112,183,466</u>	<u>108,876,429</u>

Information with respect to investment strategies and redemption terms for limited partnership funds in 2025 is as follows:

Global equities limited partnerships: Includes international investments, including funds with publicly listed equities that seek to achieve an attractive long-term rate of return and to outperform the MSCI World Index.

Global equities other: Includes investments in other global equity investment managers that are not limited partnerships.

METROPOLITAN OPERA ASSOCIATION RETIREMENT PLAN

Notes to Financial Statements

July 31, 2025 and 2024

Alternative investments long/short equity: Includes investments that take long and short positions in stocks to capitalize on changes in the market including investments in U.S. based downstream and midstream energy companies.

Alternative investments absolute return: Includes investments that seek to generate returns that are not correlated with equity markets. Typical strategies include those who underwrite and capitalize on the successful completion of mergers and acquisitions, those who follow a systematic, and quantitative equity market neutral strategy.

Alternative investments commodities: Includes investments that take long and short commodity allocations to capitalize on opportunities in the market. These asset managers may trade in either financial markets through the use of derivatives or in the physical markets were buyers and sellers exchange physical commodities for immediate delivery. The underlying assets are primarily related to oil natural gas, agricultural products, and metals.

Alternative investments credit: Includes investments across the credit spectrum, including investments in residential mortgage-backed securities and bank loans.

Alternative investments private debt: Includes privately held investments in debt obligations across a variety of sectors and strategies including healthcare, real estate, technology, and distressed.

Alternative investments private equity: Includes funds that invest in various vehicles with strategies including technology, global co-investment in middle market and large cap buyouts, distressed and turnaround opportunities, and middle market industrials.

Management's estimate of the remaining life of the (nonredeemable) private debt and private equity held in the Plan's investment portfolio at July 31, 2025 and 2024 of \$75.8 million and \$65.2 million, respectively, is three to eleven years and one to twelve years, respectively. At July 31, 2025, the Plan had unfunded outstanding commitments, net of investments already made, totaling \$39.0 million.

(9) Subsequent Events

The Plan evaluated events subsequent to July 31, 2025 and through May 15, 2026, the date on which the financial statements were available to be issued, and concluded that no additional disclosures were required.

METROPOLITAN OPERA ASSOCIATION RETIREMENT PLAN

Schedule I

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

July 31, 2025

Identity of issue and description	Fair value
Interests in limited partnerships:	
8VC Fund II	\$ 4,323,593
8VC Fund III	2,768,259
8VC Fund VI	290,978
140 Summer Partners Offshore Founders A Ltd	5,945,346
Alpinvest Co Investment Fund VII	6,198,705
Amulet Capital Fund III LP	435,712
Andurand Commodity Fd	1,676,782
Anomaly Capital Int	5,810,210
Ares Strategic Income Fund	3,526,923
Arrowstreet Global Equity	10,367,382
Atlas Capital Investors V	645,570
Avesi Partners Fund II A LP	70,791
Avoro Off Fd Class A2 Lead	2,639,531
Blackstone Life Scncs Yld	485,365
Blackstone RE Part Europe VI	2,029,437
Brookfield Infra Fund V C LP	622,775
Centre Lane Part V LP	2,491,071
Center Rock Part Fd I A	3,145,443
Center Rock Part Fd II A	380,929
The Childrens Investment Fund	11,133,675
Covalis Cap Enhanced Fund	2,120,362
Craft Ventures Feeder	1,293,553
Craft Ventures Gro I LP	2,584,786
Craft Ventures Gro II LP	345,777
Craft Ventures IV, L.P.	225,594
Dunes Point Cap Fd II A, L.P.	1,755,419
Dunes Point Cap Fund III A, L.P.	554,937
Elliott CIC 2 LP	1,244,416
Elliott Co Investment B 1 LP	1,095,411
Elliott Int LTD 9th Commitment	6,687,438
Encomp Cpt Eng Trstn Fnd	2,501,856
Encomp Cpt Eng Fnd Ofshr Dgntd Inv 1 Sr1	647
Encomp Cpt Eng Fnd Ofshr Dsgntd Invt 1 Sr 1	364
Encomp Cpt Eng Fnd Ofshr Dsgntd Invt 2 Sr 1	1,366
Encomp Cpt Eng Fnd Ofshr Dsgntd Invt 3 Sr 1	1,495
Encomp Cpt Eng Fnd Ofshr Dsgntd Invt 5 Sr 1	87,763
Encomp Cpt Eng Fnd Ofshr Dsgntd Invt 6 Sr 1	32,432
Exodus Point Partners International Fund	4,319,901
Fortress Credit Opportunity Nd V Exp B	1,627,495
FP Cr Part Aggregator A	1,040,377
FP Credi Partners II Agg A LP	1,780,877
FRANCISCO PARTN AGILITY III A LP	9,536
Francisco Partners VII A LP	588,708
Gemspring Capital Fund III A LP	342,695
General Catalyst Group XII LP	860,826
Glazer Enh Off Fd Cl 01Aug2010	7,496,939
Hollyport Feeder VIII LP	3,412,254
Hollyport Sec Opp VII LP	2,287,625
HOLLYPORT SEC OPP IX FEEDER LP	91,139
Holocene Advisors Offshore Fund	8,727,328
Independent Fran Prts Gl Eqty LP	6,431,942
MSD Pvt Credit Opp Fd	1,368,002
MSD Special Investments Fd Cay LP	550,211
MSD Special Investments Fd Cay II LP	1,253,136
NB Partners Fund III LP	1,524,104
NB Partners Fund IV LP	754,930
ONE ROCK CAPITAL PART IV LP + ALTERNATIVE VEHICLES	23,420
Palatine Real Estate Fd III	1,489,274
Palatine Real Estate Fd IV	352,174
Perceptive Cr Opp Os Fd II	111,898
Perceptive Cr Opp Os Fd III	1,584,185
Pinnacle Nat Res Offsh Ltd	2,356,208
Prime Fince Spl Sit Fund 2 LP	127,061
Roark Diver Rest Fd II LP	2,139,767

Schedule I

METROPOLITAN OPERA ASSOCIATION RETIREMENT PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

July 31, 2025

Identity of issue and description	Fair value
RTW Innovation Offshore Fd LTD	\$ 2,998,202
SDC Digital Inf Opp Fd IV A LP	179,580
Silver Point DOI OS LP	1,461,715
Silver Point DOI Pt II Off LP	358,365
Soroban Cay Conv Feeder Fd LP	10,997
Soroban Long on Eq Cayman Fund Ltd	10,141,165
Stonepeak Oppts Fund LP	461,859
Sycamore Partners III A	2,274,523
The Founders Fd Growth II LP	2,272,339
Two Sigma AB Ret Cayman Series 1	8,357,225
US Venture Cap Fund A	1,247,089
Vista Equity Partners VII A LP	3,266,021
Vista Equity Partners VIII A LP	1,175,654
Walleye Opp Fd Ltd	9,371,333
WMQS Global Eq Act Ext Off Fd LTD	6,161,517
Total interests in limited partnerships	187,911,689
Interest-bearing account:	
* State Street Institutional Treasury Plus MM Fund TPL	5,698,200
Total interest-bearing account	5,698,200
Interests in registered investment companies:	
GMO Quality Fund	16,154,937
iShares Core MSCI Emerging Markets	4,964,539
iShares MSCI USA Value Factor	6,537,207
iShares Core S&P 500 ETF	8,774,953
iShares 0-5 Yr Tips Bond ETF	8,415,402
iShares 0-5 Yr Invest Gr	5,259,796
Xtrackers MSCI Japan Hedged Eq	3,723,063
Vanguard Intermediate Term Tre Adm	10,401,724
Vanguard Short Term Treasury ETF	2,554,537
Vanguard Total World Stock ETF	13,940,969
Total interests in registered investment companies	80,727,127
Total investments	\$ 274,337,016
* Party-in-interest as defined by ERISA.	

See accompanying independent auditors' report.

METROPOLITAN OPERA ASSOCIATION RETIREMENT PLAN

Schedule H, Line 4j – Schedule of Reportable Transactions

Year ended July 31, 2025

Identity of party involved	Description of asset	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain
Single transactions in excess of 5% of Plan Assets:	NONE	\$ —	—	—	—	—
Series of transactions in excess of 5% of Plan Assets:						
State Street Institutional Treasury Plus MM Fund TPL	Interest bearing account	\$ 29,927,756	31,638,070	31,638,070	61,565,826	—

See accompanying independent auditors' report.

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 08/01/2024 and ending 07/31/2025

▶ 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 Metropolitan Opera Association Retirement Plan	B Three-digit plan number (PN) ▶ 007
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Metropolitan Opera Association, Inc	D Employer Identification Number (EIN) 13-1624087
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 8 Day 1 Year 2024	
2 Assets:	
a Market value	2a 264,793,994
b Actuarial value	2b 256,528,943
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants 618 (2) Vested Funding Target 191,422,081 (3) Total Funding Target 191,422,081
b For terminated vested participants.....	343 20,588,525 20,588,525
c For active participants	689 80,662,573 84,408,925
d Total.....	1,650 292,673,179 296,419,531
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 5.32 %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a 4,105,419
b Expected plan-related expenses	6b 1,427,485
c Target normal cost	6c 5,532,904

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	Zorast Wadia Signature of actuary	04/08/2026 Date
Zorast Wadia Type or print name of actuary	26-06860 Most recent enrollment number	(646) 473-3000 Telephone number (including area code)
Milliman Inc. Firm name	463 7th Avenue 19th Floor New York NY 10018 Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	272,051
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	272,051
10 Interest on line 9 using prior year's actual return of <u>11.05</u> %	0	30,062
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		2,991
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>5.28</u> %		158
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		3,149
d Portion of (c) to be added to prefunding balance		3,148
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	305,261

Part III Funding Percentages

14 Funding target attainment percentage	14	86.43%
15 Adjusted funding target attainment percentage	15	85.97%
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	85.41%
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
11/13/2024	2,400,000				
02/12/2025	2,400,000				
05/13/2025	2,400,000				
08/13/2025	2,400,000				
04/01/2026	1,472,000				
Totals ►			18(b)	11,072,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	10,629,200

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	5,532,904	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	40,195,849	5,093,027	
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	10,625,931	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	10,625,931	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	10,629,200	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	3,269	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021
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Metropolitan Opera Association Retirement Plan
EIN/PN: 13-1624087/007
Attachment to 2024 Form 5500
Schedule SB, Line 19 - Discounted Employer Contributions

Line 19a. - Contribution Allocated Toward Unpaid Minimum Required Contribution from Prior Plan Years

None

Line 19b. - Contributions Made To Avoid Benefit Restrictions

None

Line 19c. - Contributions Allocated Toward Minimum Required Contribution for Current Year

Date	Plan Year to Apply Contribution	Effective Interest Rate	Late Quarterly Interest Rate	Contribution Amount	Discounted Value as of 8/1/2024
11/13/2024	2024-2025	5.32%		\$ 2,400,000	\$ 2,364,815
2/12/2025	2024-2025	5.32%		2,400,000	2,334,452
5/13/2025	2024-2025	5.32%		2,400,000	2,304,805
8/13/2025	2024-2025	5.32%		2,400,000	2,274,890
4/1/2026	2024-2025	5.32%		1,472,000	1,350,238
Total				11,072,000	10,629,200

Metropolitan Opera Association Retirement Plan
EIN: 13-1624087/007
Attachment to 2023 Form 5500

Attachment to Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Age	Number of Lives Remaining		Retirement Rate	=	Number of Retirees	Age Times Number of Retirees
63	1,000.000	*	40.0%	=	400.000	25,200.000
64	600.000	*	0.0%	=	0.000	0.000
65	600.000	*	50.0%	=	300.000	19,500.000
66	300.000	*	10.0%	=	30.000	1,980.000
67	270.000	*	10.0%	=	27.000	1,809.000
68	243.000	*	10.0%	=	24.300	1,652.400
69	218.700	*	10.0%	=	21.870	1,509.030
70	196.830	*	100.0%	=	196.830	13,778.10
					1,000.000	<u>65,428.53</u>
						1,000
						65.429
						65

Metropolitan Opera Association Retirement Plan
EIN: 13-1624087/007
Attachment to 2024 Form 5500

Attachment to Schedule SB, Line 26a – Schedule of Active Participant Data

Number of Participants by Age and Benefit Service Groups

<u>Age</u>	<u>≤1</u>	<u>1-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40&Up</u>	<u>Total</u>
0-24	-	8	-	-	-	-	-	-	-	-	8
25-29	-	42	8	-	-	-	-	-	-	-	50
30-34	-	67	22	2	1	-	-	-	-	-	92
35-39	-	51	15	13	2	-	-	-	-	-	81
40-44	-	25	24	18	9	2	-	-	-	-	78
45-49	-	29	16	18	19	9	2	-	-	-	93
50-54	-	13	16	12	6	15	6	2	-	-	70
55-59	-	19	7	12	16	11	8	3	2	1	79
60-64	-	14	7	6	21	9	6	9	5	2	79
65-69	-	11	3	5	3	3	4	3	2	2	36
70+	-	2	3	5	4	1	2	-	3	3	23
Total	-	281	121	91	81	50	28	17	12	8	689

Metropolitan Opera Association Retirement Plan
EIN: 13-1624087/007
Attachment to 2024 Form 5500

Attachment to Schedule SB, Line 26a – Schedule of Active Participant Data

Average Compensation by Age and Service Groups

Age	Years of Credited Service										Average
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
0-24	-	*	-	-	-	-	-	-	-	-	*
25-29	-	53,660	*	-	-	-	-	-	-	-	57,417
30-34	-	56,081	84,277	*	-	-	-	-	-	-	63,078
35-39	-	54,919	*	*	*	-	-	-	-	-	69,678
40-44	-	63,229	89,045	*	*	*	-	-	-	-	85,698
45-49	-	63,675	*	*	*	*	*	-	-	-	92,679
50-54	-	*	*	*	*	*	*	*	-	-	88,655
55-59	-	*	*	*	*	*	*	*	*	-	98,301
60-64	-	*	*	*	92,155	*	*	*	*	*	90,477
65-69	-	*	*	*	*	*	*	*	*	*	94,306
70+	-	*	*	*	*	*	*	*	*	*	90,586
Average	-	59,307	86,462	92,890	101,318	122,800	114,452	*	*	*	82,255

* Average compensation is not reported for cells with fewer than 20 participants.

Metropolitan Opera Association Retirement Plan
EIN 13-1624087, PN 007

Attachment to 2024 Form 5500

Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments

The following table provides the projected benefit payments underlying the Funding Target using Standard Assumptions in each of the next fifty years starting with the current plan year of this filing assuming (1) no additional accruals, (2) experience (e.g., termination, mortality, and retirement) is in line with valuation assumptions, and (3) no new entrants are covered by the plan.

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	1,020,056	0	20,231,743	21,251,799
2025	1,582,600	84,565	19,657,897	21,325,062
2026	2,145,579	194,235	18,926,837	21,266,651
2027	2,717,386	290,658	18,191,360	21,199,404
2028	3,197,873	404,778	17,451,962	21,054,613
2029	3,564,667	470,231	16,709,402	20,744,300
2030	4,006,215	546,353	15,964,007	20,516,575
2031	4,494,719	636,664	15,216,480	20,347,863
2032	4,881,453	813,066	14,467,488	20,162,007
2033	5,282,033	908,963	13,716,003	19,906,999
2034	5,631,292	969,040	12,965,611	19,565,943
2035	5,971,170	1,071,240	12,216,479	19,258,889
2036	6,217,458	1,168,754	11,469,541	18,855,753
2037	6,435,366	1,251,616	10,726,509	18,413,491
2038	6,644,307	1,288,200	9,989,469	17,921,976
2039	6,890,802	1,317,099	9,260,855	17,468,666
2040	7,053,109	1,514,198	8,543,489	17,110,796
2041	7,159,816	1,556,151	7,840,545	16,556,512
2042	7,221,551	1,573,695	7,155,507	15,950,753
2043	7,282,952	1,566,929	6,492,110	15,341,991
2044	7,380,573	1,616,891	5,854,134	14,851,598
2045	7,437,227	1,641,758	5,245,199	14,324,184
2046	7,401,527	1,651,768	4,668,630	13,721,925
2047	7,321,470	1,654,332	4,127,278	13,103,080
2048	7,219,288	1,675,400	3,623,452	12,518,140
2049	7,091,459	1,700,471	3,158,760	11,950,690
2050	6,901,671	1,691,849	2,734,174	11,327,694
2051	6,703,200	1,684,718	2,350,006	10,737,924
2052	6,518,215	1,646,213	2,005,850	10,170,278
2053	6,322,868	1,591,230	1,700,657	9,614,755
2054	6,140,670	1,530,889	1,432,711	9,104,270
2055	5,900,735	1,462,456	1,199,783	8,562,974

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Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2056	5,657,568	1,405,008	999,253	8,061,829
2057	5,399,372	1,343,846	828,215	7,571,433
2058	5,105,561	1,273,008	683,636	7,062,205
2059	4,830,489	1,197,581	562,437	6,590,507
2060	4,541,466	1,121,562	461,616	6,124,644
2061	4,260,478	1,046,402	378,341	5,685,221
2062	3,972,970	972,554	310,009	5,255,533
2063	3,687,432	900,388	254,290	4,842,110
2064	3,412,245	830,227	209,104	4,451,576
2065	3,144,328	762,370	172,636	4,079,334
2066	2,887,682	697,110	143,320	3,728,112
2067	2,640,973	634,699	119,837	3,395,509
2068	2,406,409	575,305	101,095	3,082,809
2069	2,184,612	519,071	86,184	2,789,867
2070	1,975,703	466,088	74,341	2,516,132
2071	1,779,930	416,403	64,935	2,261,268
2072	1,597,297	370,026	57,448	2,024,771
2073	1,427,830	326,903	51,458	1,806,191

Metropolitan Opera Association Retirement Plan

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Attachment to Schedule SB, Line 32 – Schedule of Amortization Bases

Date Established	Description	Amortization Amount	Remaining Years	Outstanding Balance
8/1/2019	Shortfall Amortization	\$5,869,340	10.0	\$47,463,347
8/1/2020	Shortfall Amortization	445,702	11.0	3,873,215
8/1/2021	Shortfall Amortization	(1,433,539)	12.0	(13,280,180)
8/1/2022	Shortfall Amortization	79,167	13.0	776,582
8/1/2023	Shortfall Amortization	140,676	14.0	1,452,911
8/1/2024	Shortfall Amortization	(8,319)	15.0	(90,026)
Total		\$5,093,027		\$40,195,849

Metropolitan Opera Association Retirement Plan
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Schedule SB, Part V: Statement of Actuarial Assumptions/Methods

Actuarial Cost Methods

The valuation of retirement benefits is determined under the "Unit Credit Actuarial Cost Method", as prescribed by the Pension Protection Act of 2006 (PPA). In this method, the regular Plan cost arises from two sources: a Target Normal Cost and an Amortization Payment for the Funding Target Shortfall.

The Funding Target is determined as the actuarial present value of benefits as of the valuation date. The Shortfall is equal to the Funding Target less the Actuarial Value of Assets, reduced by the Carryover Balance and the Prefunding Balance.

The Target Normal Cost is the Actuarial Present Value of benefits expected to accrue during the valuation year plus anticipated administrative expense, if any.

Asset Valuation Method

Adjusted Fair Market Value over two years using three data points as permitted under IRS Notice 2009-22, not less than 90% nor greater than 110% of Market Value of Assets on the valuation date.

Amortization Method

For the Plan's ERISA funding requirements, incremental Funding Shortfall amounts are amortized over a fifteen-year period, and the related shortfall amortization payment is determined on the first valuation date following the plan year in which it arises based on the segment rates used for ERISA minimum funding purposes on that date, as prescribed under IRC Section 430. All prior shortfall amortizations were eliminated effective with the August 1, 2019 valuation as the Plan Sponsor elected to apply the provisions of Section 9705 of ARPA-21 for the 2019 plan year.

Assumptions

Economic Assumptions

Information on economic assumptions is provided below in accordance with the Actuarial Standards of Practice (ASOP) No. 27 effective for measurement dates on or after September 30, 2014.

Interest Rates:

FASB ASC Topic 960 Interest Rate: 7.47%.

This is consistent with the Plan's expected rate of return on market value of assets assumption and reflects the Plan's target asset allocation, assumed investment expenses, and reflects inflation of 2.50%. This assumption represents an estimate of future experience and is based on both historical returns and projections. Please note, this assumption is evaluated annually based on the asset allocation and inflation in effect at the end of the fiscal year.

Rationale: In developing the investment return assumption, we relied on models and capital market assumptions developed by Milliman investment consultants. We also reviewed the Plan's historical investment performance along with

Metropolitan Opera Association Retirement Plan
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Schedule SB, Part V: Statement of Actuarial Assumptions/Methods

forward-looking data such as projections of inflation and total return growth. Mean returns, standard deviations and correlations between investment categories were determined and used in the investment return assumption in conjunction with the historical and projected information. We have also taken projections of performance made by the Plan's investment consultants into consideration.

Funding Interest Rate: Segment Rates with 4-month lookback.

	With Stabilization	Without Stabilization
Segment Rate 1	4.75%	4.75%
Segment Rate 2	5.18%	5.18%
Segment Rate 3	5.59%	5.16%

Rationale: As mandated by the IRS.

Salary Increase: N/A.

Rationale: Per Section 1.6 of the plan document, the Annual Compensation used for determining the Accrued Benefit can only increase by amendment.

Administrative Expenses: \$125,000 per year plus the expected PBGC Premium paid at the beginning of the year. The 2024 administrative expenses are assumed to be \$1,427,485 (previously \$1,315,068).

Valuation Pay: Base pay as reported by the Metropolitan Opera Association.

Maximum Compensation: The maximum compensation for determining benefits amounts is \$200,000 for the base pay.

Demographic Assumptions

FASB ASC Topic 960: PRI-2012 Blue Collar Mortality Tables projected with Scale MP-2021. The PRI-2012 Blue Collar Contingent Mortality Tables were reflected for beneficiaries.

Rationale: The plan is not large enough to develop a credible mortality table based exclusively on plan experience. We have relied on the above mentioned published mortality table in which credible mortality experience was analyzed. We believe the mortality assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

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Schedule SB, Part V: Statement of Actuarial Assumptions/Methods

PPA Mortality Table: 2024 IRS generational mortality tables as prescribed in IRS Notice 2023-73 for males and females. (Previously, 2023 Static mortality table for males and females).

Rationale: This assumption is a prescribed assumption, set by the Internal Revenue Code Section 430.

Withdrawal: Termination rates vary by years of service. The termination rates assumed represent an estimate of future experience in the plan.

Sample rates are illustrated below.

Service	Rate
0	20.0%
5	12.0%
10	6.0%
15	5.0%
20	2.5%
24	0.5%
25+	0.0%

Rationale: We believe the assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Retirement: Rates vary by age. Active participants are assumed to retire based on the following set of rates:

Basis	Rate
Age 63 and 30 years of service	40.0%
Age + Service = 80	10.0%
Age 65	50.0%
Ages 66-69	10.0%
Age 70	100.0%

Participants terminated with vested benefits: age 65.

Rationale: We have reviewed the plan's historical experience to help develop this assumption. In addition, we have considered sponsor input and economic conditions that might have influenced prior experience or may impact future experience. We believe the retirement assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

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Schedule SB, Part V: Statement of Actuarial Assumptions/Methods

Disability: The disability rates assumed represent an estimate of future experience in the plan. Sample rates are illustrated below.

Age	Male	Female
20	0.03%	0.04%
25	0.03%	0.05%
30	0.04%	0.06%
35	0.05%	0.08%
40	0.07%	0.10%
45	0.10%	0.15%
50	0.18%	0.26%
55	0.36%	0.49%
60	0.90%	1.21%

Rationale: We have reviewed industry standard disability rates as well as the plan's historical experience to develop the assumption. We believe the disability assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Marriage Assumption: 75% of participants assumed to be married with females 3 years younger than males.

Rationale: The number of covered participants is not large enough to have credible experience for preretirement deaths. We believe the marriage assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Form of Payment: Upon retirement unmarried participants are assumed to elect a single life annuity and married participants are assumed to elect a 50% joint and survivor annuity. This assumption represents an estimate of future experience.

Rationale: Optional forms of benefit are actuarially equivalent to the single life annuity benefit. We believe the form of payment assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Participant Data: As of August 1, 2024.

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Schedule SB, Part V: Summary of Plan Provisions

The actuarial valuation was prepared in accordance with the provisions of the plan, a summary of which is presented below. The summary describes the principal provisions only and is not intended to be authoritative. For questions about specific benefits, please refer to the plan document. This summary of plan provisions is intended to only describe the essential features of the plan.

Basic Information

Plan Name: The Metropolitan Opera Association Retirement Plan

Effective Date of Last Amendment: August 1, 2023

Effective Date of Plan: July 1, 1961

EIN/PN: 13-1624087/007

Plan Year: August 1 – July 31.

Eligibility: All full-time employees and employees who completed 1 year of service.

No Administrative Staff Employee shall become a Member of the Plan unless they have been employed continuously by the Association or an Affiliate since July 31, 2023.

Benefit Service: A Year of Credited Service is given for each Plan Year that an eligible employee is deemed a full-time employee or works at least 1000 hours.

A Member whose employment terminates and who is reemployed as an Administrative Staff Employee by the Association or an Affiliate after July 31, 2023 shall not receive Years of Credited Service for any period of employment as an Administrative Staff Employee after his reemployment date for purposes of calculating the amount of such Member's Accrued Benefit. However, any such reemployed Administrative Staff Employee shall continue to be credited with Years of Credited Service solely for purposes of determining eligibility for an Early Retirement Benefit, a Disability Benefit, or an Unreduced Early Retirement Benefit with respect to Accrued Benefits earned before August 1, 2023.

Annual Compensation: The Annual Compensation is generally the highest compensation paid during the 2002-03 and 2003-04 fiscal years limited to \$200,000. For participants who did not receive any Credited Service during the two year period beginning August 1, 2002 and ending on July 31, 2004, Compensation will be based on the Annual Compensation for the first year after August 1, 2004 that the participant earns a Year of Credited Service, adjusted for changes in average wages for Choristers from the year ending July 31, 2004 until the first year of Compensation. Prior to August 1, 2008, Annual Compensation was generally compensation paid during the 1996-97 and 1997-98 and 1998-99 fiscal years and limited to \$150,000 for the 1996-97 fiscal year and \$160,000 for the 1997-98 and 1998-99 fiscal years. Effective August 1, 2009, compensation includes actual or deemed media pay for members of selected union groups.

Effective August 1, 2018, the Annual Compensation for AGMA and Local 802 Members who retire on or after August 1, 2018 is amended to be the greater of Annual Compensation (including actual media earnings with the exception of TV Pay (which was the equivalent of revenue sharing

Metropolitan Opera Association Retirement Plan
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Schedule SB, Part V: Summary of Plan Provisions

under the pre-2006 Media Agreement)) received in either the (A) 12-month period commencing August 1, 2004 and ending July 31, 2005; or (B) 12-month period commencing August 1, 2005 and ending July 31, 2006, but limited to \$200,000.

The definition of Annual Compensation in the Plan shall be further amended for AGMA and Local 802 Members who retire on or after August 1, 2018 who did not earn at least one (1) "Year of Credited Service" during the applicable two-year period described above, and who earn a Year of Credited Service subsequent to August 1, 2006 to be the greater of the (A) Annual Compensation received during such Member's first Plan Year following August 1, 2006 in which s/he earns a Year of Credited Service or (B) if such Member commenced employment by the Met on or after October 1 and was not employed in his/her first year of employment for the full Plan Year during which s/he first earned a Year of Credited Service, Annual Compensation received during such Member's next following full Plan Year, subject to the adjustment at the end of the first sentence of Section 1.6(iii) of the Plan, but using the Base Chorister's weekly wage in effect during the twelve (12) months ending July 31, 2006, and including a corresponding amendment to the second sentence in Section 1.6(iii) of the Plan to refer to the applicable AGMA CBAs.

The definition of Annual Compensation in the Plan shall be further amended for AGMA and Local 802 Members who retire on or after August 1, 2018 and who, following the Plan Year(s) referred to above, have a "Qualifying Promotion" to be either: (a) if the Qualifying Promotion becomes effective at the beginning of a full Plan Year, the Annual Compensation received in that Plan Year; or (b) if the Qualifying Promotion becomes effective other than at the beginning of a Plan Year, the greater of the Annual Compensation the Member receives in the Plan Year of the actual promotion or the Annual Compensation the Member receives in the following Plan Year. Annual Compensation shall continue to be subject to the adjustment at the end of the first sentence of Section 1.6(iii) of the Plan, but using the Base Chorister's weekly wage in effect during the twelve (12) months ending July 31, 2006, and including a corresponding amendment to the second sentence in Section 1.6(iii) of the Plan to refer to the applicable AGMA CBAs.

The Plan was amended, effective February 10, 2022 to define Qualifying Promotions for purposes of adjusting the base year pay for eligible participants. For purposes of Section 1.6(iv) as applicable to Members who retire on or after August 1, 2018, and solely with respect to Members covered by collective bargaining agreements between the Association and AGMA or Local 802, eligible promotions shall include solely those promotions listed below (and for the employment periods stated below) until and unless the list is amended by agreement between the Association and the applicable union: (a) a promotion from a weekly or per performance solo singer to regular chorister where the Member has been employed in such promoted position for two (2) years; (b) a promotion from a weekly or per performance solo singer to plan artist solo singer where the Member has been employed in such promoted position for two (2) years; (c) a promotion from assistant stage manager to stage manager where the Member has been employed in such promoted position for two (2) years; (d) a promotion of a regular musician following an audition to a titled chair (i.e., principal, associate principal, or assistant principal) for which promotion the Member has obtained tenure; (e) a promotion from stage manager to associate stage manager where the Member has been employed in such promoted position for two (2) years; and (f) a promotion from stage manager or associate stage manager to production stage manager where the Member has been employed in such promoted position for two (2) years.

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Schedule SB, Part V: Summary of Plan Provisions

Adjusted Annual Compensation: means an Administrative Staff Member's Compensation for the applicable Plan Year times the Base Chorister Ratio for the applicable Plan Year. For the purpose of this paragraph, the Base Chorister Ratio shall mean the Base Chorister's weekly wage during the 12 months ending July 31, 2004, divided by the Base Chorister's weekly wage in effect for the applicable Plan Year. The weekly wage is the minimum weekly base salary specified in the applicable collective bargaining agreement between the Association and the American Guild of Musical Artists.

Benefit Formulas and Eligibilities

Normal Retirement Eligibility: Age 65.

Normal Retirement Benefit: A monthly benefit equals to 2.0% of Annual Compensation multiplied by Years of Credited Service up to a maximum of 60% of Annual Compensation.

Effective August 1, 2009, for administrative staff only, 1.5% of Annual Compensation for each Year of Service after July 31, 2009.

Effective November 30, 2014, for members of the union Local 32BJ only, the maximum benefit was changed to the greater of 40% of Annual Compensation or \$40,000.

Effective August 1, 2023, for administrative staff only, an annual benefit equals the sum of (A), (B) and (C) below:

(A) The Administrative Staff Member's Accrued Benefit accrued as an Administrative Staff Employee as of July 31, 2023, calculated pursuant to the foregoing subsections.

(B) Any Accrued Benefit earned by a Member during a period of employment when the Member was not an Administrative Staff Employee.

(C) For Members employed by the Association or an Affiliate on August 1, 2023 who have been continuously employed thereafter, 1.5% of the Administrative Staff Member's Adjusted Annual Compensation for each Year of Credited Service as an Administrative Staff Member accrued after July 31, 2023, if any.

Early Retirement Eligibility: Age 50 with 10 Years of Credited Service is eligible for an actuarially reduced benefit. Age 60 with 30 Years of Credited Service or Age plus Service greater than or equal to 80 and retires from employment is eligible for unreduced benefit.

Early Retirement Benefit: The participant's benefit described in Normal Retirement Benefit above, based on service credit and Annual Compensation at retirement, which shall be the Actuarial Equivalent of the amount that would otherwise be deferred to and payable beginning at Normal Retirement Date.

The benefit is unreduced if the participant attains the requirements listed under Early Retirement Eligibility above.

Deferred Retirement Eligibility: Continued in employment after Normal Retirement Date.

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Schedule SB, Part V: Summary of Plan Provisions

Deferred Retirement Benefit: Computed as for Normal Retirement, based on service and Annual Compensation at the date of late retirement.

Disability Retirement Eligibility: 10 Years of Vesting Service and Totally and Permanently Disabled.

Disability Retirement Benefit: Computed as for Normal Retirement, but based on Annual Compensation and service through the participant's Disability Retirement Date and payable immediately. Such amount shall not be less than 20% of the Annual Compensation for all Years of Credited Service.

Vested Termination Eligibility: 100% after 5 years of vesting service.

Vested Termination Benefit: The participant's benefit described in Normal Retirement Benefit above, based on service credit and Annual Compensation at termination.

Pre-Retirement Surviving Spouse Eligibility: Surviving spouses of all vested participants who die before payments have commenced.

Pre-Retirement Surviving Spouse Benefit: In the event of the death of a vested participant, the survivor is entitled to 50% of the early retirement benefit the participant would have received if he had retired the day before he died and elected the joint and survivor option. Payments commence immediately, or on the date the employee would have reached early retirement age, if later.

Normal Form of Benefit: Life Annuity, unless participant is married, then actuarially reduced joint and survivor annuity.

Optional Forms of Benefit: Joint and 50% Survivor (with any beneficiary), Joint and 75% Survivor (with any beneficiary), Joint and 100% Survivor (with any beneficiary), Ten Year Certain and Continuous Benefit.

Statutory Benefit Limit: The valuation applied the 2024 maximum defined benefit limit of \$275,000 under IRC Section 415(b).

Statutory Compensation Limit: The Annual Compensation is limited to \$200,000 without adjustment that may apply under IRC Section 401(a)(17).

METROPOLITAN OPERA ASSOCIATION RETIREMENT PLAN

Schedule I

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

July 31, 2025

Identity of issue and description	Fair value
Interests in limited partnerships:	
8VC Fund II	\$ 4,323,593
8VC Fund III	2,768,259
8VC Fund VI	290,978
140 Summer Partners Offshore Founders A Ltd	5,945,346
Alpinvest Co Investment Fund VII	6,198,705
Amulet Capital Fund III LP	435,712
Andurand Commodity Fd	1,676,782
Anomaly Capital Int	5,810,210
Ares Strategic Income Fund	3,526,923
Arrowstreet Global Equity	10,367,382
Atlas Capital Investors V	645,570
Avesi Partners Fund II A LP	70,791
Avoro Off Fd Class A2 Lead	2,639,531
Blackstone Life Scncs Yld	485,365
Blackstone RE Part Europe VI	2,029,437
Brookfield Infra Fund V C LP	622,775
Centre Lane Part V LP	2,491,071
Center Rock Part Fd I A	3,145,443
Center Rock Part Fd II A	380,929
The Childrens Investment Fund	11,133,675
Covalis Cap Enhanced Fund	2,120,362
Craft Ventures Feeder	1,293,553
Craft Ventures Gro I LP	2,584,786
Craft Ventures Gro II LP	345,777
Craft Ventures IV, L.P.	225,594
Dunes Point Cap Fd II A, L.P.	1,755,419
Dunes Point Cap Fund III A, L.P.	554,937
Elliott CIC 2 LP	1,244,416
Elliott Co Investment B 1 LP	1,095,411
Elliott Int LTD 9th Commitment	6,687,438
Encomp Cpt Eng Trstn Fnd	2,501,856
Encomp Cpt Eng Fnd Ofshr Dgntd Inv 1 Sr1	647
Encomp Cpt Eng Fnd Ofshr Dsgntd Invt 1 Sr 1	364
Encomp Cpt Eng Fnd Ofshr Dsgntd Invt 2 Sr 1	1,366
Encomp Cpt Eng Fnd Ofshr Dsgntd Invt 3 Sr 1	1,495
Encomp Cpt Eng Fnd Ofshr Dsgntd Invt 5 Sr 1	87,763
Encomp Cpt Eng Fnd Ofshr Dsgntd Invt 6 Sr 1	32,432
Exodus Point Partners International Fund	4,319,901
Fortress Credit Opportunity Nd V Exp B	1,627,495
FP Cr Part Aggregator A	1,040,377
FP Credi Partners II Agg A LP	1,780,877
FRANCISCO PARTN AGILITY III A LP	9,536
Francisco Partners VII A LP	588,708
Gemspring Capital Fund III A LP	342,695
General Catalyst Group XII LP	860,826
Glazer Enh Off Fd Cl 01Aug2010	7,496,939
Hollyport Feeder VIII LP	3,412,254
Hollyport Sec Opp VII LP	2,287,625
HOLLYPORT SEC OPP IX FEEDER LP	91,139
Holocene Advisors Offshore Fund	8,727,328
Independent Fran Prts Gl Eqty LP	6,431,942
MSD Pvt Credit Opp Fd	1,368,002
MSD Special Investments Fd Cay LP	550,211
MSD Special Investments Fd Cay II LP	1,253,136
NB Partners Fund III LP	1,524,104
NB Partners Fund IV LP	754,930
ONE ROCK CAPITAL PART IV LP + ALTERNATIVE VEHICLES	23,420
Palatine Real Estate Fd III	1,489,274
Palatine Real Estate Fd IV	352,174
Perceptive Cr Opp Os Fd II	111,898
Perceptive Cr Opp Os Fd III	1,584,185
Pinnacle Nat Res Offsh Ltd	2,356,208
Prime Fince Spl Sit Fund 2 LP	127,061
Roark Diver Rest Fd II LP	2,139,767

Schedule I

METROPOLITAN OPERA ASSOCIATION RETIREMENT PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

July 31, 2025

Identity of issue and description	Fair value
RTW Innovation Offshore Fd LTD	\$ 2,998,202
SDC Digital Inf Opp Fd IV A LP	179,580
Silver Point DOI OS LP	1,461,715
Silver Point DOI Pt II Off LP	358,365
Soroban Cay Conv Feeder Fd LP	10,997
Soroban Long on Eq Cayman Fund Ltd	10,141,165
Stonepeak Oppts Fund LP	461,859
Sycamore Partners III A	2,274,523
The Founders Fd Growth II LP	2,272,339
Two Sigma AB Ret Cayman Series 1	8,357,225
US Venture Cap Fund A	1,247,089
Vista Equity Partners VII A LP	3,266,021
Vista Equity Partners VIII A LP	1,175,654
Walleye Opp Fd Ltd	9,371,333
WMQS Global Eq Act Ext Off Fd LTD	6,161,517
Total interests in limited partnerships	187,911,689
Interest-bearing account:	
* State Street Institutional Treasury Plus MM Fund TPL	5,698,200
Total interest-bearing account	5,698,200
Interests in registered investment companies:	
GMO Quality Fund	16,154,937
iShares Core MSCI Emerging Markets	4,964,539
iShares MSCI USA Value Factor	6,537,207
iShares Core S&P 500 ETF	8,774,953
iShares 0-5 Yr Tips Bond ETF	8,415,402
iShares 0-5 Yr Invest Gr	5,259,796
Xtrackers MSCI Japan Hedged Eq	3,723,063
Vanguard Intermediate Term Tre Adm	10,401,724
Vanguard Short Term Treasury ETF	2,554,537
Vanguard Total World Stock ETF	13,940,969
Total interests in registered investment companies	80,727,127
Total investments	\$ 274,337,016
* Party-in-interest as defined by ERISA.	

See accompanying independent auditors' report.

METROPOLITAN OPERA ASSOCIATION RETIREMENT PLAN

Schedule H, Line 4j – Schedule of Reportable Transactions

Year ended July 31, 2025

Identity of party involved	Description of asset	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain
Single transactions in excess of 5% of Plan Assets:	NONE	\$ —	—	—	—	—
Series of transactions in excess of 5% of Plan Assets:						
State Street Institutional Treasury Plus MM Fund TPL	Interest bearing account	\$ 29,927,756	31,638,070	31,638,070	61,565,826	—

See accompanying independent auditors' report.