

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	▶ ☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>PENSION FUND OF LOCAL NO. ONE OF I. A. T. S. E.</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>12/19/1962</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>12/19/1962</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>12/19/1962</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES, PENSION FUND OF LOCAL NO. ONE OF I.A.T.S.E.</u> <u>320 WEST 46TH STREET</u> <u>6TH FLOOR</u> <u>NEW YORK, NY 10036-3845</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>13-6414973</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>212-247-5225</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>711100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>13-6414973</u>	2c Plan Sponsor's telephone number <u>212-247-5225</u>	2d Business code (see instructions) <u>711100</u>	
2b Employer Identification Number (EIN) <u>13-6414973</u>					
2c Plan Sponsor's telephone number <u>212-247-5225</u>					
2d Business code (see instructions) <u>711100</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/15/2022	ROBERT MCDONOUGH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/15/2022	CHRISTOPHER BROCKMEYER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

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	4216
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	2460
a(2) Total number of active participants at the end of the plan year		6a(2)	1360
b Retired or separated participants receiving benefits.....		6b	943
c Other retired or separated participants entitled to future benefits		6c	1095
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	3398
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	321
f Total. Add lines 6d and 6e		6f	3719
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	98
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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 PENSION FUND OF LOCAL NO. ONE OF I. A. T. S. E.	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES, PENSION FUND OF LOCAL NO. ONE OF I.A.T.S.E.	D Employer Identification Number (EIN) 13-6414973

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2021	
b Assets	
(1) Current value of assets.....	1b(1) 576030128
(2) Actuarial value of assets for funding standard account	1b(2) 548539043
c (1) Accrued liability for plan using immediate gain methods	1c(1) 601907709
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 566923958
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability.....	1d(2)(a) 1052477237
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b) 18886076
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c) 35501747
(3) Expected plan disbursements for the plan year.....	1d(3) 36751747

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	09/20/2022
Signature of actuary MICHAEL CARROLL, ASA, MAAA	Date 20-08547
Type or print name of actuary SEGAL	Most recent enrollment number 212-251-5000
Firm name 333 WEST 34TH STREET, NEW YORK, NY 10001-2402	Telephone number (including area code)
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 ☐

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	576030128
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1264	435679329
(2) For terminated vested participants	1095	219735196
(3) For active participants:		
(a) Non-vested benefits.....		11399120
(b) Vested benefits.....		385663592
(c) Total active	1360	397062712
(4) Total	3719	1052477237
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	54.73 %

3 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
07/15/2021	12452031				
Totals ▶			3(b)	12452031	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	96.8 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here	4f	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** ☐ Attained age normal
b ☒ Entry age normal
c ☐ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☒ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....			6a	2.43 %
	Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	12P	12P	
(2) Females	6c(2)	12FP	12FP	
d Valuation liability interest rate	6d	7.00 %	7.00 %	
e Expense loading	6e	31.5 % ☐ N/A	%	☒ N/A
f Salary scale	6f	% ☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	9.1 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	10.8 %		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
4	4470491	458725
1	-23029264	-2363074

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval.....	8a	
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule.....	☒ Yes ☐ No	
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule.....	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	5035591
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	156486682
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	2317956
e Total charges. Add lines 9a through 9d.....	9e	35431614

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	52542221
g Employer contributions. Total from column (b) of line 3.....	9g	12452031
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	50575795
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	4678397
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	118712731
(2) "RPA '94" override (90% current liability FFL)	9j(2)	406486256
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency	9k(1)	0
(2) Other credits	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	78257483
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	42825869
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	

9o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2021 plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0

10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No
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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
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan PENSION FUND OF LOCAL NO. ONE OF I. A. T. S. E.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, PENSION FUND OF LOCAL NO. ONE OF I.A.T.S.E.	D Employer Identification Number (EIN) 13-6414973	

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
ABS INVESTMENT MANAGEMENT LLC.
13-4205457

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BLACKROCK ADVISORS, LLC
23-2784752

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BLACKSTONE R/E DEBT STRATEGIES II
80-0883943

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BLACKSTONE R/E DEBT STRATEGIES III
47-4469110

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

BLACKSTONE ALTERNATIVE ASSET MGT LP

13-3894989

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

EARNEST PARTNERS LLC

58-2386669

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

HAMILTON LANE ADVISORS, LLC

23-2962336

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

NB ALTERNATIVES ADVISERS, LLC

30-0536163

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

OAKTREE CAPITAL MANAGEMENT LP

26-0189082

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

PACIFIC INVESTMENT MGMT CO (PIMCO)

33-0629048

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

SEI TRUST COMPANY

06-1271230

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

WILLIAM BLAIR INVESTMENT MGMT LLC

47-2614791

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

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

JP MORGAN INV. MGMT. INC.

13-3200244

(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 28 51	NONE	905871	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ULLICO INVESTMENT ADVISORS INC.

52-6435649

(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 63	NONE	393124	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

BNY MELLON INV MGMT. CAYMAN LTD.

PO BOX 309 UGLAND HOUSE
GEORGETOWN, GRAND CAYMAN 11104 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	257117	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)

EPOCH INVESTMENT PARTNERS INC

20-1003862

(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	250004	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOMIS SAYLES AND COMPANY

04-3200030

(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 68	NONE	234670	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

SCOTT COOL

13-6414973

(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?
30 50	NONE	197998	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)

THE SEGAL CO (EASTERN STATES), INC.

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	NONE	188458	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	147437	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SPIVAK LIPTON LLP

13-3494495

(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	141612	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)

DUCENTA SQUARED ASSET MANAGEMENT

85-0584508

(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	138376	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GLORIA SHEA

13-6414973

(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?
30 50	NONE	95452	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARIANN ZAPPALLA

13-6414973

(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?
30 50	NONE	92190	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)

NNEKA SYMISTER

13-6414973

(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?
30 50	NONE	82954	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COLBERT CAMBRAN

13-6414973

(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?
30 50	NONE	82800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GALLAGHER FIDUCIARY ADVISORS LLC

36-4291971

(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 50	NONE	75000	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)

SCHULTHEIS & PANETTIERI, LLP

13-1577780

(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	72275	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHIRLEY NELSON

13-6414973

(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?
30 50	NONE	67323	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TINA TATUM

13-6414973

(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?
30 50	NONE	66083	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)

DENISE CARMONA

13-6414973

(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?
30 50	NONE	62114	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DIMENSIONAL FUND ADVISORS LP

30-0447847

(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	55754	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMERICA BANK

42-1741646

(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?
19 49 50 59 62 72	NONE	44877	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

INTECH INVESTMENT MANAGEMENT LLC

01-0614895

(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	32935	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS

81-4017137

(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?
19 28 51	NONE	12303	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

SYNTONIC SYSTEMS, INC.

13-2925049

(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?
16 50	NONE	8424	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)

COMPREHENSIVE CONSULTING SOLUTIONS

52-2099008

(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?
16 50	NONE	6487	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SECURE BUSINESS DATA

23522 DUKES RUN DR.
SPRING, TX 77373

(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?
16 50	NONE	5884	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL SELECT INSURANCE SERVICES, INC

46-0619194

(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?
22 53	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	16420	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
SEGAL SELECT INSURANCE SERVICES,INC	22 53	6460
(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.	
CHUBB 13-1963496	INSURANCE COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES,INC	22 53	5336
(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.	
EUCLID / HUDSON 45-3957469	INSURANCE COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES,INC	22 53	2492
(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.	
ULLICO / MARKEL 13-2988846	INSURANCE COMMISSIONS	

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
SEGAL SELECT INSURANCE SERVICES,INC	22 53	1460
(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.	
RLI 37-0915434	INSURANCE COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>PENSION FUND OF LOCAL NO. ONE OF I. A. T. S. E.</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES, PENSION FUND OF LOCAL NO. ONE OF I.A.T.S.E.</u>	D Employer Identification Number (EIN) <u>13-6414973</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: CP TR FD STRATEGIC PROPERTY JPMCB

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, NA

c EIN-PN <u>13-6038770-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>71725890</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P 500(R) FLAGSHIP NL

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN <u>04-0025081-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>44718199</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: NCS GROUP TRUST - GLOBAL FUND

b Name of sponsor of entity listed in (a): BNY MELLON INVESTMENT MANAGEMENT CAYMAN LTD

c EIN-PN <u>76-6192146-003</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>37446150</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AEON GLOBAL CHOICE FUND, LLC

b Name of sponsor of entity listed in (a): EPOCH INVESTMENT PARTNERS, INC.

c EIN-PN <u>32-0358020-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>30108115</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRASTRUCTURE TAX EXEMPT FD

b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS, INC

c EIN-PN <u>90-0622302-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>23866970</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: OAKTREE MIDDLE MKT DIRECT LENDING F

b Name of sponsor of entity listed in (a): OAKTREE CAPITAL MANAGEMENT, LP

c EIN-PN <u>82-4931180-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>20266517</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: CP TR SPECIAL SITUATION PROP JPMCB

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.

c EIN-PN <u>13-3980309-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>20215047</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: DFA GROUP TRUST THE SMALL CAP SUBTR

b Name of sponsor of entity listed in (a): DFA GROUP TRUST

c EIN-PN 23-6819730-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19123639
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a Name of MTIA, CCT, PSA, or 103-12 IE: EARNEST PARTNERS MULTIPLE INVEST TR

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN 26-4377500-041	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17739868
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a Name of MTIA, CCT, PSA, or 103-12 IE: COMERICA SHORT-TERM FUND

b Name of sponsor of entity listed in (a): COMERICA BANK & TRUST, NAT'L ASSN

c EIN-PN 47-7305132-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16317145
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a Name of MTIA, CCT, PSA, or 103-12 IE: WILLIAM BLAIR INT'L LENDERS CIT

b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY

c EIN-PN 27-6331814-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15452698
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>PENSION FUND OF LOCAL NO. ONE OF I. A. T. S. E.</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES, PENSION FUND OF LOCAL NO. ONE OF I.A.T.S.E.</u>	D Employer Identification Number (EIN) <u>13-6414973</u>	

Part I	Asset and Liability Statement
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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	9447	7575
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	354669	2888468
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	9461050	7915514
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3714053	5404964
(2) U.S. Government securities	1c(2)	22500104	17433160
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	10958214	8228917
(B) All other	1c(3)(B)	14318058	21639547
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	75200916	84517550
(5) Partnership/joint venture interests	1c(5)	111315523	104636674
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	16376957	10028306
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	150189433	186168847
(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)	95358253	130811391
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	45497388	48996123
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	27191668	27713315

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e	155416	135946
f Total assets (add all amounts in lines 1a through 1e)	1f	582601149	656526297

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	940128	1202396
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	5630893	7197597
k Total liabilities (add all amounts in lines 1g through 1j)	1k	6571021	8399993

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	576030128	648126304
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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)	12452031	
(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)		12452031
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	332915	
(C) Corporate debt instruments	2b(1)(C)	967781	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)	1481	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1302177
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)	753573	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	3482881	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4236454
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	138145306	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	136641194	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1504112
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	37052581	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		37052581

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		30897990
(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)		20263951
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		360197
c Other income.....	2c		36889
d Total income. Add all income amounts in column (b) and enter total.....	2d		108106382
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	32452602	
(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)		32452602
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	540964	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	2413031	
(4) Other.....	2i(4)	603609	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		3557604
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		36010206
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		72096176
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: SCHULTHEIS & PANETTIERI, LLP

(2) EIN: 13-1577780

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	X		53492
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		296256428
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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.			
4n			
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 442954			

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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>PENSION FUND OF LOCAL NO. ONE OF I. A. T. S. E.</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES, PENSION FUND OF LOCAL NO. ONE OF I.A.T.S.E.</u>	D Employer Identification Number (EIN) <u>13-6414973</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
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): _____ 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	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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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
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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.
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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) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer **NATIONAL BROADCASTING COMPANY**

b EIN **14-1682529**

c Dollar amount contributed by employer **1667555**

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 **03** Day **31** Year **2022**

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) **7.00**

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **PERCENT OF GROSS WAGES**

a Name of contributing employer **THE METROPOLITAN OPERA**

b EIN **13-1624087**

c Dollar amount contributed by employer **1388528**

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 **THE SHUBERT ORGANIZATION**

b EIN **13-2751366**

c Dollar amount contributed by employer **1182359**

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 **07** Day **24** Year **2022**

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) **7.50**

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **PERCENT OF GROSS WAGES**

a Name of contributing employer **THE MADISON SQUARE GARDEN**

b EIN **13-3793835**

c Dollar amount contributed by employer **1133982**

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 **NEDERLANDER ORGANIZATION**

b EIN **52-2127955**

c Dollar amount contributed by employer **923147**

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 **07** Day **24** Year **2022**

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) **7.50**

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **PERCENT OF GROSS WAGES**

a Name of contributing employer **CBS CORPORATION**

b EIN **04-2949533**

c Dollar amount contributed by employer **735928**

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 **12** Day **31** Year **2023**

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) **7.00**

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **PERCENT OF GROSS WAGES**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer THEATRICAL RESOURCES

b EIN 95-4087293

c Dollar amount contributed by employer 632794

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 12 Day 31 Year 2022

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) 7.00

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): PERCENT OF GROSS WAGES

a Name of contributing employer AMERICAN BROADCASTING COMPANY

b EIN 04-3655668

c Dollar amount contributed by employer 612241

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 03 Day 31 Year 2023

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) 7.00

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): PERCENT OF GROSS WAGES

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

28

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

32

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

32

- 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

0.88

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

15b

0.88

- 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

0

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) through (c)

a Enter the percentage of plan assets held as:

Stock: 40 % Investment-Grade Debt: 11 % High-Yield Debt: 2 % Real Estate: 14 % Other: 33 %

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

- 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 _____



Schultheis & Panettieri LLP

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Independent Auditor's Report

Board of Trustees
Pension Fund of Local No. One, I.A.T.S.E.

Opinion

We have audited the accompanying financial statements of the Pension Fund of Local No. One, I.A.T.S.E. (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years ended December 31, 2021 and 2020, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2021, and the changes therein for the year ended December 31, 2021 and its financial status as of December 31, 2020, and its changes therein for the year ended December 31, 2020 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

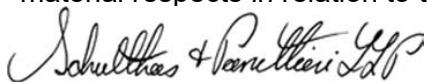
Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 21 through 37 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 generally accepted auditing standards.

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.

Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 38 through 39 is presented for purposes of additional analysis and is not a required part of the financial statements. 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Handwritten signature of Schullhas & Panatieri LLP in cursive script.

Hauppauge, New York
September 28, 2022

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

► **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 PENSION FUND OF LOCAL NO. 1, I.A.T.S.E.	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES, PENSION FUND OF LOCAL NO. 1, I.A.T.S.E.	D Employer Identification Number (EIN) 13-6414973

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2021

b Assets

(1) Current value of assets.....	1b(1)	576,030,128
(2) Actuarial value of assets for funding standard account	1b(2)	548,539,043
c (1) Accrued liability for plan using immediate gain methods	1c(1)	601,907,709

(2) Information for plans using spread gain methods:

(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	566,923,958

d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability.....	1d(2)(a)	1,052,477,237
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	18,886,076
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	35,501,747
(3) Expected plan disbursements for the plan year.....	1d(3)	36,751,747

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	Michael Carroll <i>M. C.</i> Signature of actuary	09/20/2022 Date
------------------	--	--------------------

MICHAEL CARROLL, ASA, MAAA

Type or print name of actuary

SEGAL

Firm name

Most recent enrollment number

212-251-5000

Telephone number (including area code)

333 WEST 34TH STREET
NEW YORK NY

10001-2402

Address of the firm

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

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

Schedule MB (Form 5500) 2021
v. 201209

a Current value of assets (see instructions)

2a	576,030,128
----	-------------

(1) Number of participants	(2) Current liability
----------------------------	-----------------------

1,264	435,679,329
-------	-------------

1,095	219,735,196
-------	-------------

--	--

11,399,120

385, 663, 592

1,360	397,062,712
-------	-------------

3,719	1,052,477,237
-------	---------------

2c	54.73%
----	--------

(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
07/15/2021	12,452,031				
			Totals ►	3(b)	12,452,031
(d) Total withdrawal liability amounts included in line 3(b) total					3(c)

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))

4a	96.8 %
----	--------

4b	N
----	---

C Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No

4e

4f	
----	--

a	☐ Attained age normal	b	☒ Entry age normal	c	☐ Accrued benefit (unit credit)	d	☐ Aggregate
e	☐ Frozen initial liability	f	☐ Individual level premium	g	☐ Individual aggregate	h	☐ Shortfall
i	☐ Other (specify):						

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?.....	☐ Yes ☒ No	
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?	☐ Yes ☐ No	
m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.43 %
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	12P
(2) Females	6c(2)	12FP
d Valuation liability interest rate	6d	7.00 %
e Expense loading	6e	31.5 % ☐ N/A ☒ N/A
f Salary scale	6f	% ☒ N/A
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	9.1 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	10.8 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
4	4,470,491	458,725
1	-23,029,264	-2,363,074

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	8a	
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule	☒ Yes ☐ No	
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	5,035,591
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	156,486,682
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	2,317,956
e Total charges. Add lines 9a through 9d.....	9e	35,431,614
Credits to funding standard account:		
f Prior year credit balance, if any.....	9f	52,542,221
g Employer contributions. Total from column (b) of line 3.....	9g	12,452,031
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	50,575,795
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	4,678,397

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)	9j(1)	118,712,731
(2) "RPA '94" override (90% current liability FFL)	9j(2)	406,486,256
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency	9k(1)	0
(2) Other credits	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	78,257,483
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	42,825,869
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	

9 o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2021 plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	

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

Section 3: Certificate of Actuarial Valuation

Exhibit E: Schedule of Projection of Expected Benefit Payments

(Schedule MB, Line 8b(1))

Plan Year	Expected Annual Benefit Payments
2021	\$35,497,115
2022	37,047,999
2023	38,668,614
2024	40,007,090
2025	41,380,075
2026	42,518,493
2027	43,432,590
2028	44,284,738
2029	45,005,086
2030	45,587,715

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.

Pension Fund of the Local No. One I.A.T.S.E.

Year End: December 31, 2021

EIN #: 13-6414973

Form 5500

Schedule H, IV Compliance Questions, 4f

During the year, the plan experienced a loss due to a phishing incident whereby an unauthorized third party (with no connection to the Fund) accessed an employee's email account. As a result of this incident, payments of \$53,492 were made to unauthorized bank accounts. Upon learning of the incident, the Plan secured the email account and commenced a thorough investigation. The Plan has retained cyber security experts to assist in the investigation and to review the Plan's cyber security procedures. The Plan has recovered \$53,492 through bank refunds.

Section 3: Certificate of Actuarial Valuation

FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.
Actuarial Models	Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.
Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 2.95% to 2.43% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 413(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1. Based on past experience and future expectations, the following assumption changes were changed as of January 1, 2021: – Net investment return, previously 7.25% – Mortality for healthy lives, previously based on the RP-2014 Employee and Annuitant Mortality Tables projected generationally from 2014 using Scale MP-2014 – Mortality for disabled lives, previously based on the RP-2014 Disabled Annuitant Mortality Table projected generationally from 2014 using Scale MP-2014

Section 3: Certificate of Actuarial Valuation

Exhibit L: Summary of Plan Provisions

(Schedule MB, Line 6)

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

Plan Year	January 1 through December 31
Pension Credit Year	January 1 through December 31
Plan Status	Ongoing plan
Normal Pension	• <i>Age Requirement:</i> 65 • <i>Service Requirement:</i> Five years of future service credit • <i>Amount:</i> \$100 per month per year of Future Service Credit and Future Future Service Credit. The maximum years of Pension credit used in calculating a pension is 50 years. • <i>Delayed Retirement Amount (for years in which benefits are not suspended):</i> Regular pension accrued at Normal Retirement Age (NRA), increased by 1.0% for each month greater than NRA, and 1.5% for each month greater than age 70.
30-Year Service Pension	• <i>Age Requirement:</i> 55 and not yet 60 • <i>Service Requirement:</i> 30 years of future service credit • <i>Amount:</i> Normal pension accrued reduced by 2/9ths of 1% for each month less than age 65.
Early Retirement	• <i>Age Requirement:</i> 60 and not yet 65 • <i>Service Requirement:</i> 5 years of future service credit or 20 years of pension credit • <i>Amount:</i> Normal pension accrued reduced by 2/9ths of 1% for each month of age less than 65
Disability	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 10 years of pension credits • <i>Amount:</i> Normal pension accrued
Vesting	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> Five years of Vesting Credit. • <i>Amount:</i> Normal or early pension accrued based on plan in effect when last active • <i>Normal Retirement Age:</i> The later of 65 or 5th anniversary of participation.

Section 3: Certificate of Actuarial Valuation

Pre-Retirement Death Benefit (greatest of the following three benefits):	
120-Month Guarantee	• <i>Eligibility:</i> Eligible to receive a Normal, Early or 30-year Service • <i>Amount:</i> Monthly benefit to which participant would have been entitled had he or she retired the day before he or she died.
Survivor's Benefit (applicable if not rejected by employee and spouse)	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 5 years of vesting service • <i>Amount:</i> 100% of the benefit participant would have received had he or she retired the day before he or she died and elected the 100% joint and survivor option. Non-spouse benefits are paid immediately on an actuarially equivalent basis. • <i>Charge for coverage:</i> None
Death Benefit	• <i>Age Requirement:</i> Not yet eligible for a Normal, Early, 30-Year Service, or Vested Pension, or a Disability pensioner receiving a single life annuity • <i>Service Requirement:</i> 10 years of future service credit • <i>Amount:</i> \$3,500 per year of pension credit to a maximum of \$105,000 after 30 years payable in equal monthly installments over 96 months.
Post-Retirement Death Benefit	<i>Joint and Survivor:</i> If married, pension benefits are paid in the form of a joint and survivor annuity unless this form is rejected by the participant and spouse. Payments are guaranteed to the beneficiary for 10 years. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage but not the 10-year guarantee to the beneficiary. If not rejected, and the spouse predeceases the employee, the employee's benefit amount will subsequently be increased to the unreduced amount payable had the joint and survivor coverage been rejected. If rejected, or if not married, benefits payable from the life of the employee with 10 years of payment guaranteed without reduction, or in any other available optional for elected by the employee in an actuarially equivalent amount.
Optional Forms of Benefits	50% joint-and-survivor with 120-month guarantee and pop-up; 75% joint-and-survivor with 120-month guarantee and pop-up; 100% joint-and-survivor with 120-month guarantee and pop-up; Single life annuity with 120-month guarantee
Participation	January 1, or July 1 after completing 1,000 hours in Covered Employment during a 12-consecutive month period or fulfillment of a \$35,000 minimum earnings requirement.
Future Service Credit	Completion of 1,000 hours in Covered Employment during a 12-consecutive month period or fulfillment of a \$35,000 minimum earnings requirement.
Vesting Credit	Completion of 1,000 hours in Covered Employment during a 12-consecutive month period or fulfillment of a \$35,000 minimum earnings requirement.
Changes in Plan Provisions	There were no changes in plan provisions reflected in this actuarial valuation

Section 3: Certificate of Actuarial Valuation

Exhibit F: Schedule of Active Participant Data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2020.

Age	Pension Credits									
	Total	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	10	5	5	—	—	—	—	—	—	—
25 - 29	45	17	26	2	—	—	—	—	—	—
30 - 34	117	20	60	31	6	—	—	—	—	—
35 - 39	148	5	58	50	26	9	—	—	—	—
40 - 44	175	8	36	47	51	27	6	—	—	—
45 - 49	169	9	28	31	38	32	24	7	—	—
50 - 54	236	7	21	29	44	52	45	28	10	—
55 - 59	188	4	9	12	25	46	33	21	25	13
60 - 64	197	2	4	11	24	33	37	22	21	43
65 - 69	64	—	2	6	9	5	12	2	7	21
70 & over	11	—	2	—	2	3	2	—	—	2
Total	1,360	77	251	219	225	207	159	80	63	79

Section 3: Certificate of Actuarial Valuation

Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Assumption change	01/01/1992	\$113,602	1	\$113,602
Plan amendment	01/01/1992	248,256	1	248,256
Plan amendment	01/01/1993	145,190	2	75,050
Plan amendment	01/01/1994	477,903	3	170,192
Plan amendment	01/01/1995	1,942,340	4	535,919
Plan amendment	01/01/1996	1,913,353	5	436,121
Plan amendment	01/01/1996	2,205,869	5	502,795
Assumption change	01/01/1997	370,258	6	72,597
Plan amendment	01/01/1997	2,336,952	6	458,208
Assumption change	01/01/1998	622,730	7	107,990
Plan amendment	01/01/1999	4,103,727	8	642,282
Assumption change	01/01/2000	2,417,413	9	346,767
Plan amendment	04/01/2000	11,364,345	9.25	1,598,192
Plan amendment	01/01/2002	536,454	11	66,860
Plan amendment	01/01/2003	567,581	12	66,785
Plan amendment	01/01/2005	2,101,783	14	224,606
Plan amendment	01/01/2006	745,262	15	76,473
Assumption change	01/01/2007	228,138	16	22,570
Plan amendment	01/01/2007	2,423,494	16	239,762
Plan amendment	12/01/2007	424,476	16.92	40,739
Plan amendment	01/01/2008	2,484,618	2	1,284,319
Actuarial loss	01/01/2009	12,158,837	3	4,330,042
Assumption change	01/01/2010	4,481,305	4	1,236,455
Assumption change	01/01/2011	312,891	5	71,319

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Actuarial loss	01/01/2011	4,508,027	5	1,027,538
Assumption change	01/01/2012	4,827,640	6	946,559
Plan amendment	01/01/2012	5,847,242	6	1,146,474
Actuarial loss	01/01/2012	8,623,458	6	1,690,809
Actuarial loss	01/01/2013	10,448,415	7	1,811,904
Plan amendment	01/01/2014	4,462,249	8	698,395
Assumption change	01/01/2015	2,982,171	9	427,778
Plan amendment	01/01/2015	11,359,861	9	1,629,519
Actuarial loss	01/01/2016	2,975,694	10	395,955
Plan amendment	01/01/2017	807,610	11	100,655
Actuarial loss	01/01/2017	5,686,515	11	708,725
Assumption change	01/01/2017	12,662,241	11	1,578,128
Actuarial loss	01/01/2018	1,244,020	12	146,378
Plan amendment	01/01/2018	6,185,591	12	727,830
Actuarial loss	01/01/2019	9,525,342	13	1,065,154
Actuarial loss	01/01/2020	5,143,338	14	549,640
Assumption change	01/01/2021	4,470,491	15	458,725
Total		\$156,486,682		\$28,078,067

Section 3: Certificate of Actuarial Valuation

Schedule of FSA Bases (Credits) (Schedule MB, Line 9h)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Assumption change	01/01/1994	\$580,895	3	\$206,870
Assumption change	01/01/1996	441,092	5	100,540
Assumption change	01/01/2006	978,590	15	100,415
Actuarial gain	01/01/2007	215,072	1	215,072
Actuarial gain	01/01/2008	3,583,561	2	1,852,372
Actuarial gain	01/01/2010	3,979,853	4	1,098,098
Actuarial gain	01/01/2014	10,519,949	8	1,646,497
Actuarial gain	01/01/2015	5,784,117	9	829,704
Assumption change	01/01/2018	1,463,402	12	172,192
Actuarial gain	01/01/2021	23,029,264	15	2,363,074
Total		\$50,575,795		\$8,584,834

Section 3: Certificate of Actuarial Valuation

Exhibit K: Statement of Actuarial Assumptions, Methods and Models

(Schedule MB, Line 6)

Rationale for Demographic and Noneconomic Assumptions	The information and analysis used in selecting each demographic assumption that has a significant effect on this actuarial valuation was based on current and historical data that is reviewed in conjunction with each annual valuation.
Mortality Rates	<i>Non-Annuitant:</i> RP-2014 Employee Table with generational projection using Scale MP-2021 <i>Healthy Annuitant:</i> RP-2014 Healthy Annuitant Table with generational projection using Scale MP-2021 <i>Disabled:</i> RP-2014 Disabled Retiree Table with generational projection using Scale MP-2021 The underlying tables reasonably reflect the mortality experience of the Plan as of the measurement date. These mortality tables were then adjusted to future years using the generational projection under Scale MP-2021 to reflect future mortality improvement between the measurement date and those years. The mortality rates were based on historical and current demographic data and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of deaths and the projected number based on the prior years' assumption over the most recent several years.

Section 3: Certificate of Actuarial Valuation

Termination Rates before Retirement

Age	Rate (%)			Withdrawal ²	
	Mortality ¹			Years of Service	
	Male	Female	Disability	0 – 4 Years	5 Years or More
20	0.04	0.02	0.06	10.64	6.56
25	0.05	0.02	0.09	12.86	6.56
30	0.05	0.02	0.11	10.19	3.63
35	0.05	0.03	0.15	8.27	3.77
40	0.06	0.04	0.22	7.76	3.11
45	0.10	0.07	0.36	7.10	2.80
50	0.17	0.11	0.61	6.68	2.62
55	0.28	0.17	1.01	5.87	0.66
60	0.47	0.24	1.63	5.88	0.15

¹ Mortality rates are shown without generational projection

² Withdrawal rates cut out at early retirement age

The termination rates and disability rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of terminations and disability retirements and the projected number based on the prior years' assumption over the most recent several years.

Section 3: Certificate of Actuarial Valuation

Retirement Rates

Age ¹	Retirement Rates
55	5%
56 – 61	3%
62 – 64	10%
65 – 69	25%
70	100%

¹ if eligible

The retirement rates were based on historical and current demographic data and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior years' assumption over the most recent several years.

Description of Weighted Average Retirement Age	Age 66, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2021 actuarial valuation.
Retirement Age for Inactive Vested Participants	Earliest eligibility (for those with less than 10 pension credits, retirement age is 63) The retirement age for inactive vested participants was based on historical and current demographic data and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior years' assumption over the most recent several years.
Future Benefit Accruals	One pension credit per year
Unknown Data for Participants	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.
Definition of Active Participants	Active participants are defined as those who earned one pension credit in the most recent credit year, excluding those who have retired as of the valuation date.
Exclusion of Inactive Vested Participants	Inactive participants over age 70 excluded from the valuation. The exclusion of inactive vested participants over age 70 was based on historical and current demographic data and estimated future experience and professional judgment. As part of the analysis, the ages of new retirees from inactive vested status were reviewed.

Section 3: Certificate of Actuarial Valuation

Percent Married	75%
Age of Spouse	Spouses of male participants are three years younger and spouses of female participants are three years older
Benefit Election	50% of participants are assumed to elect the 50% Joint-and-Survivor with 120-month guarantee and pop-up form of payment and 50% of participants are assumed to elect the life annuity with 120-month guarantee form of payment. The benefit elections were based on historical and current demographic data and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over the most recent several years.
Working Pensioners	A term cost is included for active participants currently over age 70 ½ who are in pay status and continuing to accrue additional benefits.
Eligibility for Delayed Retirement Factors	Inactive vested participants after attaining age 65.
Net Investment Return	7.00% The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes, as well as the Plan's target asset allocation.
Annual Administrative Expenses	\$1,250,000 for the year beginning January 1, 2021 (equivalent to \$1,205,247 payable at the beginning of the year) or 31.5% of Normal Cost.
Actuarial Value of Assets	The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected market return, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
Actuarial Cost Method	Entry Age Normal Actuarial Cost Method. Entry Age is the current age minus pension credits. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service, with Normal Cost determined as if the current benefit accrual rate had always been in effect.
Benefits Valued	Unless otherwise indicated, includes all benefits summarized in <i>Exhibit L</i> .
Current Liability Assumptions	<i>Interest:</i> 2.43%, within the permissible range prescribed under IRC Section 431(c)(6)(E) <i>Mortality:</i> Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2006 employee and annuitant mortality tables, projected generationally from 2006 using scale MP-2019 (previously, the MP-2018 scale was used).
Estimated Rate of Investment Return	<i>On actuarial value of assets (Schedule MB, line 6g):</i> 9.1%, for the Plan Year ending December 31, 2020 <i>On current (market) value of assets (Schedule MB, line 6h):</i> 10.8%, for the Plan Year ending December 31, 2020

Section 3: Certificate of Actuarial Valuation

FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.
Actuarial Models	Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.
Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 2.95% to 2.43% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 413(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1. Based on past experience and future expectations, the following assumption changes were changed as of January 1, 2021: – Net investment return, previously 7.25% – Mortality for healthy lives, previously based on the RP-2014 Employee and Annuitant Mortality Tables projected generationally from 2014 using Scale MP-2014 – Mortality for disabled lives, previously based on the RP-2014 Disabled Annuitant Mortality Table projected generationally from 2014 using Scale MP-2014

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2021****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

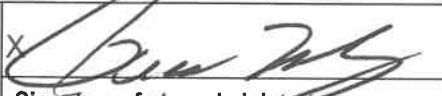
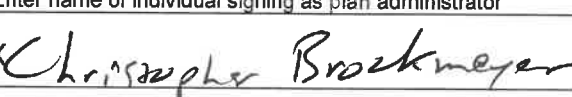
- A** This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☐ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first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

Part II Basic Plan Information—enter all requested information

1a Name of plan PENSION FUND OF LOCAL NO. ONE OF I. A. T. S. E.		1b Three-digit plan number (PN) ▶ <u>001</u>
		1c Effective date of plan <u>12/19/1962</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES, PENSION FUND OF LOCAL NO. ONE OF I.A.T.S.E. 320 WEST 46TH STREET 6th FLOOR NEW YORK NY 10036-3845		2b Employer Identification Number (EIN) <u>13-6414973</u> 2c Plan Sponsor's telephone number (212) 247-5225 2d Business code (see instructions) <u>711100</u>

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

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

SIGN HERE		<u>8/14/24</u>	X 
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	X 	<u>8/14/22</u>	X 
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

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 4,216
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 2,460
a(2) Total number of active participants at the end of the plan year	6a(2) 1,360
b Retired or separated participants receiving benefits.....	6b 943
c Other retired or separated participants entitled to future benefits	6c 1,095
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 3,398
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 321
f Total. Add lines 6d and 6e	6f 3,719
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 98

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

1B

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

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

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

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information)
- (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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 _____

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 AND 2020

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.
YEARS ENDED DECEMBER 31, 2021 AND 2020

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Independent Auditor's Report

Board of Trustees
Pension Fund of Local No. One, I.A.T.S.E.

Opinion

We have audited the accompanying financial statements of the Pension Fund of Local No. One, I.A.T.S.E. (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years ended December 31, 2021 and 2020, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2021, and the changes therein for the year ended December 31, 2021 and its financial status as of December 31, 2020, and its changes therein for the year ended December 31, 2020 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

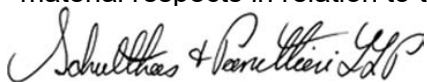
Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 21 through 37 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 generally accepted auditing standards.

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.

Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 38 through 39 is presented for purposes of additional analysis and is not a required part of the financial statements. 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in cursive script, appearing to read "Schullhas & Penellieri LLP".

Hauppauge, New York
September 28, 2022

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
Assets		
Investments at fair value		
Interest bearing cash	\$ 1,716,677	\$ 1,259,614
U.S. government securities	17,433,160	22,500,104
Corporate debt instruments	29,868,464	25,276,272
Corporate stock	100,563,450	88,074,513
Partnership/joint venture interests	130,418,560	130,534,059
Common/collective trust funds	186,168,847	150,189,433
103-12 investment entities	130,811,391	113,045,671
Registered investment companies	<u>48,996,123</u>	<u>45,153,045</u>
Total investments	645,976,672	576,032,711
Receivables		
Employers' contributions	2,888,468	354,669
Accrued interest/dividends	333,656	315,362
Related organizations	11,905	69,905
Cash	7,575	9,447
Other assets	<u>127,598</u>	<u>147,624</u>
 Total assets	 <u>649,345,874</u>	 <u>576,929,718</u>
 Liabilities		
Accounts payable	1,070,247	749,477
Net trades pending settlement	<u>149,323</u>	<u>150,113</u>
 Total liabilities	 <u>1,219,570</u>	 <u>899,590</u>
 Net assets available for benefits	 <u><u>\$ 648,126,304</u></u>	 <u><u>\$ 576,030,128</u></u>

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
Additions to net assets attributed to:		
Investment income		
Net appreciation in fair value of investments	\$ 87,379,629	\$ 53,126,794
Interest/dividends	<u>8,274,722</u>	<u>6,562,887</u>
Total investment income	95,654,351	59,689,681
Less investment expenses	<u>(2,413,031)</u>	<u>(2,261,103)</u>
Net investment income	93,241,320	57,428,578
Contributions		
Employers'	<u>12,452,031</u>	<u>8,488,197</u>
Total additions	<u>105,693,351</u>	<u>65,916,775</u>
Deductions from net assets attributed to:		
Benefits paid directly to participants or beneficiaries	32,452,602	30,264,390
Administrative expenses	<u>1,144,573</u>	<u>1,081,574</u>
Total deductions	<u>33,597,175</u>	<u>31,345,964</u>
Net increase	72,096,176	34,570,811
Net assets available for benefits		
Beginning of year	<u>576,030,128</u>	<u>541,459,317</u>
End of year	<u>\$ 648,126,304</u>	<u>\$ 576,030,128</u>

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 AND 2020

Note 1 - Description of Plan and Significant Accounting Policies

The following description of the Pension Fund of Local No. One, I.A.T.S.E. (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan first became effective December 19, 1962 and is a defined benefit pension plan established under an Agreement and Declaration of Trust pursuant to collective bargaining agreements between the Theatrical Protective Union Local No. One, I.A.T.S.E., AFL-CIO (the "Union") and various employers in the theatrical stage production industry in the New York metropolitan area. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Management has evaluated subsequent events through the date of the auditor's report, the date the financial statements were available to be issued.

Purpose

The purpose of the Plan is to provide retirement and death benefits to eligible participants.

Participation

A participant is a pensioner, beneficiary or individual on whose behalf contributions are currently required to be made to the Plan by an employer subject to a collective bargaining agreement. Employees of the Union and its related fringe benefit funds are also participants of the Plan.

Benefits

In general, participants with five or more years of first future and/or future future service credit or twenty years of pension credit are entitled to monthly pension benefits beginning at normal retirement age 65; or age 55 with at least thirty years of first future and/or future future service credit; or age 60 with at least twenty pension credits or have at least five years of first future and/or future future service credit.

Monthly pension benefits are calculated based on service credits. Effective January 1, 2018 the benefit rate per credit is \$100.

Pre-retirement and post-retirement death benefits are also available.

Vesting

Participants generally become fully vested after five years of vesting service, as defined by the Plan. There is no partial vesting of benefits.

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 AND 2020

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

Plan termination

The Trustees expect and intend to continue the Plan indefinitely, but reserve the right to amend or terminate it as provided for by the applicable Trust Agreement and Plan provisions, in accordance with applicable law. The Plan is insured by the Pension Benefit Guaranty Corporation ("PBGC"); however, the PBGC does not guarantee the payment of all benefits provided under the Plan. In addition, the PBGC guarantees apply only when the Plan becomes insolvent; that is, when available resources are insufficient to pay benefits under the Plan.

Basis of accounting

The financial statements are presented on the accrual basis of accounting.

Investment valuation and income recognition

The Plan's investments are stated at fair value. See "Fair value measurements" footnote for additional information.

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) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from these estimates.

Reclassification

Certain prior year amounts have been reclassified to conform to the current year presentation.

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 AND 2020

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

Administrative expense allocation

The administrative office is occupied by the related Annuity, Pension and Welfare Funds of the I.A.T.S.E. Local No. One (collectively, the "IATSE Local No. One Benefit Funds"). Certain expenses not specifically applicable to a particular entity are allocated based on the estimated benefit received by each entity. Amounts reported as receivable from related organizations or payable to related organizations generally include balances for shared expenses.

Reimbursements received from related organizations for the years ended December 31, 2021 and 2020 were \$1,283,119 and \$1,323,028, respectively.

Note 2 - Fair value measurements

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

Level 1 inputs to the valuation methodology are unadjusted quoted prices, in active markets, for identical assets that the Plan has the ability to access.

Level 2 inputs to the valuation methodology include: quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets, inputs other than quoted prices that are observable for the asset, and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset.

Level 3 inputs to the valuation methodology are unobservable and significant to the fair value measurement. Level 3 inputs are generally based on the best information available, which may include the reporting entity's own assumptions and data.

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

Interest bearing cash: Valued at cost.

U.S. government securities: U.S. Treasury notes are valued at the closing price reported on the active market on which the individual securities are traded. Other U.S. government and agency obligations are valued using pricing models maximizing the use of observable inputs for similar securities.

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 AND 2020

Note 2 - Fair value measurements (cont'd)

Corporate debt instruments: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Corporate stock and registered investment companies: Valued at the closing price reported in the active market in which the securities are traded.

Investments measured at net asset value: Non-publicly traded corporate stock, partnerships, common/collective trust funds, and 103-12 investment entities' values are estimated by the management of the investment entities.

The preceding methods 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.

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

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 AND 2020

Note 2 - Fair value measurements (cont'd)

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of December 31, 2021, with fair value measurements on a recurring basis:

	<u>2021</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments at fair value				
Interest bearing cash	\$ 1,716,677	\$ 1,716,677	\$ -	\$ -
U.S. government securities	17,433,160	5,933,146	11,500,014	-
Corporate debt instruments	29,868,464	-	29,868,464	-
Corporate stock	70,800,006	70,800,006	-	-
Registered investment companies	<u>48,996,123</u>	<u>48,996,123</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	168,814,430	\$ <u>127,445,952</u>	\$ <u>41,368,478</u>	\$ <u>-</u>
Investments measured at net asset value	<u>477,162,242</u>			
Investments at fair value	\$ <u>645,976,672</u>			

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of December 31, 2020, with fair value measurements on a recurring basis:

	<u>2020</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments at fair value				
Interest bearing cash	\$ 1,259,614	\$ 1,259,614	\$ -	\$ -
U.S. government securities	22,500,104	10,453,639	12,046,465	-
Corporate debt instruments	25,276,272	-	25,276,272	-
Corporate stock	59,203,179	59,203,179	-	-
Registered investment companies	<u>45,153,045</u>	<u>45,153,045</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	153,392,214	\$ <u>116,069,477</u>	\$ <u>37,322,737</u>	\$ <u>-</u>
Investments measured at net asset value	<u>422,640,497</u>			
Investments at fair value	\$ <u>576,032,711</u>			

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 AND 2020

Note 3 - Cash

At times throughout the year the Plan may have, on deposit in banks, amounts in excess of FDIC insurance limits. The Plan has not experienced any losses in such accounts and the Trustees believe it is not exposed to any significant credit risks.

Note 4 - Non-publicly traded corporate stock

The Plan owns shares of corporate stock in ABS Alpha Ltd. ("ABS"), an exempt limited liability company under the Companies Law of the Cayman Islands, and is registered as a mutual fund under the Mutual Funds Law of the Cayman Islands. It is managed by ABS Investment Management LLC (the "Investment Manager"), a Delaware limited liability company, and operates as a fund-of-funds whereby the Investment Manager will invest in private investment entities that primarily utilize long/short trading strategies. ABS comprises the Global Equity Portfolio, whose objective is to generate global equity market returns while maintaining a moderate level of risk. The net asset value per share is determined as of the close of business on the last business day of each calendar month. Shares may be redeemed as of the last day of each calendar quarter with 45 days written notice, subject to a one year soft lock-up with a 1% early redemption fee. The estimated fair value of the Plan's investment as of December 31, 2021 and 2020 was \$29,763,444 and \$28,871,334, respectively.

Note 5 - Partnerships

The Plan is a limited partner or investor in several private placement investment partnerships and investment companies. The fair value of the investments were determined by the management of the investment entity and are generally based on the estimated fair value of the underlying assets of the investment entity. The Plan records the investments at estimated fair value based on its capital shares, as reported on the annual K-1 Forms or available audited financial statements. The entities generally require the Plan to enter into agreements to contribute a minimum amount of capital. In addition, partnership investments may be subject to withdrawal restrictions. Individually significant investments in partnerships held by the Plan are as follows:

Blackstone Real Estate Debt Strategies III, LP ("BRED III") was formed July 2, 2015 as a Delaware Limited Liability Partnership. BRED III is the master entity that conducts business through multiple parallel funds and alternative vehicles organized in Delaware and the Cayman Islands. BRED III seeks to achieve attractive risk-adjusted returns by investing primarily in public and/or private debt and, to a lesser extent, non-controlling equity and other interests pertaining to real estate related investments on a global basis. BRED III shall continue business through July 25, 2025. If the General Partner deems it to be in the best interest of BRED III, the General Partner may extend the term of BRED III for up to two additional one-year periods. Limited partners may not assign, sell, exchange or transfer their interest in BRED III without the consent of the General Partner. Limited partners are not permitted to withdraw from BRED III or withdraw any portion of their capital account. The estimated fair value of the Plan's investment as of December 31, 2021 and 2020 was \$12,057,259 and \$15,025,119, respectively.

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 AND 2020

Note 5 - Partnerships (cont'd)

Hamilton Lane Strategic Opportunities Fund IV Offshore (Series 2018) LP ("Hamilton Lane Offshore") was formed on August 1, 2017 as a Cayman Islands Exempted Limited Partnership. Hamilton Lane Offshore's primary investment objective is to create a portfolio of opportunistically-oriented private market investments that generate attractive risk-adjusted returns through a flexible and diversified investment strategy, including investments in direct credit investments, secondary investments and opportunistic equity investments. This is done by investing substantially all of its assets through a "master-feeder" structure in Hamilton Lane Strategic Opportunities Fund IV (Series 2018) LP ("Hamilton Lane Master"), a Delaware limited partnership. Hamilton Lane Master, in turn, invests substantially all of its assets through a "master-feeder" structure in Hamilton Lane Strategic Opportunities Fund IV Holdings (Series 2018) LP, a Delaware limited partnership. A limited partner may not sell, assign or transfer any interest without the prior written consent of Hamilton Lane Strategic Opportunities 2018 GP LLC. Further, subject to certain exceptions for limited partners subject to ERISA, a limited partner may not withdraw from Hamilton Lane Offshore. Hamilton Lane Offshore will terminate on April 30, 2023, unless extended for up to two successive one-year terms and in accordance with the main partnership agreement, for further one-year periods. The estimated fair value of the Plan's investment as of December 31, 2021 and 2020 was \$13,861,708 and \$20,125,373, respectively.

NB Crossroads Fund XXI - Plan Asset Allocation, LP ("NB Cross XXI") was formed January 15, 2015 as a Delaware Limited Partnership. NB Cross XXI invests substantially all of its assets through a "master-feeder" structure in NBFOF XXI-Holdings LP ("NB Master"). The NB Master, in turn, invests substantially all of its assets in the NB Master Holding Funds, a group of closed-ended investment partnerships that are formed as series limited partnerships under Delaware law for the purpose of acquiring, holding, selling, and exchanging, either directly or indirectly, interests in limited partnerships or other pooled investment vehicles that are organized to make investments in large-cap buyout, mid-cap buyout, special situations, and venture/growth capital investment funds, as well as securities, including co-investments. NB Cross XXI will continue until December 31, 2025, unless earlier dissolved or extended pursuant to the limited partnership agreement. A limited partner may not withdraw from NB Cross XXI prior to termination of the partnership. The estimated fair value of the Plan's investment as of December 31, 2021 and 2020 was \$33,950,951 and \$29,164,163, respectively.

NB Crossroads Fund XXII - Plan Asset Allocation, LP ("NB Cross XXII") was formed April 19, 2017 as a Delaware Limited Partnership. NB Cross XXII invests substantially all of its assets through a "master-feeder" structure in NBFOF XXII-Holdings LP ("NB Master II"). The NB Master II, in turn, invests substantially all of its assets in the NB Master Holding Funds, a group of closed-ended investment partnerships that are formed as series limited partnerships under Delaware law for the purpose of acquiring, holding, selling, and exchanging, either directly or indirectly, interests in limited partnerships or other pooled investment vehicles that are organized to make investments in large-cap buyout, mid-cap buyout, special situations, and venture/growth capital investment funds, as well as securities, including co-investments. NB Cross XXII will continue until December 31, 2027, unless earlier dissolved or extended pursuant to the limited partnership agreement. A limited partner may not withdraw from NB Cross XXII prior to termination of the partnership. The estimated fair value of the Plan's investment as of December 31, 2021 and 2020 was \$32,018,693 and \$20,684,837, respectively.

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 AND 2020

Note 5 - Partnerships (cont'd)

Oaktree Real Estate Debt Fund II, LP ("Oaktree II") was formed February 24, 2016 as a closed-end Cayman Islands Exempted Limited Partnership. The primary objective of Oaktree II is to achieve superior risk-adjusted returns and produce current income through investments performing real estate-related debt that are not anticipated to result in real estate ownership, with an emphasis on investments in the United States. Up to the greater of \$700,000,000 or 40% may be invested in the aggregate and based on cost in securities or obligations of Non-U.S. Entities or mortgages or other investments associated with property outside the United States and Canada. Oaktree II's term will expire seven years after March 13, 2017 unless extended or terminated earlier in accordance with the provisions of the Second Amended and Restated Limited Partnership Agreement. The estimated fair value of the Plan's investment as of December 31, 2021 and 2020 was \$11,126,033 and \$19,167,373, respectively.

Note 6 - Common/collective trust funds

The Plan is invested in several common/collective trust funds. The fair value of the investments are determined by the management of each investment and are generally based on the estimated fair value of the underlying assets of each investment. The investments generally require the Plan to enter into agreements to contribute a minimum amount of capital. In addition, common/collective trust fund investments may be subject to withdrawal restrictions. Individually significant investments in common/collective trust funds held by the Plan are as follows:

The Commingled Pension Trust Fund (Strategic Property) of JPMorgan Chase Bank NA (the "Strategic Fund") is designed as a funding vehicle for tax-qualified pension, profit sharing and employee benefit plans. The Strategic Fund's investments are composed primarily of real estate investments owned directly or through partnership interests. JPMorgan Chase Bank, NA ("JPMCB") is the trustee of the Strategic Fund. As trustee, JPMCB manages the Strategic Fund and provides administrative services to the Strategic Fund. The Strategic Fund seeks to produce a relatively high level of current income combined with a moderate appreciation by investing in improved real estate properties. Strategic Fund participants may withdraw from the Strategic Fund once per quarter subject to available cash, as determined by JPMCB. A written redemption request is required 45 days in advance of quarter-end. To the extent the redemption requests exceed available cash, distributions are pro-rated based on the participant's interest in the Strategic Fund. The estimated fair value of the Plan's investment as of December 31, 2021 and 2020 was \$71,725,890 and \$63,231,276, respectively.

The State Street S&P 500(R) Flagship Non-Lending Fund ("S&P 500 NL") is maintained by State Street Global Advisors Trust Company, who serves as trustee, recordkeeper and investment manager. S&P 500 NL's investments in securities, including derivative instruments, are valued at fair value each business day. The per unit net asset value is determined each business day. Issuances and redemptions of S&P 500 NL units may be made on such days, based upon the closing market value on the valuation date of the investments bought or sold and the net asset value per unit of S&P 500 NL. The estimated fair value of the Plan's investment as of December 31, 2021 and 2020 was \$44,718,199 and \$36,878,440, respectively.

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 AND 2020

Note 6 - Common/collective trust funds (cont'd)

The Earnest Partners International Fund ("Earnest") is a separate collective investment fund established June 28, 2010. The net asset value per unit is calculated on each business day by dividing the total value of assets, less liabilities, by the number of units outstanding. Unit issuances and redemptions are based on the net asset value determined at the end of the day. Withdrawals from Earnest may be available on a daily basis; however, SEI Trust Company (the "Trustee") reserves the right to require 5 business days' advance written notice. The Trustee may limit the maximum withdrawal as of any date to the greater of \$2,000,000 or five percent of the value of Earnest. The estimated fair value of the Plan's investment as of December 31, 2021 and 2020 was \$17,739,868 and \$29,020,813, respectively.

Note 7 - 103-12 Investment entities

The Plan is invested in several 103-12 investment entities. The fair value of the investments are determined by the management of each investment and are generally based on the estimated fair value of the underlying assets of each investment. The investments generally require the Plan to enter into agreements to contribute a minimum amount of capital. In addition, 103-12 investment entity investments may be subject to withdrawal restrictions. Individually significant investments in 103-12 investment entities held by the Plan are as follows:

NCS Group Trust - Global Fund ("NCS"), was established under Illinois law and commenced operations on November 22, 2004. The net asset value per unit is determined on the last business day and the 15th day of each calendar month, or the preceding business day if the 15th day is not a business day (each a "Valuation Date"). Subscriptions and redemptions may be made in the form of cash (or in securities) on the next business day that follows any Valuation Date, and will be recorded at the net asset value per unit determined as of the close of business on the immediately preceding Valuation Date. At the direction of BNY Mellon Investment Management Cayman LTD (the investment's manager), the valuation of the assets and /or redemptions may be suspended which if, in their opinion, a state of affairs exists which constitutes an emergency as a result of which the disposition of NCS's assets would not be reasonably practicable or could be seriously prejudicial to NCS. Other conditions affecting the valuation and/or redemptions are outlined in the investment's trust agreement. The estimated fair value of the Plan's investment as of December 31, 2021 and 2020 was \$37,446,150 and \$31,367,250, respectively.

Oaktree Middle-Market Direct Lending Fund (Parallel 2), LP ("Oaktree Middle") was formed March 23, 2018 as a closed-end Delaware limited partnership for the purpose of allowing qualified benefit plan investors to pool their assets to make direct lending investments. Oaktree Middle will seek to generate returns principally through investments in directly originated senior secured first lien and unitranche loans to middle-market companies located in North America. Oaktree Middle's term will expire eight years after March 28, 2018 unless extended or terminated earlier in accordance with the Amended and Restated Limited Partnership Agreement. The Plan may not withdraw prior to termination of Oaktree Middle. The estimated fair value of the Plan's investment as of December 31, 2021 and 2020 was \$20,266,517 and \$17,687,418, respectively.

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 AND 2020

Note 8 - Investment commitments

Total outstanding capital commitments as of December 31, 2021 were \$44,775,000. Capital commitments are funded based on the capital calls issued by each investment manager.

Note 9 - 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 that such changes could materially affect the amounts reported in the financial statements.

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 could be material to the financial statements.

Note 10 - Party-in-interest transactions

Certain Plan investments are held by the manager of the investment; therefore, transactions relating to those investments qualify as exempt party-in-interest transactions and are identified as such on the supplemental schedules of investments.

Note 11 - Employers' contributions

In accordance with collective bargaining agreements and participation agreements, employers are required to make contributions to the Plan on behalf of employees performing covered work. Contributions are generally based on a percentage of salary.

In March 2020, the COVID-19 outbreak in the United States caused business disruption through government mandated closings in the theatrical stage production industry, negatively impacting the Plan's employers' contribution income. Due to the uncertainty regarding the duration of these business disruptions, the financial impact cannot be reasonably estimated at this time.

Note 12 - Lease commitments

The IATSE Local No. One Benefit Funds are parties to a lease agreement, expiring on November 30, 2026 with TPU No. One Realty Corp., an entity wholly owned by the Union, a related organization. Under the terms of the agreement, the IATSE Local No. One Benefit Funds pay rent, plus escalation charges for real estate taxes and occupancy expenses, for office space on the sixth floor at 320 West 46th Street, New York.

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 AND 2020

Note 12 - Lease commitments (cont'd)

All costs have been allocated to the Plan and its related benefit funds based on the estimated benefit received. The Plan's portion of occupancy expenses for the years ended December 31, 2021 and 2020 was \$61,980 and \$59,076, respectively.

Future minimum lease obligations for the IATSE Local No. One Benefit Funds as of December 31, 2021 are as follows:

2022	\$	168,000
2023		168,000
2024		168,000
2025		168,000
2026		<u>154,000</u>
Total	\$	<u><u>826,000</u></u>

The Plan's allocated portion of the above lease obligation is 29%.

Note 13 - Reconciliation of financial statements to Form 5500

For financial statement purposes, investment expenses are reported as a reduction of investment income. The reporting requirements of the Department of Labor require these fees be shown as administrative expenses.

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 AND 2020

Note 13 - Reconciliation of financial statements to Form 5500 (cont'd)

The following is a reconciliation of the reclassifications:

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
Investment income	\$ 93,241,320	\$ 2,413,031	\$ 95,654,351
Contributions	<u>12,452,031</u>	<u>-</u>	<u>12,452,031</u>
Total additions	<u>105,693,351</u>	<u>2,413,031</u>	<u>108,106,382</u>
Benefits paid directly to participants or beneficiaries	32,452,602	-	32,452,602
Administrative expenses	<u>1,144,573</u>	<u>2,413,031</u>	<u>3,557,604</u>
Total deductions	<u>33,597,175</u>	<u>2,413,031</u>	<u>36,010,206</u>
Net increase	<u>\$ 72,096,176</u>	<u>\$ -</u>	<u>\$ 72,096,176</u>

In addition to the above reclassifications, the Plan's investments have been reclassified for Form 5500 purposes in accordance with the Department of Labor's plan asset regulations. See the Schedule Reconciling the Statement of Net Assets Available for Benefits to Form 5500 on page 38.

Note 14 - Accumulated plan benefits

The latest available calculations of the actuarial present value of accumulated plan benefits were made by consulting actuaries as of January 1, 2021 and 2020. Details of accumulated plan benefit information as of such dates are as follows:

	<u>January 1, 2021</u>	<u>January 1, 2020</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefit payments	\$ 286,737,554	\$ 270,619,734
Other vested participants	<u>275,297,683</u>	<u>260,741,724</u>
Total vested benefits	562,035,237	531,361,458
Nonvested benefits	<u>4,888,721</u>	<u>9,237,083</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 566,923,958</u>	<u>\$ 540,598,541</u>

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 AND 2020

Note 14 - Accumulated plan benefits (cont'd)

The changes in the actuarial present value of accumulated plan benefits from the previous benefit information date were as follows:

	January 1, 2021	January 1, 2020
Actuarial present value of accumulated plan benefits - Beginning of year	<u>\$ 540,598,541</u>	<u>\$ 519,705,362</u>
Increase (decrease) during the year attributable to:		
Benefits accumulated and actuarial gains or losses	14,665,829	13,398,948
Interest due to the decrease in the discount period	38,004,886	36,437,520
Benefits paid	(30,264,390)	(31,604,082)
Plan amendments	-	2,660,793
Change of assumptions	<u>3,919,092</u>	<u>-</u>
Net increase (decrease) in actuarial present value of accumulated plan benefits	<u>26,325,417</u>	<u>20,893,179</u>
Actuarial present value of accumulated plan benefits - End of year	<u>\$ 566,923,958</u>	<u>\$ 540,598,541</u>

Through January 1, 2021, the Plan met minimum funding standard requirements under ERISA.

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 AND 2020

Note 14 - Accumulated plan benefits (cont'd)

The significant methods and assumptions underlying the actuarial computations are as follows:

Actuarial cost method	Entry age normal actuarial cost method
Assumed rate of return on investments	2021 - 7.00% 2020 - 7.25%
Mortality basis - Healthy	2021 - RP-2014 Healthy Annuitant Table with generational projection using Scale MP-2021 2020 - RP-2014 Healthy Annuitant Table with generational projection using Scale MP-2014
Mortality basis - Disabled	2021 - RP-2014 Disabled Retiree Table with generational projection using Scale MP-2021 2020 - RP-2014 Disabled Retiree Table with generational projection using Scale MP-2014
Weighted average retirement age	66
Unknown data for participants	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.
Percent married	75%
Retirement rates	Age 70 - 100% with various retirement rates with ages less than 70
Administrative expenses	\$1,250,000

2020 - The net increase in the actuarial present value of accumulated plan benefits includes a plan amendment providing a special benefit distribution of \$2,250 to all pensioners and beneficiaries in pay status as of December 1, 2019.

As of January 1, 2021 the actuary has certified that the Plan is not in the endangered or critical status as identified under the Pension Protection Act of 2006.

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 AND 2020

Note 15 - Tax status

The Plan has received a determination letter from the IRS dated May 27, 2015, stating that the Plan is qualified under Section 401(a) and is exempt from federal income taxes under Section 501(a) of the Internal Revenue Code. The Trustees believe that the Plan, including amendments subsequent to the IRS determination, is currently designed and operated in compliance with the requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

SCHEDULE OF INTEREST BEARING CASH

DECEMBER 31, 2021

EIN 13-6414973, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
	VARIABLE	ON DEMAND		
TD BANK			\$ 1,716,677	\$ 1,716,677
NB CROSSROADS FUND XXII - INTEREST BEARING CASH			992,543	992,543
BPIF NON-TAXABLE LP - INTEREST BEARING CASH			986,850	986,850
HAMILTON LANE STRATEGIC OPPORTUNITIES FUND IV OFFSHORE (SERIES 2018) LP IV - INTEREST BEARING CASH			6,343	6,343
ABS ALPHA LTD GLOBAL EQUITY PORTFOLIO - INTEREST BEARING CASH			486,351	486,351
NB CROSSROADS FUND XXI - INTEREST BEARING CASH			<u>1,216,200</u>	<u>1,216,200</u>
			<u>\$ 5,404,964</u>	<u>\$ 5,404,964</u>

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

SCHEDULE OF U.S. GOVERNMENT SECURITIES

DECEMBER 31, 2021

EIN 13-6414973, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
UNITED STATES TREAS	0.88%	09/30/2026	\$ 340,000	\$ 335,086	\$ 334,142
UNITED STATES TREAS	1.25%	10/31/2026	240,000	239,227	238,555
UNITED STATES TREAS	1.25%	11/30/2026	35,000	35,077	35,000
UNITED STATES TREAS	1.25%	08/15/2031	512,000	502,705	501,202
UNITED STATES TREAS	1.38%	11/15/2031	1,662,000	1,636,228	1,643,036
FREDDIE MAC - STACR FRN	2.88%	08/25/2033	203,000	203,000	206,710
FEDERAL NATL MTG ASSN	3.50%	11/01/2033	99,604	103,604	106,605
FNMA PASS-THRU I	2.00%	01/01/2041	579,799	602,447	589,418
FNMA PASS-THRU I	2.00%	01/01/2041	992,874	1,032,589	1,009,336
FEDERAL HOME LOAN MTG CORP	2.00%	02/01/2041	207,338	214,239	209,712
FEDERAL HOME LOAN MTG CORP	2.00%	05/01/2041	422,760	432,734	429,777
UNITED STATES TREAS BDS	2.25%	05/15/2041	155,000	161,504	163,306
FNMA PASS-THRU I	2.50%	07/01/2041	406,678	421,992	420,082
FREDDIE MAC - STACR CMO	2.38%	11/25/2041	170,000	170,000	170,426
FEDERAL NATL MTG ASSN	4.00%	01/01/2042	250,913	269,881	275,585
FEDERAL NATL MTG ASSN	4.00%	10/01/2044	28,637	30,673	31,287
FEDERAL NATL MTG ASSN	4.50%	07/01/2046	69,470	75,746	75,280
FEDERAL NATL MTG ASSN	4.00%	10/01/2046	54,148	58,228	58,581
FEDERAL NATL MTG ASSN	4.50%	10/01/2046	188,643	208,009	204,884
FEDERAL NATL MTG ASSN	4.50%	02/01/2048	51,239	53,553	54,943
FEDERAL NATL MTG ASSN	4.50%	12/01/2048	109,247	113,702	116,953
FEDERAL NATIONAL MORTGAGE ASSOC	4.00%	05/01/2049	101,156	107,874	108,946
FNMA PASS-THRU I	4.50%	07/01/2049	93,214	98,553	99,985
FEDERAL HOME LOAN MTG CORP	3.50%	10/01/2049	222,151	229,128	234,368
FNMA PASS-THRU I	3.00%	01/01/2050	280,098	286,312	292,147
FNMA PASS-THRU I	3.00%	03/01/2050	198,933	209,773	206,246
FEDERAL HOME LOAN MTG CORP	2.50%	05/01/2050	577,721	613,454	595,203
FNMA PASS-THRU I	2.50%	06/01/2050	234,185	243,845	239,323
FNMA PASS-THRU I	2.00%	09/01/2050	773,012	791,975	767,230
FNMA PASS-THRU I	2.00%	09/01/2050	336,939	349,232	336,929
FNMA PASS-THRU I	3.00%	09/01/2050	500,718	532,248	520,897
FEDERAL NATL MTG ASSN	1.50%	11/01/2050	258,125	260,666	249,627
FNMA PASS-THRU I	2.50%	12/01/2050	207,978	219,482	212,701
FEDERAL HOME LOAN MTG CORP CMO	1.48%	12/25/2050	25,478	25,478	25,478
FEDERAL HOME LOAN MTG CORP	1.50%	02/01/2051	210,387	211,197	203,415
FNMA PASS-THRU I	2.00%	04/01/2051	393,477	401,346	394,043
FNMA PASS-THRU I	2.00%	05/01/2051	222,725	224,752	222,451
FEDERAL HOME LOAN MTG CORP	3.00%	07/01/2051	451,362	476,892	470,689
FNMA PASS-THRU I	2.50%	07/01/2051	602,310	621,155	616,747
UNITED STATES TREAS BDS	2.00%	08/15/2051	2,947,000	3,009,514	3,017,905
FEDERAL NATL MTG ASSN	3.00%	12/01/2051	487,120	509,041	506,235
FEDERAL HOME LOAN MTG CORP	2.00%	01/01/2052	730,000	729,544	728,788
FEDERAL HOME LOAN MTG CORP	3.00%	01/01/2052	490,000	509,294	508,987
			<u>\$ 17,122,439</u>	<u>\$ 17,560,979</u>	<u>\$ 17,433,160</u>

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

DECEMBER 31, 2021

EIN 13-6414973, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - PREFERRED			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
FORD CR FLOORPLAN MASTER OWNER T ABS	1.42%	09/15/2025	\$ 261,000	\$ 264,201	\$ 261,241
SANTANDER DRIVE AUTO RECEIVABLES ABS	4.11%	12/15/2025	136,000	145,265	139,967
AADVANTAGE LOYALTY IP LTD/ AMERI PP	5.50%	04/20/2026	50,000	50,000	51,994
ALASKA AIRLINES 2020 TR PP	4.80%	08/15/2027	129,026	129,026	140,991
CARVANA AUTO RECEIVABLES TRUST ABS	0.97%	03/10/2028	314,000	314,356	310,529
DELTA AIR LINES INC	2.00%	06/10/2028	177,510	177,510	173,655
BENEFIT STREET PARTNERS CLO II 2 ABS	2.02%	07/15/2029	250,000	250,000	247,143
CATERPILLAR INC	2.60%	04/09/2030	115,000	120,244	119,955
ADVOCATE HEALTH CORP	2.21%	06/15/2030	60,000	60,000	60,149
VENTURE 32 CLO FRN SNR SEC CLO USD	1.84%	07/18/2031	390,000	390,000	389,204
CARLYLE GLOBAL MARKET STRATEGIES ABS	2.08%	07/27/2031	250,000	248,281	246,992
MERCK & CO INC	2.15%	12/10/2031	95,000	94,804	95,342
BANC OF AMERICA MERRILL LYNCH	3.49%	04/14/2033	360,000	376,130	374,728
ARES XXXIV CLO LTD ABS	1.79%	04/17/2033	339,000	339,271	338,999
JETBLUE	2.75%	11/15/2033	178,357	178,357	179,718
OHA CR PARTNERS VII LTD / OHA CR ABS	1.96%	02/20/2034	250,000	250,000	245,173
ARES XLI CLO LTD / ARES XLI CLO ABS	1.92%	04/15/2034	250,000	250,000	245,125
BENEFIT STREET PARTNERS CLO X ABS	2.28%	04/20/2034	250,000	250,000	248,874
ARES LV CLO LTD ABS	1.83%	07/15/2034	320,000	321,178	319,999
BUSINESS JET SECURITIES LLC ABS	2.16%	04/15/2036	155,912	155,910	153,102
DETROIT EDISON	5.70%	10/01/2037	155,000	219,468	205,400
PACIFICORP	6.25%	10/15/2037	190,000	266,517	264,624
CAMERON LNG LLC	3.71%	01/15/2039	120,000	120,000	129,566
WELLS FARGO COMMERCIAL MORTGAGE CMO	2.47%	02/15/2040	152,716	152,716	152,866
CAL FUNDING IV LIMITED ABS	2.22%	09/25/2045	366,437	368,155	365,060
CITIGROUP COMMERCIAL MTG TR CMO	3.73%	04/10/2046	238,000	236,810	242,411
MORGAN STANLEY BK AMER MERRILL L CMO	3.71%	05/15/2046	468,000	464,682	477,517
MAPS LTD ABS	2.52%	06/15/2046	322,103	322,092	318,926
CITIGROUP COML MTG TR 2014-GC25 CMO	4.02%	10/10/2047	351,000	352,165	369,312
COMM 2015-CCRE23 MTG TR CMO	3.23%	05/10/2048	148,000	157,134	153,060
PSMC TRUST CMO	2.50%	03/25/2051	437,967	449,806	442,079
ONSLOW BAY FINANCIAL LLC CMO	2.50%	05/25/2051	240,005	246,080	242,027
BENCHMARK MORTGAGE TRUST CMO	3.54%	05/15/2052	205,000	236,158	224,027
MORGAN STANLEY CAPITAL I TRUST CMO	2.75%	06/15/2054	295,000	303,845	299,162
			<u>\$ 8,020,033</u>	<u>\$ 8,260,161</u>	<u>\$ 8,228,917</u>

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

DECEMBER 31, 2021

EIN 13-6414973, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)

(c) - DESCRIPTION
CORPORATE DEBT INSTRUMENTS - OTHER

(d)

(e)

ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
GOLDEN NUGGET (LANDRY'S)	3.25%	10/04/2023	\$ 44,494	\$ 42,825	\$ 44,216
STARWOOD PPTY TR INC	5.50%	11/01/2023	50,000	50,208	51,750
NEXSTAR BROADCASTING INC	2.39%	01/17/2024	36,931	36,931	36,839
GENESIS ENERGY L P	5.63%	06/15/2024	20,000	20,103	19,800
WEBMD (INDIGO)	4.75%	09/15/2024	45,000	44,888	45,113
ASURION LLC	3.10%	11/03/2024	87,075	86,640	86,640
DISH DBS CORP	5.88%	11/15/2024	45,000	46,637	46,185
LIFE TIME	5.75%	12/22/2024	16,096	16,096	16,176
CAESARS RESORT COLLECTION	2.96%	12/22/2024	86,625	86,186	86,192
SPIRIT AEROSYSTEMS INC	5.50%	01/15/2025	50,000	50,000	51,813
UNITI GROUP LP/UNITI FIBER HLD	7.88%	02/15/2025	45,000	48,431	46,969
TUTOR PERINI CORP	6.88%	05/01/2025	50,000	51,750	50,389
DELEK LOGISTICS PARTNERS LP	6.75%	05/15/2025	20,000	17,950	20,450
GFL ENVIRONMENTAL	3.50%	05/30/2025	44,774	44,886	44,886
RUSSELL INV US INST HOLD CO	4.50%	05/30/2025	50,000	49,675	50,000
TRANSDIGM INC	2.35%	05/30/2025	55,427	55,150	54,665
BANK NOVA SCOTIA	4.90%	06/04/2025	120,000	132,000	128,888
PBF HLDG CO LLC / PBF FIN CORP	7.25%	06/15/2025	37,000	25,851	26,222
PG&E CORPORATION	3.50%	06/23/2025	39,699	40,393	39,302
CAESARS RESORT CLLCTN LLC	5.75%	07/01/2025	35,000	35,438	36,551
RATTLER MIDSTREAM LP SNR PIDI NTS USD	5.63%	07/15/2025	30,000	31,650	31,200
ENDEAVOR ENERGY RES L P	6.63%	07/15/2025	38,000	40,660	40,205
AMERICAN AIRLS INC	11.75%	07/15/2025	35,000	34,650	43,181
HOSTESS BRANDS LLC	3.00%	08/03/2025	49,000	48,755	48,816
GRAY TELEVISION INC	2.71%	01/02/2026	55,227	55,089	54,813
INEOS QUATTRO	3.25%	01/21/2026	54,863	55,056	54,725
KLEOPATRA FINCO	5.25%	02/04/2026	54,775	54,924	52,926
LLOYDS TSB GP PLC SPON ADR	2.44%	02/05/2026	200,000	200,000	203,976
PACTIV EVERGREEN	3.35%	02/16/2026	39,700	39,601	39,452
AVOLON HLDGS FDG LTD SNR	2.13%	02/21/2026	145,000	143,259	142,389
CARNIVAL CORP	7.63%	03/01/2026	16,000	16,393	16,772
USA COMPRESSION PTNERS LP	6.88%	04/01/2026	32,000	33,187	33,280
OCCIDENTAL	3.40%	04/15/2026	25,000	25,891	25,625
TRITON CONTAINER INTL	2.05%	04/15/2026	135,000	134,967	134,012
BLACKSTONE MORTGAGE	3.25%	04/23/2026	34,564	33,527	34,477
MIZUHO FINANCIAL GROUP INC	2.23%	05/25/2026	200,000	200,000	203,044
CALPINE CORP	5.25%	06/01/2026	20,000	20,675	20,520
BERRY GLOBAL INC	1.85%	07/01/2026	66,015	65,850	65,602
OWL ROCK CAPITAL CORP	3.40%	07/15/2026	85,000	84,018	86,412
DAVITA	1.86%	08/12/2026	49,002	48,880	48,757
NUMERICABLE	4.16%	08/14/2026	44,541	44,875	44,318
AIR LEASE CORPORATION	1.88%	08/15/2026	150,000	148,841	147,603
ROYAL CARIBBEAN GROUP SR	5.50%	08/31/2026	55,000	55,000	55,924
NEXSTAR BROADCASTING INC	2.85%	09/19/2026	5,000	5,000	4,988
ON SEMICONDUCTOR CORP	2.10%	09/19/2026	49,000	48,877	48,878
DCERT BUYER	4.12%	10/16/2026	39,698	39,698	39,648
GARDA WORLD SECURITY CORP	4.35%	10/24/2026	49,047	48,566	48,925
NORTHSTAR GROUP	6.50%	11/12/2026	59,063	58,031	59,358
TRANS UNION	4.75%	11/13/2026	38,362	38,266	37,882
CF INDUSTRIES INC	4.50%	12/01/2026	100,000	113,911	111,528
FORD MOTOR	4.35%	12/08/2026	25,000	25,625	27,269
INMARSAT	5.50%	12/12/2026	49,250	48,847	49,188
BAKER HUGHES HOLDINGS LLC	2.06%	12/15/2026	85,000	85,000	85,828
AIR LEASE CORP	4.13%	12/31/2026	25,000	25,000	24,813
BANK NEW YORK MELLON CORP	3.75%	12/31/2026	195,000	195,000	195,696

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

DECEMBER 31, 2021

EIN 13-6414973, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
HSBC HOLDNGS PLC	4.00%	12/31/2026	200,000	200,000	198,750
PNC FINL SVCS GROUP INC	3.40%	12/31/2026	205,000	203,360	201,769
MEDNAX INC	6.25%	01/15/2027	40,000	40,688	41,850
PENN NATL GAMING INC	5.63%	01/15/2027	50,000	51,590	51,000
ACRISURE	3.61%	01/31/2027	49,250	49,127	48,511
VISTRA OPERATIONS CO LLC	5.63%	02/15/2027	45,000	46,851	46,350
LEVEL 3 FING INC	3.40%	03/01/2027	120,000	119,736	123,894
ALTICE USA	2.64%	04/15/2027	49,125	49,125	48,453
OWENS-BROCKWAY GLASS CONTAINER	6.63%	05/13/2027	45,000	46,550	47,475
HAWAIIAN AIRLS	3.90%	07/15/2027	83,138	83,552	82,239
TUTOR PERINI CORP	5.75%	08/18/2027	34,737	35,171	34,433
FRONTIER	4.50%	10/08/2027	34,825	34,564	34,781
SANTANDER DRIVE AUTO RECEIVABLES ABS	1.67%	10/15/2027	255,000	254,919	253,280
HARBOR FREIGHT TOOLS	3.25%	10/19/2027	49,500	49,005	49,376
LS GROUP OPCO ACQUISITION	4.00%	10/26/2027	49,625	49,377	49,501
AVANTOR INC	2.75%	11/06/2027	49,750	49,253	48,693
TD FUNDING CORP	5.50%	11/15/2027	85,000	88,613	87,550
E.W. SCRIPPS	3.75%	12/15/2027	30,363	30,514	30,325
GEMINI HDPE	3.50%	12/31/2027	43,520	43,085	43,412
FORTRESS TRANSN & INFRASTRUCTURE	5.50%	01/05/2028	50,000	50,250	50,955
GENESIS ENERGY L P	7.75%	02/01/2028	20,000	20,000	20,150
AMERICAN HOMES 4 RENT L P	4.25%	02/15/2028	135,000	146,749	149,661
DELEK LOGISTICS PARTNERS LP	7.13%	03/01/2028	17,000	17,000	17,680
SPIN HOLDCO	4.75%	03/01/2028	74,625	74,065	74,812
IDERA	4.50%	03/02/2028	49,750	49,750	49,688
TRICORBRAUN HOLDINGS	3.75%	03/03/2028	75,000	74,250	74,531
ALPHA 3 B.V.	3.00%	03/05/2028	34,913	34,738	34,825
HARSCO	2.75%	03/05/2028	49,875	49,626	49,626
PLAYTIKA	2.85%	03/11/2028	64,837	64,999	64,513
IRON MTN INC	5.25%	03/15/2028	50,000	51,625	52,000
TRITON WATER HOLDINGS	0.00%	03/29/2028	29,925	29,962	29,588
SIGNAL PARENT	4.25%	04/01/2028	59,850	59,027	58,055
THE MICHAELS COMPANIES	5.00%	04/08/2028	44,888	44,439	44,439
ADIENT US	3.60%	04/08/2028	49,875	50,000	49,626
UNITED AIRLINES	3.75%	04/14/2028	34,825	35,285	34,956
ZEBRA BUYER FIRST LIEN	3.75%	04/22/2028	48,790	48,832	48,912
USIC HOLDINGS	4.25%	05/07/2028	40,000	39,800	39,900
LONZA SPECIALTY INGREDIENTS	4.25%	05/14/2028	49,875	49,719	49,813
MORGAN STANLEY	3.59%	07/22/2028	155,000	173,793	167,216
AIR CANADA	4.25%	07/27/2028	55,000	54,450	54,863
W.R. GRACE	4.25%	08/11/2028	50,000	50,000	50,063
SEAWORLD PARKS & ENTERTAINMENT	3.50%	08/13/2028	50,000	49,500	49,750
DIAMOND	3.50%	09/14/2028	50,000	49,750	49,750
OLYMPUS WATER US HOLDINGS	4.25%	09/19/2028	55,000	55,069	55,069
PACTIV EVERGREEN GROUP	4.00%	09/20/2028	45,000	44,775	44,888
LABL INC	5.88%	11/01/2028	22,000	22,186	22,674
HILCORP ENERGY I L P	6.25%	11/01/2028	30,000	30,953	31,538
INVITATION HOMES OPERATING PARTN	2.30%	11/15/2028	225,000	224,952	222,750
US FOODS INC	2.85%	11/17/2028	20,000	19,975	19,975
PECF USS INTERMEDIATE HOLDINGS III	4.75%	12/17/2028	25,000	25,125	25,125
CNX RES CORP	6.00%	01/15/2029	50,000	53,739	52,000
CHARTER COMM OPT LLC	2.25%	01/15/2029	80,000	79,868	78,126
WESTERN DIGITAL CORP	2.85%	02/01/2029	155,000	155,177	156,493
MATCH GROUP INC	5.63%	02/15/2029	25,000	26,980	26,750
BAUSCH HEALTH COS INC	6.25%	02/15/2029	90,000	95,400	85,522

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

DECEMBER 31, 2021

EIN 13-6414973, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d) COST	(e) CURRENT VALUE
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE		
BOARDWALK PIPELINES LP	4.80%	03/05/2029	125,000	124,891	140,108
SANDS CHINA LTD	3.10%	03/08/2029	200,000	199,494	188,208
T-MOBILE USA INC 3.875% 04/15/2030-2030	3.38%	04/15/2029	50,000	50,500	50,947
UNITED AIRLS INC	4.63%	04/15/2029	70,000	72,329	72,188
GOLDMAN SACHS GROUP INC	3.81%	04/23/2029	180,000	181,941	195,948
CARNIVAL CORP	6.00%	05/01/2029	42,000	42,300	41,790
LITHIA MTRS INC	3.88%	06/01/2029	20,000	20,450	20,418
ANTERO MIDSTREAM PARTNERS LP	5.38%	06/15/2029	46,000	46,449	48,070
APOLLO COML REAL ESTATE FIN INC	4.63%	06/15/2029	50,000	49,850	48,375
DT MIDSTREAM INC	4.13%	06/15/2029	50,000	50,250	51,188
LAS VEGAS SANDS CORP	3.90%	08/08/2029	275,000	289,810	277,159
FREEMPORT-MCMORAN COPPER & GOLD	5.25%	09/01/2029	21,000	22,914	22,995
ALLEGHENY TECHNOLOGIES INC	4.88%	10/01/2029	50,000	50,625	50,050
QORVO INC	4.38%	10/15/2029	170,000	185,663	180,413
CYRUSONE LP	3.45%	11/15/2029	60,000	61,557	64,752
DIAMONDBACK ENERGY INC	3.50%	12/01/2029	125,000	131,158	132,551
COMSTOCK RESOURCES INC	5.88%	01/15/2030	47,000	48,800	48,175
CENTENE CORP	3.38%	02/15/2030	48,000	48,860	48,970
EXPEDIA INC	3.25%	02/15/2030	165,000	169,315	168,543
WEYERHAEUSER CO	4.00%	04/15/2030	150,000	169,596	167,439
T-MOBILE USA INC 3.875% 04/15/2030-2030	3.88%	04/15/2030	155,000	156,585	169,745
FLEX LIMITED	4.88%	05/12/2030	160,000	186,083	182,616
STANDARD INDS INC	3.75%	07/15/2030	45,000	44,249	45,905
BK OF AMERICA CORP	3.20%	07/23/2030	135,000	149,432	142,501
CCO HLDGS LLC	4.50%	08/15/2030	55,000	56,375	56,275
RELIANCE STEEL & ALUMINUM CO	2.15%	08/15/2030	100,000	99,331	97,271
HOLLYFRONTIER CORP	4.50%	10/01/2030	200,000	212,966	215,614
NEUBERGER BERMAN CLO XXII LIMITE ABS	5.55%	10/17/2030	250,000	250,500	250,035
WELLS FARGO & CO SR NT	2.88%	10/30/2030	140,000	143,664	145,683
PETROLEOS MEXICANOS SR GLBL	5.95%	01/28/2031	490,000	474,635	476,148
HILCORP ENERGY I L P / HILCORP	6.00%	02/01/2031	20,000	20,571	20,600
OMEGA HEALTHCARE INVESTORS	3.38%	02/01/2031	210,000	215,460	211,743
UNITED RENTALS INC	3.88%	02/15/2031	45,000	46,063	45,675
CALPINE CORP	3.75%	03/01/2031	60,000	60,000	58,200
NEWMARKET CORP	2.70%	03/18/2031	205,000	203,150	204,383
GOODYEAR TIRE	5.25%	04/30/2031	45,000	45,000	48,915
JPMORGAN CHASE & CO	2.96%	05/13/2031	115,000	118,613	119,189
CITIGROUP INC	2.57%	06/03/2031	120,000	120,072	121,164
EAGLE MATERIALS INC	2.50%	07/01/2031	195,000	194,864	192,658
GXO LOGISTICS INCORPORATED SNR NTS	2.65%	07/15/2031	260,000	258,452	256,792
AUTONATION INC	2.40%	08/01/2031	230,000	229,986	222,097
AMERADA HESS CORP NT	7.30%	08/15/2031	65,000	83,080	86,632
BRUNSWICK CORP	2.40%	08/18/2031	225,000	223,732	215,993
BOEING CO	8.75%	09/15/2031	140,000	205,926	206,179
MATCH GROUP HOLDINGS II LLC	3.63%	10/01/2031	20,000	19,745	19,425
OPEN TEXT HOLDINGS INC	4.13%	12/01/2031	25,000	25,000	25,250
CENOVUS ENERGY INC	2.65%	01/15/2032	115,000	114,496	112,648
FORD MOTOR	3.25%	02/12/2032	20,000	20,000	20,480
NRG ENERGY INC	3.87%	02/15/2032	50,000	50,000	49,000
UNITED AIR	4.55%	02/25/2033	62,339	62,788	67,033
AMERADA HESS CORP SR NT	7.13%	03/15/2033	151,000	182,235	201,985
BRITISH AWYS PASS THRU TR 2018-1	4.13%	03/20/2033	219,553	219,347	222,407
SOUND POINT CLO LTD ABS	3.52%	10/25/2034	250,000	250,000	250,000
CFIP CLO LTD ABS	3.65%	01/20/2035	250,000	248,851	250,016
POLAR TANKERS INC	5.95%	05/10/2037	170,000	212,527	209,421

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

DECEMBER 31, 2021

EIN 13-6414973, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
VALERO ENERGY CORP	6.63%	06/15/2037	180,000	242,288	242,996
ENCANA CORP	6.63%	08/15/2037	220,000	285,868	288,473
ERAC USA FIN CO	7.00%	10/15/2037	205,000	310,508	302,654
CVS/CAREMARK CORP	4.78%	03/25/2038	160,000	198,778	195,550
CHARTER COMM OPT LLC	5.38%	04/01/2038	145,000	174,230	172,971
DELL INC	6.50%	04/15/2038	205,000	264,924	264,427
ALTRIA GROUP INC	5.80%	02/14/2039	165,000	198,891	198,767
OCCIDENTAL	4.30%	08/15/2039	25,000	21,125	24,932
ARCELORMITTAL SA LUXEMBOURG	7.00%	10/15/2039	170,000	243,901	234,206
HASBRO INC	6.35%	03/15/2040	125,000	172,187	172,874
ORACLE CORPORATION	3.65%	03/25/2041	135,000	144,438	136,864
QUANTA	3.05%	10/01/2041	115,000	114,402	111,504
AERCAP IRELAND CAP DESIGNATED AC	3.85%	10/29/2041	185,000	186,278	193,227
REYNOLDS AMERICAN INC SR NT	6.15%	09/15/2043	150,000	193,115	184,157
TRI-STATE GEN & TRANS ASSN	4.70%	11/01/2044	90,000	105,390	108,730
LABORATORY CORP	4.70%	02/01/2045	100,000	115,741	122,070
PLAINS ALL AMERN PIPELINE L P	4.90%	02/15/2045	275,000	294,428	299,299
PACIFIC GAS & ELEC	4.30%	03/15/2045	245,000	244,525	248,432
GENERAL MOTORS CO	5.20%	04/01/2045	185,000	229,544	229,574
KRAFT HEINZ FOODS CO	5.20%	07/15/2045	20,000	24,587	25,463
KOHL'S CORP	5.55%	07/17/2045	140,000	168,399	163,698
ENERGY TRANSFER PTNERS L P	6.13%	12/15/2045	255,000	326,025	318,069
ANHEUSER-BUSCH COS LLC	4.90%	02/01/2046	95,000	120,444	120,446
ABBVIE INC	4.45%	05/14/2046	145,000	180,970	175,914
DELL INTERNATIONAL L.L.C.	8.35%	07/15/2046	30,000	46,987	50,011
ALIGNED DATA CENTERS ISSUER LLC ABS	1.94%	08/15/2046	275,000	275,000	270,869
AASET TRUST 2021-2 TRUST ABS	2.80%	01/15/2047	290,000	289,990	287,856
SOUTHERN CAL EDISON	4.13%	03/01/2048	135,000	139,325	151,955
LEAR CORP	5.25%	05/15/2049	95,000	121,301	120,328
MAGELLAN MIDSTREAM	3.95%	03/01/2050	185,000	200,288	196,651
SYSCO	6.60%	04/01/2050	99,000	149,225	154,287
KINDER MORGAN INC DEL	3.25%	08/01/2050	85,000	75,906	81,643
ACTIVISION BLIZZARD INC	2.50%	09/15/2050	200,000	176,397	175,866
ROYALTY PHARMA PLC	3.35%	02/09/2051	185,000	180,036	177,630
COMCAST CORP	2.89%	11/01/2051	114,000	133,430	110,691
LEGGETT & PLATT INC	3.50%	11/15/2051	191,000	192,199	192,379
APTIV PLC	3.10%	12/01/2051	260,000	253,234	248,633
JERSEY MIKE'S FUNDING LLC ABS	2.89%	02/15/2052	240,000	240,000	242,819
VERIZON COMMUNICATIONS	2.99%	10/30/2056	161,000	188,708	153,064
AT&T INC	3.80%	12/01/2057	190,000	185,099	198,603
			<u>\$ 20,402,981</u>	<u>\$ 21,685,136</u>	<u>\$ 21,639,547</u>

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2021

EIN 13-6414973, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
ABBVIE INC	5,240	\$ 440,212	\$ 709,496
ACCENTURE PLC	709	256,179	293,916
ADOBE INC	788	508,477	446,843
AIR PRODUCTS AND CHEMICALS INC	339	79,288	103,144
ALIBABA GROUP HLDG LTD ADR	4,775	508,165	567,222
ALPHABET INC	261	561,876	756,127
ALPHABET INC	214	421,087	619,228
ALPHABET INC CL A	436	170,741	1,263,109
ALPHABET INC CL C	438	169,759	1,267,392
ALYNYLAM PHARMACEUTICALS INC	5,671	957,090	961,688
AMAZON COM INC	764	513,628	2,547,436
AMAZON.COM INC	274	390,065	913,609
AMERIPRISE FINANCIAL INC	1,629	488,063	491,404
AMGEN INC	2,471	573,076	555,901
APA CORP	5,818	127,875	156,446
APPLE INC	14,378	876,400	2,553,101
APPLIED MATERIALS INC	3,614	537,819	568,699
ARCHER-DANIELS-MIDLAND CO	7,470	366,123	504,857
ASSURANT INC	977	149,063	152,275
AUTODESK INC (DEL)	6,123	363,065	1,721,726
AUTOMATIC DATA PROCESSING INC	1,401	128,870	345,459
AVERY DENNISON CORP	1,022	221,529	221,335
BATH & BODY WORKS INC	3,850	219,011	268,692
BEST BUY CO INC	3,554	389,253	361,086
BIOMARIN PHARMACEUTICAL INC	4,483	373,871	396,073
BOEING CO	8,236	1,432,291	1,658,072
CAPITAL ONE FINANCIAL CORP	667	99,375	96,775
CERNER CORP	2,768	206,002	257,064
CHUBB INC	287	47,701	55,480
CINTAS CORP	654	255,724	289,833
CISCO SYS INC	11,609	354,259	735,662
COBANK ACB 7.814% PFD PFD SHS	3,000	315,750	303,000
COLGATE PALMOLIVE CO	4,729	337,098	403,573
CONAGRA RBANDS INC	142	5,227	4,849
CONSTELLATION BRANDS INC	486	114,119	121,971
COOPER COS INC	573	240,821	240,053
CRISPR THERAPEUTICS AG	5,812	702,951	440,433
CVS HEALTH CORP	6,077	416,509	626,903
DANAHER CORP	1,033	145,893	339,867
DEERE & CO	2,502	243,661	857,911
DISCOVER FINANCIAL SERVICES	533	63,309	61,593
ENPHASE ENERGY CORP	852	195,829	155,865
EVEREST RE GROUP LTD	555	131,035	152,026
EXPEDITORS INTERNATIONAL	5,780	289,309	776,196
FACEBOOK INC	548	100,632	184,320
FACTSET RESEARCH SYSTEMS INC	1,556	269,692	756,232
FIRSTENERGY CORP	5,319	208,423	221,217
GAP INC	2,035	50,407	35,918
GENERAC HOLDINGS INC	874	345,811	307,578
GENERAL ELECTRIC CO	369	41,117	34,859
GENERAL MOTORS CO	8,701	493,921	510,140
GOLDMAN SACHS GROUP INC	1,376	432,374	526,389
HARTFORD FINANCIAL SERVICES GROUP INC	4,772	307,550	329,459
HASBRO INC	139	13,474	14,147
HCA HEALTHCARE INC	1,393	341,590	357,890
HEALTHPEAK PROPERTIES INC	3,758	130,367	135,626

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2021

EIN 13-6414973, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
HP INC	12,074	255,345	454,828
ILLUMINA INC	2,437	733,484	927,132
INTEL CORP	10,910	586,029	561,865
INTERPUBLIC GROUP OF COS INC	4,713	143,395	176,502
INTUITIVE SURGICAL INC	1,311	207,308	471,042
IRON MOUNTAIN INC	3,555	161,431	186,033
KINDER MORGAN INC	25,437	436,174	403,431
LENNAR CORP	915	92,912	106,286
LINDE PLC	1,700	451,914	588,931
MARTIN MARIETTA MATERIALS INC	517	210,539	227,749
META PLATFORMS INC	6,632	632,270	2,230,673
MICROSOFT CORP	4,596	321,040	1,545,727
MICROSOFT CORP	4,141	220,929	1,392,701
MONSTER BEVERAGE CORP NEW	17,371	927,658	1,668,311
MORGAN STANLEY	5,678	548,968	557,352
MSCI INC CL A	1,294	108,284	792,821
NETFLIX INC	1,003	661,913	604,247
NEWELL BRANDS INC	5,049	116,528	110,270
NEWS CORP	6,887	158,189	153,649
NIELSEN HOLDINGS PLC	4,013	85,233	82,307
NIKE INC	3,022	377,327	503,677
NORTONLIFELOCK INC	1,066	27,569	27,695
NOVARTIS A G ADR	10,639	894,131	930,593
NOVO NORDISK A S ADR	4,022	209,875	450,464
NRG ENERGY INC	3,505	142,908	150,995
NVIDIA CORP	2,736	688,327	804,685
NVIDIA CORP	10,070	375,233	2,961,688
ORACLE CORP	5,624	513,329	490,469
ORACLE CORPORATION	20,473	877,149	1,785,450
OTIS WORLDWIDE CORP	4,551	380,468	396,256
PACCAR	4,066	353,144	358,865
QUALCOMM INC	3,415	371,153	624,501
QUALCOMM INC	5,957	372,342	1,089,357
RALPH LAUREN CORP	671	80,758	79,755
REGENERON PHARMACEUTICALS INC	1,919	717,863	1,211,887
ROCHE HLDG LTD SPON ADR	18,566	695,006	965,599
SALESFORCE.COM INC	4,238	633,202	1,077,003
SCHLUMBERGER LTD	17,606	863,712	527,300
SEI INVESTMENT COMPANY	9,583	432,224	583,988
SKYWORKS SOLUTIONS INC	554	90,456	85,946
STARBUCKS CORP	8,275	542,932	967,927
STERIS PLC	1,577	364,937	383,858
T ROWE PRICE GROUP INC	2,311	306,564	454,435
TARGET CORP	1,103	272,536	255,278
TESLA INC	811	729,606	857,049
T-MOBILE US INC	135	14,959	15,657
TRANE TECHNOLOGIES PLC	2,556	391,842	516,388
UNDER ARMOUR INC CL A	32,505	545,069	688,781
UNITED PARCEL SERVICE INC	2,687	479,856	575,932
UNITEDHEALTH GROUP INC	1,706	756,319	856,651
VIACOMCBS INC	6,554	217,833	197,800
VISA INC CL A	7,447	590,891	1,613,839
WALMART INC	3,857	528,859	558,069
WALT DISNEY CO	8,735	1,137,343	1,352,964
WELL FARGO & CO	12,346	614,929	592,361
WEST PHARMACEUTICAL SERVICES INC	1,065	459,614	499,496

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2021

EIN 13-6414973, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
WESTERN DIGITAL CORP	4,726	276,532	308,222
WORKDAY INC	3,913	529,563	1,068,953
YUM CHINA HLDGS INC	9,770	270,659	486,940
YUM! BRANDS INC	3,343	210,276	464,211
BPIF NON-TAXABLE LP - COMMON STOCK	-	10,124,436	13,717,544
		\$ 53,644,080	\$ 84,517,550

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

DECEMBER 31, 2021

EIN 13-6414973, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION PARTNERSHIPS	(d)	(e)
<u>ISSUER</u>		<u>COST</u>	<u>CURRENT VALUE</u>
BLACKSTONE REAL ESTATE DEBT STRATEGIES II LP		\$ 2,414	\$ 50,764
BLACKSTONE REAL ESTATE DEBT STRATEGIES III LP		9,168,846	12,057,259
BPIF NON-TAXABLE LP - PARTNERSHIPS		10,171,253	13,780,982
HAMILTON LANE STRATEGIC OPPORTUNITIES FUND IV OFFSHORE (SERIES 2018) LP IV - PARTNERSHIPS		2,874,446	3,839,493
NB CROSSROADS FUND XXI - PARTNERSHIPS		12,899,503	32,746,277
NB CROSSROADS FUND XXII - PARTNERSHIPS		15,174,360	31,035,866
OAKTREE REAL ESTATE DEBT FUND II LP - PARTNERSHIPS		<u>9,064,201</u>	<u>11,126,033</u>
		<u>\$ 59,355,023</u>	<u>\$ 104,636,674</u>

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

SCHEDULE OF NON-PARTICIPANT LOANS

DECEMBER 31, 2021

EIN 13-6414973, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION NON- PARTICIPANT LOANS	(d)	(e)
	PAR OR MATURITY / NO. OF SHARES	COST	CURRENT VALUE
ISSUER			
HAMILTON LANE STRATEGIC OPPORTUNITIES FUND IV OFFSHORE (SERIES 2018)			
LP IV - NON-PARTICIPANT LOANS	-	\$ <u>7,507,713</u>	\$ <u>10,028,306</u>
		\$ <u>7,507,713</u>	\$ <u>10,028,306</u>

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

DECEMBER 31, 2021

EIN 13-6414973, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b)	(c) - DESCRIPTION COMMON TRUST FUNDS	(d)	(e)
	ISSUER	NO. OF SHARES	COST	CURRENT VALUE
*	COMERICA SHORT-TERM FUND	16,317,145	\$ 16,317,145	\$ 16,317,145
	COMMINGLED PENSION TRUST FUND (SPECIAL SITUATION PROPERTY) OF JPMORGAN CHASE BANK NA	1,545,576	11,489,701	20,215,047
	COMMINGLED PENSION TRUST FUND (STRATEGIC PROPERTY) OF JPMORGAN CHASE BANK NA	5,714,892	45,855,526	71,725,890
	EARNEST PARTNERS INTERNATIONAL FUND	758,438	9,476,130	17,739,868
*	STATE STREET S&P 500 (R) FLAGSHIP NON-LENDING FUND	36,238	17,571,624	44,718,199
	WILLIAM BLAIR INTERNATIONAL LEADERS COLLECTIVE INVESTMENT FUND (CLASS 2)	776,763	15,000,000	15,452,698
			\$ 115,710,126	\$ 186,168,847

* PARTY-IN-INTEREST

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

SCHEDULE OF 103-12 INVESTMENT ENTITIES

DECEMBER 31, 2021

EIN 13-6414973, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION 103-12 INVESTMENT ENTITIES		(d)	(e)
	ISSUER	NO. OF SHARES	COST	CURRENT VALUE
	AEON GLOBAL CHOICE FUND LLC	1,094,257	\$ 10,659,393	\$ 30,108,115
	DFA GROUP TRUST - THE SMALL CAP SUBTRUST	4,057	4,891,206	19,123,639
	NCS GROUP TRUST GLOBAL FUND	584,547	25,803,823	37,446,150
	ULLICO INFRASTRUCTURE TAX-EXEMPT FUND	106,049	14,961,847	23,866,970
	OAKTREE MIDDLE-MARKET DIRECT LENDING FUND (PARALLEL 2) LP	19,321,219	17,068,769	20,266,517
			<u>\$ 73,385,038</u>	<u>\$ 130,811,391</u>

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

DECEMBER 31, 2021

EIN 13-6414973, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES		(d)	(e)
	ISSUER	NO. OF SHARES	COST	CURRENT VALUE
	PIMCO ALL ASSET FUND INSTITUTIONAL CLASS	2,098,919	\$ 25,219,153	\$ 26,803,191
	BLACKROCK STRATEGIC INCOME OPPORTUNITIES PORTFOLIO INSTITUTIONAL SHARES	2,184,344	<u>21,904,967</u>	<u>22,192,932</u>
			<u>\$ 47,124,120</u>	<u>\$ 48,996,123</u>

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

SCHEDULE OF OTHER INVESTMENTS

DECEMBER 31, 2021

EIN 13-6414973, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION OTHER INVESTMENTS	(d)	(e)
ISSUER		COST	CURRENT VALUE
ABS ALPHA LTD GLOBAL EQUITY PORTFOLIO - OTHER	-	\$ 18,748,731	\$ 27,713,315
	-	\$ 18,748,731	\$ 27,713,315

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2021

EIN 13-6414973, PLAN NO. 001

FORM 5500, SCHEDULE H, PAGE 4, PART IV, ITEM 4J - SCHEDULE OF REPORTABLE TRANSACTIONS DURING THE YEAR

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
N/A	COMERICA SHORT-TERM FUND	\$ 82,481,268	\$ -	\$ -	\$ -	\$ -	\$ 82,481,268	\$ -
N/A	COMERICA SHORT-TERM FUND	-	70,961,717	-	-	70,961,717	70,961,717	-

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

SCHEDULE RECONCILING THE STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS TO FORM 5500

DECEMBER 31, 2021

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
Assets			
Investments			
Interest bearing cash	\$ 1,716,677	\$ 3,688,287	\$ 5,404,964
U.S. government securities	17,433,160	-	17,433,160
Corporate debt instruments	29,868,464	-	29,868,464
Corporate stock	100,563,450	(16,045,900)	84,517,550
Partnership/joint venture interests	130,418,560	(25,781,886)	104,636,674
Loans (other than participant loans)	-	10,028,306	10,028,306
Common/collective trust funds	186,168,847	-	186,168,847
103-12 investment entities	130,811,391	-	130,811,391
Registered investment companies	48,996,123	-	48,996,123
Other investments	-	27,713,315	27,713,315
Receivables	3,234,029	7,569,953	10,803,982
Cash	7,575	-	7,575
Other assets	<u>127,598</u>	<u>8,348</u>	<u>135,946</u>
Total assets	<u>649,345,874</u>	<u>7,180,423</u>	<u>656,526,297</u>
Liabilities			
Operating payables	1,070,247	132,149	1,202,396
Other liabilities	<u>149,323</u>	<u>7,048,274</u>	<u>7,197,597</u>
Total liabilities	<u>1,219,570</u>	<u>7,180,423</u>	<u>8,399,993</u>
Net assets available for benefits	<u>\$ 648,126,304</u>	<u>\$ -</u>	<u>\$ 648,126,304</u>

The Plan's holdings in various investments were determined to be plan assets for Form 5500 purposes. This schedule reconciles audited financial statement amounts, plus the Plan's share of amounts provided by the investment managers to the Form 5500 Schedule H amounts.

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
Payroll	\$ 170,968	\$ 171,451
Payroll taxes	12,651	12,646
Employee benefits	55,443	57,829
Occupancy	61,980	59,076
Office	22,783	23,838
Printing and postage	8,148	10,674
Legal and collection	289,049	265,287
Accounting	53,182	49,807
Payroll audits	10,275	17,019
Actuarial consulting	188,458	140,950
Computer	26,044	23,082
Insurance	218,816	222,049
Conferences and meetings	422	1,542
Depreciation	<u>26,354</u>	<u>26,324</u>
Total administrative expenses	<u><u>\$ 1,144,573</u></u>	<u><u>\$ 1,081,574</u></u>

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

SCHEDULE OF INTEREST BEARING CASH

DECEMBER 31, 2021

EIN 13-6414973, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
	VARIABLE	ON DEMAND		
TD BANK			\$ 1,716,677	\$ 1,716,677
NB CROSSROADS FUND XXII - INTEREST BEARING CASH			992,543	992,543
BPIF NON-TAXABLE LP - INTEREST BEARING CASH			986,850	986,850
HAMILTON LANE STRATEGIC OPPORTUNITIES FUND IV OFFSHORE (SERIES 2018) LP IV - INTEREST BEARING CASH			6,343	6,343
ABS ALPHA LTD GLOBAL EQUITY PORTFOLIO - INTEREST BEARING CASH			486,351	486,351
NB CROSSROADS FUND XXI - INTEREST BEARING CASH			<u>1,216,200</u>	<u>1,216,200</u>
			<u>\$ 5,404,964</u>	<u>\$ 5,404,964</u>

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

SCHEDULE OF U.S. GOVERNMENT SECURITIES

DECEMBER 31, 2021

EIN 13-6414973, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
UNITED STATES TREAS	0.88%	09/30/2026	\$ 340,000	\$ 335,086	\$ 334,142
UNITED STATES TREAS	1.25%	10/31/2026	240,000	239,227	238,555
UNITED STATES TREAS	1.25%	11/30/2026	35,000	35,077	35,000
UNITED STATES TREAS	1.25%	08/15/2031	512,000	502,705	501,202
UNITED STATES TREAS	1.38%	11/15/2031	1,662,000	1,636,228	1,643,036
FREDDIE MAC - STACR FRN	2.88%	08/25/2033	203,000	203,000	206,710
FEDERAL NATL MTG ASSN	3.50%	11/01/2033	99,604	103,604	106,605
FNMA PASS-THRU I	2.00%	01/01/2041	579,799	602,447	589,418
FNMA PASS-THRU I	2.00%	01/01/2041	992,874	1,032,589	1,009,336
FEDERAL HOME LOAN MTG CORP	2.00%	02/01/2041	207,338	214,239	209,712
FEDERAL HOME LOAN MTG CORP	2.00%	05/01/2041	422,760	432,734	429,777
UNITED STATES TREAS BDS	2.25%	05/15/2041	155,000	161,504	163,306
FNMA PASS-THRU I	2.50%	07/01/2041	406,678	421,992	420,082
FREDDIE MAC - STACR CMO	2.38%	11/25/2041	170,000	170,000	170,426
FEDERAL NATL MTG ASSN	4.00%	01/01/2042	250,913	269,881	275,585
FEDERAL NATL MTG ASSN	4.00%	10/01/2044	28,637	30,673	31,287
FEDERAL NATL MTG ASSN	4.50%	07/01/2046	69,470	75,746	75,280
FEDERAL NATL MTG ASSN	4.00%	10/01/2046	54,148	58,228	58,581
FEDERAL NATL MTG ASSN	4.50%	10/01/2046	188,643	208,009	204,884
FEDERAL NATL MTG ASSN	4.50%	02/01/2048	51,239	53,553	54,943
FEDERAL NATL MTG ASSN	4.50%	12/01/2048	109,247	113,702	116,953
FEDERAL NATIONAL MORTGAGE ASSOC	4.00%	05/01/2049	101,156	107,874	108,946
FNMA PASS-THRU I	4.50%	07/01/2049	93,214	98,553	99,985
FEDERAL HOME LOAN MTG CORP	3.50%	10/01/2049	222,151	229,128	234,368
FNMA PASS-THRU I	3.00%	01/01/2050	280,098	286,312	292,147
FNMA PASS-THRU I	3.00%	03/01/2050	198,933	209,773	206,246
FEDERAL HOME LOAN MTG CORP	2.50%	05/01/2050	577,721	613,454	595,203
FNMA PASS-THRU I	2.50%	06/01/2050	234,185	243,845	239,323
FNMA PASS-THRU I	2.00%	09/01/2050	773,012	791,975	767,230
FNMA PASS-THRU I	2.00%	09/01/2050	336,939	349,232	336,929
FNMA PASS-THRU I	3.00%	09/01/2050	500,718	532,248	520,897
FEDERAL NATL MTG ASSN	1.50%	11/01/2050	258,125	260,666	249,627
FNMA PASS-THRU I	2.50%	12/01/2050	207,978	219,482	212,701
FEDERAL HOME LOAN MTG CORP CMO	1.48%	12/25/2050	25,478	25,478	25,478
FEDERAL HOME LOAN MTG CORP	1.50%	02/01/2051	210,387	211,197	203,415
FNMA PASS-THRU I	2.00%	04/01/2051	393,477	401,346	394,043
FNMA PASS-THRU I	2.00%	05/01/2051	222,725	224,752	222,451
FEDERAL HOME LOAN MTG CORP	3.00%	07/01/2051	451,362	476,892	470,689
FNMA PASS-THRU I	2.50%	07/01/2051	602,310	621,155	616,747
UNITED STATES TREAS BDS	2.00%	08/15/2051	2,947,000	3,009,514	3,017,905
FEDERAL NATL MTG ASSN	3.00%	12/01/2051	487,120	509,041	506,235
FEDERAL HOME LOAN MTG CORP	2.00%	01/01/2052	730,000	729,544	728,788
FEDERAL HOME LOAN MTG CORP	3.00%	01/01/2052	490,000	509,294	508,987
			<u>\$ 17,122,439</u>	<u>\$ 17,560,979</u>	<u>\$ 17,433,160</u>

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

DECEMBER 31, 2021

EIN 13-6414973, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - PREFERRED			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
FORD CR FLOORPLAN MASTER OWNER T ABS	1.42%	09/15/2025	\$ 261,000	\$ 264,201	\$ 261,241
SANTANDER DRIVE AUTO RECEIVABLES ABS	4.11%	12/15/2025	136,000	145,265	139,967
AADVANTAGE LOYALTY IP LTD/ AMERI PP	5.50%	04/20/2026	50,000	50,000	51,994
ALASKA AIRLINES 2020 TR PP	4.80%	08/15/2027	129,026	129,026	140,991
CARVANA AUTO RECEIVABLES TRUST ABS	0.97%	03/10/2028	314,000	314,356	310,529
DELTA AIR LINES INC	2.00%	06/10/2028	177,510	177,510	173,655
BENEFIT STREET PARTNERS CLO II 2 ABS	2.02%	07/15/2029	250,000	250,000	247,143
CATERPILLAR INC	2.60%	04/09/2030	115,000	120,244	119,955
ADVOCATE HEALTH CORP	2.21%	06/15/2030	60,000	60,000	60,149
VENTURE 32 CLO FRN SNR SEC CLO USD	1.84%	07/18/2031	390,000	390,000	389,204
CARLYLE GLOBAL MARKET STRATEGIES ABS	2.08%	07/27/2031	250,000	248,281	246,992
MERCK & CO INC	2.15%	12/10/2031	95,000	94,804	95,342
BANC OF AMERICA MERRILL LYNCH	3.49%	04/14/2033	360,000	376,130	374,728
ARES XXXIV CLO LTD ABS	1.79%	04/17/2033	339,000	339,271	338,999
JETBLUE	2.75%	11/15/2033	178,357	178,357	179,718
OHA CR PARTNERS VII LTD / OHA CR ABS	1.96%	02/20/2034	250,000	250,000	245,173
ARES XLI CLO LTD / ARES XLI CLO ABS	1.92%	04/15/2034	250,000	250,000	245,125
BENEFIT STREET PARTNERS CLO X ABS	2.28%	04/20/2034	250,000	250,000	248,874
ARES LV CLO LTD ABS	1.83%	07/15/2034	320,000	321,178	319,999
BUSINESS JET SECURITIES LLC ABS	2.16%	04/15/2036	155,912	155,910	153,102
DETROIT EDISON	5.70%	10/01/2037	155,000	219,468	205,400
PACIFICORP	6.25%	10/15/2037	190,000	266,517	264,624
CAMERON LNG LLC	3.71%	01/15/2039	120,000	120,000	129,566
WELLS FARGO COMMERCIAL MORTGAGE CMO	2.47%	02/15/2040	152,716	152,716	152,866
CAL FUNDING IV LIMITED ABS	2.22%	09/25/2045	366,437	368,155	365,060
CITIGROUP COMMERCIAL MTG TR CMO	3.73%	04/10/2046	238,000	236,810	242,411
MORGAN STANLEY BK AMER MERRILL L CMO	3.71%	05/15/2046	468,000	464,682	477,517
MAPS LTD ABS	2.52%	06/15/2046	322,103	322,092	318,926
CITIGROUP COML MTG TR 2014-GC25 CMO	4.02%	10/10/2047	351,000	352,165	369,312
COMM 2015-CCRE23 MTG TR CMO	3.23%	05/10/2048	148,000	157,134	153,060
PSMC TRUST CMO	2.50%	03/25/2051	437,967	449,806	442,079
ONSLOW BAY FINANCIAL LLC CMO	2.50%	05/25/2051	240,005	246,080	242,027
BENCHMARK MORTGAGE TRUST CMO	3.54%	05/15/2052	205,000	236,158	224,027
MORGAN STANLEY CAPITAL I TRUST CMO	2.75%	06/15/2054	295,000	303,845	299,162
			<u>\$ 8,020,033</u>	<u>\$ 8,260,161</u>	<u>\$ 8,228,917</u>

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

DECEMBER 31, 2021

EIN 13-6414973, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)

(c) - DESCRIPTION
CORPORATE DEBT INSTRUMENTS - OTHER

(d)

(e)

ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
GOLDEN NUGGET (LANDRY'S)	3.25%	10/04/2023	\$ 44,494	\$ 42,825	\$ 44,216
STARWOOD PPTY TR INC	5.50%	11/01/2023	50,000	50,208	51,750
NEXSTAR BROADCASTING INC	2.39%	01/17/2024	36,931	36,931	36,839
GENESIS ENERGY L P	5.63%	06/15/2024	20,000	20,103	19,800
WEBMD (INDIGO)	4.75%	09/15/2024	45,000	44,888	45,113
ASURION LLC	3.10%	11/03/2024	87,075	86,640	86,640
DISH DBS CORP	5.88%	11/15/2024	45,000	46,637	46,185
LIFE TIME	5.75%	12/22/2024	16,096	16,096	16,176
CAESARS RESORT COLLECTION	2.96%	12/22/2024	86,625	86,186	86,192
SPIRIT AEROSYSTEMS INC	5.50%	01/15/2025	50,000	50,000	51,813
UNITI GROUP LP/UNITI FIBER HLD	7.88%	02/15/2025	45,000	48,431	46,969
TUTOR PERINI CORP	6.88%	05/01/2025	50,000	51,750	50,389
DELEK LOGISTICS PARTNERS LP	6.75%	05/15/2025	20,000	17,950	20,450
GFL ENVIRONMENTAL	3.50%	05/30/2025	44,774	44,886	44,886
RUSSELL INV US INST HOLD CO	4.50%	05/30/2025	50,000	49,675	50,000
TRANSDIGM INC	2.35%	05/30/2025	55,427	55,150	54,665
BANK NOVA SCOTIA	4.90%	06/04/2025	120,000	132,000	128,888
PBF HLDG CO LLC / PBF FIN CORP	7.25%	06/15/2025	37,000	25,851	26,222
PG&E CORPORATION	3.50%	06/23/2025	39,699	40,393	39,302
CAESARS RESORT CLLCTN LLC	5.75%	07/01/2025	35,000	35,438	36,551
RATTLER MIDSTREAM LP SNR PIDI NTS USD	5.63%	07/15/2025	30,000	31,650	31,200
ENDEAVOR ENERGY RES L P	6.63%	07/15/2025	38,000	40,660	40,205
AMERICAN AIRLS INC	11.75%	07/15/2025	35,000	34,650	43,181
HOSTESS BRANDS LLC	3.00%	08/03/2025	49,000	48,755	48,816
GRAY TELEVISION INC	2.71%	01/02/2026	55,227	55,089	54,813
INEOS QUATTRO	3.25%	01/21/2026	54,863	55,056	54,725
KLEOPATRA FINCO	5.25%	02/04/2026	54,775	54,924	52,926
LLOYDS TSB GP PLC SPON ADR	2.44%	02/05/2026	200,000	200,000	203,976
PACTIV EVERGREEN	3.35%	02/16/2026	39,700	39,601	39,452
AVOLON HLDGS FDG LTD SNR	2.13%	02/21/2026	145,000	143,259	142,389
CARNIVAL CORP	7.63%	03/01/2026	16,000	16,393	16,772
USA COMPRESSION PTNERS LP	6.88%	04/01/2026	32,000	33,187	33,280
OCCIDENTAL	3.40%	04/15/2026	25,000	25,891	25,625
TRITON CONTAINER INTL	2.05%	04/15/2026	135,000	134,967	134,012
BLACKSTONE MORTGAGE	3.25%	04/23/2026	34,564	33,527	34,477
MIZUHO FINANCIAL GROUP INC	2.23%	05/25/2026	200,000	200,000	203,044
CALPINE CORP	5.25%	06/01/2026	20,000	20,675	20,520
BERRY GLOBAL INC	1.85%	07/01/2026	66,015	65,850	65,602
OWL ROCK CAPITAL CORP	3.40%	07/15/2026	85,000	84,018	86,412
DAVITA	1.86%	08/12/2026	49,002	48,880	48,757
NUMERICABLE	4.16%	08/14/2026	44,541	44,875	44,318
AIR LEASE CORPORATION	1.88%	08/15/2026	150,000	148,841	147,603
ROYAL CARIBBEAN GROUP SR	5.50%	08/31/2026	55,000	55,000	55,924
NEXSTAR BROADCASTING INC	2.85%	09/19/2026	5,000	5,000	4,988
ON SEMICONDUCTOR CORP	2.10%	09/19/2026	49,000	48,877	48,878
DCERT BUYER	4.12%	10/16/2026	39,698	39,698	39,648
GARDA WORLD SECURITY CORP	4.35%	10/24/2026	49,047	48,566	48,925
NORTHSTAR GROUP	6.50%	11/12/2026	59,063	58,031	59,358
TRANS UNION	4.75%	11/13/2026	38,362	38,266	37,882
CF INDUSTRIES INC	4.50%	12/01/2026	100,000	113,911	111,528
FORD MOTOR	4.35%	12/08/2026	25,000	25,625	27,269
INMARSAT	5.50%	12/12/2026	49,250	48,847	49,188
BAKER HUGHES HOLDINGS LLC	2.06%	12/15/2026	85,000	85,000	85,828
AIR LEASE CORP	4.13%	12/31/2026	25,000	25,000	24,813
BANK NEW YORK MELLON CORP	3.75%	12/31/2026	195,000	195,000	195,696

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

DECEMBER 31, 2021

EIN 13-6414973, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
HSBC HOLDNGS PLC	4.00%	12/31/2026	200,000	200,000	198,750
PNC FINL SVCS GROUP INC	3.40%	12/31/2026	205,000	203,360	201,769
MEDNAX INC	6.25%	01/15/2027	40,000	40,688	41,850
PENN NATL GAMING INC	5.63%	01/15/2027	50,000	51,590	51,000
ACRISURE	3.61%	01/31/2027	49,250	49,127	48,511
VISTRA OPERATIONS CO LLC	5.63%	02/15/2027	45,000	46,851	46,350
LEVEL 3 FING INC	3.40%	03/01/2027	120,000	119,736	123,894
ALTICE USA	2.64%	04/15/2027	49,125	49,125	48,453
OWENS-BROCKWAY GLASS CONTAINER	6.63%	05/13/2027	45,000	46,550	47,475
HAWAIIAN AIRLS	3.90%	07/15/2027	83,138	83,552	82,239
TUTOR PERINI CORP	5.75%	08/18/2027	34,737	35,171	34,433
FRONTIER	4.50%	10/08/2027	34,825	34,564	34,781
SANTANDER DRIVE AUTO RECEIVABLES ABS	1.67%	10/15/2027	255,000	254,919	253,280
HARBOR FREIGHT TOOLS	3.25%	10/19/2027	49,500	49,005	49,376
LS GROUP OPCO ACQUISITION	4.00%	10/26/2027	49,625	49,377	49,501
AVANTOR INC	2.75%	11/06/2027	49,750	49,253	48,693
TD FUNDING CORP	5.50%	11/15/2027	85,000	88,613	87,550
E.W. SCRIPPS	3.75%	12/15/2027	30,363	30,514	30,325
GEMINI HDPE	3.50%	12/31/2027	43,520	43,085	43,412
FORTRESS TRANSN & INFRASTRUCTURE	5.50%	01/05/2028	50,000	50,250	50,955
GENESIS ENERGY L P	7.75%	02/01/2028	20,000	20,000	20,150
AMERICAN HOMES 4 RENT L P	4.25%	02/15/2028	135,000	146,749	149,661
DELEK LOGISTICS PARTNERS LP	7.13%	03/01/2028	17,000	17,000	17,680
SPIN HOLDCO	4.75%	03/01/2028	74,625	74,065	74,812
IDERA	4.50%	03/02/2028	49,750	49,750	49,688
TRICORBRAUN HOLDINGS	3.75%	03/03/2028	75,000	74,250	74,531
ALPHA 3 B.V.	3.00%	03/05/2028	34,913	34,738	34,825
HARSCO	2.75%	03/05/2028	49,875	49,626	49,626
PLAYTIKA	2.85%	03/11/2028	64,837	64,999	64,513
IRON MTN INC	5.25%	03/15/2028	50,000	51,625	52,000
TRITON WATER HOLDINGS	0.00%	03/29/2028	29,925	29,962	29,588
SIGNAL PARENT	4.25%	04/01/2028	59,850	59,027	58,055
THE MICHAELS COMPANIES	5.00%	04/08/2028	44,888	44,439	44,439
ADIENT US	3.60%	04/08/2028	49,875	50,000	49,626
UNITED AIRLINES	3.75%	04/14/2028	34,825	35,285	34,956
ZEBRA BUYER FIRST LIEN	3.75%	04/22/2028	48,790	48,832	48,912
USIC HOLDINGS	4.25%	05/07/2028	40,000	39,800	39,900
LONZA SPECIALTY INGREDIENTS	4.25%	05/14/2028	49,875	49,719	49,813
MORGAN STANLEY	3.59%	07/22/2028	155,000	173,793	167,216
AIR CANADA	4.25%	07/27/2028	55,000	54,450	54,863
W.R. GRACE	4.25%	08/11/2028	50,000	50,000	50,063
SEAWORLD PARKS & ENTERTAINMENT	3.50%	08/13/2028	50,000	49,500	49,750
DIAMOND	3.50%	09/14/2028	50,000	49,750	49,750
OLYMPUS WATER US HOLDINGS	4.25%	09/19/2028	55,000	55,069	55,069
PACTIV EVERGREEN GROUP	4.00%	09/20/2028	45,000	44,775	44,888
LABL INC	5.88%	11/01/2028	22,000	22,186	22,674
HILCORP ENERGY I L P	6.25%	11/01/2028	30,000	30,953	31,538
INVITATION HOMES OPERATING PARTN	2.30%	11/15/2028	225,000	224,952	222,750
US FOODS INC	2.85%	11/17/2028	20,000	19,975	19,975
PECF USS INTERMEDIATE HOLDINGS III	4.75%	12/17/2028	25,000	25,125	25,125
CNX RES CORP	6.00%	01/15/2029	50,000	53,739	52,000
CHARTER COMM OPT LLC	2.25%	01/15/2029	80,000	79,868	78,126
WESTERN DIGITAL CORP	2.85%	02/01/2029	155,000	155,177	156,493
MATCH GROUP INC	5.63%	02/15/2029	25,000	26,980	26,750
BAUSCH HEALTH COS INC	6.25%	02/15/2029	90,000	95,400	85,522

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	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE		
BOARDWALK PIPELINES LP	4.80%	03/05/2029	125,000	124,891	140,108
SANDS CHINA LTD	3.10%	03/08/2029	200,000	199,494	188,208
T-MOBILE USA INC 3.875% 04/15/2030-2030	3.38%	04/15/2029	50,000	50,500	50,947
UNITED AIRLS INC	4.63%	04/15/2029	70,000	72,329	72,188
GOLDMAN SACHS GROUP INC	3.81%	04/23/2029	180,000	181,941	195,948
CARNIVAL CORP	6.00%	05/01/2029	42,000	42,300	41,790
LITHIA MTRS INC	3.88%	06/01/2029	20,000	20,450	20,418
ANTERO MIDSTREAM PARTNERS LP	5.38%	06/15/2029	46,000	46,449	48,070
APOLLO COML REAL ESTATE FIN INC	4.63%	06/15/2029	50,000	49,850	48,375
DT MIDSTREAM INC	4.13%	06/15/2029	50,000	50,250	51,188
LAS VEGAS SANDS CORP	3.90%	08/08/2029	275,000	289,810	277,159
FREEMPORT-MCMORAN COPPER & GOLD	5.25%	09/01/2029	21,000	22,914	22,995
ALLEGHENY TECHNOLOGIES INC	4.88%	10/01/2029	50,000	50,625	50,050
QORVO INC	4.38%	10/15/2029	170,000	185,663	180,413
CYRUSONE LP	3.45%	11/15/2029	60,000	61,557	64,752
DIAMONDBACK ENERGY INC	3.50%	12/01/2029	125,000	131,158	132,551
COMSTOCK RESOURCES INC	5.88%	01/15/2030	47,000	48,800	48,175
CENTENE CORP	3.38%	02/15/2030	48,000	48,860	48,970
EXPEDIA INC	3.25%	02/15/2030	165,000	169,315	168,543
WEYERHAEUSER CO	4.00%	04/15/2030	150,000	169,596	167,439
T-MOBILE USA INC 3.875% 04/15/2030-2030	3.88%	04/15/2030	155,000	156,585	169,745
FLEX LIMITED	4.88%	05/12/2030	160,000	186,083	182,616
STANDARD INDS INC	3.75%	07/15/2030	45,000	44,249	45,905
BK OF AMERICA CORP	3.20%	07/23/2030	135,000	149,432	142,501
CCO HLDGS LLC	4.50%	08/15/2030	55,000	56,375	56,275
RELIANCE STEEL & ALUMINUM CO	2.15%	08/15/2030	100,000	99,331	97,271
HOLLYFRONTIER CORP	4.50%	10/01/2030	200,000	212,966	215,614
NEUBERGER BERMAN CLO XXII LIMITE ABS	5.55%	10/17/2030	250,000	250,500	250,035
WELLS FARGO & CO SR NT	2.88%	10/30/2030	140,000	143,664	145,683
PETROLEOS MEXICANOS SR GLBL	5.95%	01/28/2031	490,000	474,635	476,148
HILCORP ENERGY I L P / HILCORP	6.00%	02/01/2031	20,000	20,571	20,600
OMEGA HEALTHCARE INVESTORS	3.38%	02/01/2031	210,000	215,460	211,743
UNITED RENTALS INC	3.88%	02/15/2031	45,000	46,063	45,675
CALPINE CORP	3.75%	03/01/2031	60,000	60,000	58,200
NEWMARKET CORP	2.70%	03/18/2031	205,000	203,150	204,383
GOODYEAR TIRE	5.25%	04/30/2031	45,000	45,000	48,915
JPMORGAN CHASE & CO	2.96%	05/13/2031	115,000	118,613	119,189
CITIGROUP INC	2.57%	06/03/2031	120,000	120,072	121,164
EAGLE MATERIALS INC	2.50%	07/01/2031	195,000	194,864	192,658
GXO LOGISTICS INCORPORATED SNR NTS	2.65%	07/15/2031	260,000	258,452	256,792
AUTONATION INC	2.40%	08/01/2031	230,000	229,986	222,097
AMERADA HESS CORP NT	7.30%	08/15/2031	65,000	83,080	86,632
BRUNSWICK CORP	2.40%	08/18/2031	225,000	223,732	215,993
BOEING CO	8.75%	09/15/2031	140,000	205,926	206,179
MATCH GROUP HOLDINGS II LLC	3.63%	10/01/2031	20,000	19,745	19,425
OPEN TEXT HOLDINGS INC	4.13%	12/01/2031	25,000	25,000	25,250
CENOVUS ENERGY INC	2.65%	01/15/2032	115,000	114,496	112,648
FORD MOTOR	3.25%	02/12/2032	20,000	20,000	20,480
NRG ENERGY INC	3.87%	02/15/2032	50,000	50,000	49,000
UNITED AIR	4.55%	02/25/2033	62,339	62,788	67,033
AMERADA HESS CORP SR NT	7.13%	03/15/2033	151,000	182,235	201,985
BRITISH AWYS PASS THRU TR 2018-1	4.13%	03/20/2033	219,553	219,347	222,407
SOUND POINT CLO LTD ABS	3.52%	10/25/2034	250,000	250,000	250,000
CFIP CLO LTD ABS	3.65%	01/20/2035	250,000	248,851	250,016
POLAR TANKERS INC	5.95%	05/10/2037	170,000	212,527	209,421

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

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	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
VALERO ENERGY CORP	6.63%	06/15/2037	180,000	242,288	242,996
ENCANA CORP	6.63%	08/15/2037	220,000	285,868	288,473
ERAC USA FIN CO	7.00%	10/15/2037	205,000	310,508	302,654
CVS/CAREMARK CORP	4.78%	03/25/2038	160,000	198,778	195,550
CHARTER COMM OPT LLC	5.38%	04/01/2038	145,000	174,230	172,971
DELL INC	6.50%	04/15/2038	205,000	264,924	264,427
ALTRIA GROUP INC	5.80%	02/14/2039	165,000	198,891	198,767
OCCIDENTAL	4.30%	08/15/2039	25,000	21,125	24,932
ARCELORMITTAL SA LUXEMBOURG	7.00%	10/15/2039	170,000	243,901	234,206
HASBRO INC	6.35%	03/15/2040	125,000	172,187	172,874
ORACLE CORPORATION	3.65%	03/25/2041	135,000	144,438	136,864
QUANTA	3.05%	10/01/2041	115,000	114,402	111,504
AERCAP IRELAND CAP DESIGNATED AC	3.85%	10/29/2041	185,000	186,278	193,227
REYNOLDS AMERICAN INC SR NT	6.15%	09/15/2043	150,000	193,115	184,157
TRI-STATE GEN & TRANS ASSN	4.70%	11/01/2044	90,000	105,390	108,730
LABORATORY CORP	4.70%	02/01/2045	100,000	115,741	122,070
PLAINS ALL AMERN PIPELINE L P	4.90%	02/15/2045	275,000	294,428	299,299
PACIFIC GAS & ELEC	4.30%	03/15/2045	245,000	244,525	248,432
GENERAL MOTORS CO	5.20%	04/01/2045	185,000	229,544	229,574
KRAFT HEINZ FOODS CO	5.20%	07/15/2045	20,000	24,587	25,463
KOHL'S CORP	5.55%	07/17/2045	140,000	168,399	163,698
ENERGY TRANSFER PTNERS L P	6.13%	12/15/2045	255,000	326,025	318,069
ANHEUSER-BUSCH COS LLC	4.90%	02/01/2046	95,000	120,444	120,446
ABBVIE INC	4.45%	05/14/2046	145,000	180,970	175,914
DELL INTERNATIONAL L.L.C.	8.35%	07/15/2046	30,000	46,987	50,011
ALIGNED DATA CENTERS ISSUER LLC ABS	1.94%	08/15/2046	275,000	275,000	270,869
AASET TRUST 2021-2 TRUST ABS	2.80%	01/15/2047	290,000	289,990	287,856
SOUTHERN CAL EDISON	4.13%	03/01/2048	135,000	139,325	151,955
LEAR CORP	5.25%	05/15/2049	95,000	121,301	120,328
MAGELLAN MIDSTREAM	3.95%	03/01/2050	185,000	200,288	196,651
SYSCO	6.60%	04/01/2050	99,000	149,225	154,287
KINDER MORGAN INC DEL	3.25%	08/01/2050	85,000	75,906	81,643
ACTIVISION BLIZZARD INC	2.50%	09/15/2050	200,000	176,397	175,866
ROYALTY PHARMA PLC	3.35%	02/09/2051	185,000	180,036	177,630
COMCAST CORP	2.89%	11/01/2051	114,000	133,430	110,691
LEGGETT & PLATT INC	3.50%	11/15/2051	191,000	192,199	192,379
APTIV PLC	3.10%	12/01/2051	260,000	253,234	248,633
JERSEY MIKE'S FUNDING LLC ABS	2.89%	02/15/2052	240,000	240,000	242,819
VERIZON COMMUNICATIONS	2.99%	10/30/2056	161,000	188,708	153,064
AT&T INC	3.80%	12/01/2057	190,000	185,099	198,603
			<u>\$ 20,402,981</u>	<u>\$ 21,685,136</u>	<u>\$ 21,639,547</u>

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2021

EIN 13-6414973, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
ABBVIE INC	5,240	\$ 440,212	\$ 709,496
ACCENTURE PLC	709	256,179	293,916
ADOBE INC	788	508,477	446,843
AIR PRODUCTS AND CHEMICALS INC	339	79,288	103,144
ALIBABA GROUP HLDG LTD ADR	4,775	508,165	567,222
ALPHABET INC	261	561,876	756,127
ALPHABET INC	214	421,087	619,228
ALPHABET INC CL A	436	170,741	1,263,109
ALPHABET INC CL C	438	169,759	1,267,392
ALYNYLAM PHARMACEUTICALS INC	5,671	957,090	961,688
AMAZON COM INC	764	513,628	2,547,436
AMAZON.COM INC	274	390,065	913,609
AMERIPRISE FINANCIAL INC	1,629	488,063	491,404
AMGEN INC	2,471	573,076	555,901
APA CORP	5,818	127,875	156,446
APPLE INC	14,378	876,400	2,553,101
APPLIED MATERIALS INC	3,614	537,819	568,699
ARCHER-DANIELS-MIDLAND CO	7,470	366,123	504,857
ASSURANT INC	977	149,063	152,275
AUTODESK INC (DEL)	6,123	363,065	1,721,726
AUTOMATIC DATA PROCESSING INC	1,401	128,870	345,459
AVERY DENNISON CORP	1,022	221,529	221,335
BATH & BODY WORKS INC	3,850	219,011	268,692
BEST BUY CO INC	3,554	389,253	361,086
BIOMARIN PHARMACEUTICAL INC	4,483	373,871	396,073
BOEING CO	8,236	1,432,291	1,658,072
CAPITAL ONE FINANCIAL CORP	667	99,375	96,775
CERNER CORP	2,768	206,002	257,064
CHUBB INC	287	47,701	55,480
CINTAS CORP	654	255,724	289,833
CISCO SYS INC	11,609	354,259	735,662
COBANK ACB 7.814% PFD PFD SHS	3,000	315,750	303,000
COLGATE PALMOLIVE CO	4,729	337,098	403,573
CONAGRA RBANDS INC	142	5,227	4,849
CONSTELLATION BRANDS INC	486	114,119	121,971
COOPER COS INC	573	240,821	240,053
CRISPR THERAPEUTICS AG	5,812	702,951	440,433
CVS HEALTH CORP	6,077	416,509	626,903
DANAHER CORP	1,033	145,893	339,867
DEERE & CO	2,502	243,661	857,911
DISCOVER FINANCIAL SERVICES	533	63,309	61,593
ENPHASE ENERGY CORP	852	195,829	155,865
EVEREST RE GROUP LTD	555	131,035	152,026
EXPEDITORS INTERNATIONAL	5,780	289,309	776,196
FACEBOOK INC	548	100,632	184,320
FACTSET RESEARCH SYSTEMS INC	1,556	269,692	756,232
FIRSTENERGY CORP	5,319	208,423	221,217
GAP INC	2,035	50,407	35,918
GENERAC HOLDINGS INC	874	345,811	307,578
GENERAL ELECTRIC CO	369	41,117	34,859
GENERAL MOTORS CO	8,701	493,921	510,140
GOLDMAN SACHS GROUP INC	1,376	432,374	526,389
HARTFORD FINANCIAL SERVICES GROUP INC	4,772	307,550	329,459
HASBRO INC	139	13,474	14,147
HCA HEALTHCARE INC	1,393	341,590	357,890
HEALTHPEAK PROPERTIES INC	3,758	130,367	135,626

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SCHEDULE OF CORPORATE STOCK - COMMON

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	NO. OF SHARES	COST	CURRENT VALUE
HP INC	12,074	255,345	454,828
ILLUMINA INC	2,437	733,484	927,132
INTEL CORP	10,910	586,029	561,865
INTERPUBLIC GROUP OF COS INC	4,713	143,395	176,502
INTUITIVE SURGICAL INC	1,311	207,308	471,042
IRON MOUNTAIN INC	3,555	161,431	186,033
KINDER MORGAN INC	25,437	436,174	403,431
LENNAR CORP	915	92,912	106,286
LINDE PLC	1,700	451,914	588,931
MARTIN MARIETTA MATERIALS INC	517	210,539	227,749
META PLATFORMS INC	6,632	632,270	2,230,673
MICROSOFT CORP	4,596	321,040	1,545,727
MICROSOFT CORP	4,141	220,929	1,392,701
MONSTER BEVERAGE CORP NEW	17,371	927,658	1,668,311
MORGAN STANLEY	5,678	548,968	557,352
MSCI INC CL A	1,294	108,284	792,821
NETFLIX INC	1,003	661,913	604,247
NEWELL BRANDS INC	5,049	116,528	110,270
NEWS CORP	6,887	158,189	153,649
NIELSEN HOLDINGS PLC	4,013	85,233	82,307
NIKE INC	3,022	377,327	503,677
NORTONLIFELOCK INC	1,066	27,569	27,695
NOVARTIS A G ADR	10,639	894,131	930,593
NOVO NORDISK A S ADR	4,022	209,875	450,464
NRG ENERGY INC	3,505	142,908	150,995
NVIDIA CORP	2,736	688,327	804,685
NVIDIA CORP	10,070	375,233	2,961,688
ORACLE CORP	5,624	513,329	490,469
ORACLE CORPORATION	20,473	877,149	1,785,450
OTIS WORLDWIDE CORP	4,551	380,468	396,256
PACCAR	4,066	353,144	358,865
QUALCOMM INC	3,415	371,153	624,501
QUALCOMM INC	5,957	372,342	1,089,357
RALPH LAUREN CORP	671	80,758	79,755
REGENERON PHARMACEUTICALS INC	1,919	717,863	1,211,887
ROCHE HLDG LTD SPON ADR	18,566	695,006	965,599
SALESFORCE.COM INC	4,238	633,202	1,077,003
SCHLUMBERGER LTD	17,606	863,712	527,300
SEI INVESTMENT COMPANY	9,583	432,224	583,988
SKYWORKS SOLUTIONS INC	554	90,456	85,946
STARBUCKS CORP	8,275	542,932	967,927
STERIS PLC	1,577	364,937	383,858
T ROWE PRICE GROUP INC	2,311	306,564	454,435
TARGET CORP	1,103	272,536	255,278
TESLA INC	811	729,606	857,049
T-MOBILE US INC	135	14,959	15,657
TRANE TECHNOLOGIES PLC	2,556	391,842	516,388
UNDER ARMOUR INC CL A	32,505	545,069	688,781
UNITED PARCEL SERVICE INC	2,687	479,856	575,932
UNITEDHEALTH GROUP INC	1,706	756,319	856,651
VIACOMCBS INC	6,554	217,833	197,800
VISA INC CL A	7,447	590,891	1,613,839
WALMART INC	3,857	528,859	558,069
WALT DISNEY CO	8,735	1,137,343	1,352,964
WELL FARGO & CO	12,346	614,929	592,361
WEST PHARMACEUTICAL SERVICES INC	1,065	459,614	499,496

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2021

EIN 13-6414973, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
WESTERN DIGITAL CORP	4,726	276,532	308,222
WORKDAY INC	3,913	529,563	1,068,953
YUM CHINA HLDGS INC	9,770	270,659	486,940
YUM! BRANDS INC	3,343	210,276	464,211
BPIF NON-TAXABLE LP - COMMON STOCK	-	10,124,436	13,717,544
		\$ 53,644,080	\$ 84,517,550

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

DECEMBER 31, 2021

EIN 13-6414973, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION PARTNERSHIPS	(d)	(e)
ISSUER		COST	CURRENT VALUE
BLACKSTONE REAL ESTATE DEBT STRATEGIES II LP		\$ 2,414	\$ 50,764
BLACKSTONE REAL ESTATE DEBT STRATEGIES III LP		9,168,846	12,057,259
BPIF NON-TAXABLE LP - PARTNERSHIPS		10,171,253	13,780,982
HAMILTON LANE STRATEGIC OPPORTUNITIES FUND IV OFFSHORE (SERIES 2018) LP IV - PARTNERSHIPS		2,874,446	3,839,493
NB CROSSROADS FUND XXI - PARTNERSHIPS		12,899,503	32,746,277
NB CROSSROADS FUND XXII - PARTNERSHIPS		15,174,360	31,035,866
OAKTREE REAL ESTATE DEBT FUND II LP - PARTNERSHIPS		<u>9,064,201</u>	<u>11,126,033</u>
		<u>\$ 59,355,023</u>	<u>\$ 104,636,674</u>

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

SCHEDULE OF NON-PARTICIPANT LOANS

DECEMBER 31, 2021

EIN 13-6414973, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION NON- PARTICIPANT LOANS	(d)	(e)
	PAR OR MATURITY / NO. OF SHARES	COST	CURRENT VALUE
ISSUER			
HAMILTON LANE STRATEGIC OPPORTUNITIES FUND IV OFFSHORE (SERIES 2018)			
LP IV - NON-PARTICIPANT LOANS	-	\$ <u>7,507,713</u>	\$ <u>10,028,306</u>
		\$ <u>7,507,713</u>	\$ <u>10,028,306</u>

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

DECEMBER 31, 2021

EIN 13-6414973, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b)	(c) - DESCRIPTION COMMON TRUST FUNDS	(d)	(e)
	ISSUER	NO. OF SHARES	COST	CURRENT VALUE
*	COMERICA SHORT-TERM FUND	16,317,145	\$ 16,317,145	\$ 16,317,145
	COMMINGLED PENSION TRUST FUND (SPECIAL SITUATION PROPERTY) OF JPMORGAN CHASE BANK NA	1,545,576	11,489,701	20,215,047
	COMMINGLED PENSION TRUST FUND (STRATEGIC PROPERTY) OF JPMORGAN CHASE BANK NA	5,714,892	45,855,526	71,725,890
	EARNEST PARTNERS INTERNATIONAL FUND	758,438	9,476,130	17,739,868
*	STATE STREET S&P 500 (R) FLAGSHIP NON-LENDING FUND	36,238	17,571,624	44,718,199
	WILLIAM BLAIR INTERNATIONAL LEADERS COLLECTIVE INVESTMENT FUND (CLASS 2)	776,763	15,000,000	15,452,698
			\$ 115,710,126	\$ 186,168,847

* PARTY-IN-INTEREST

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

SCHEDULE OF 103-12 INVESTMENT ENTITIES

DECEMBER 31, 2021

EIN 13-6414973, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION 103-12 INVESTMENT ENTITIES		(d)	(e)
	ISSUER	NO. OF SHARES	COST	CURRENT VALUE
	AEON GLOBAL CHOICE FUND LLC	1,094,257	\$ 10,659,393	\$ 30,108,115
	DFA GROUP TRUST - THE SMALL CAP SUBTRUST	4,057	4,891,206	19,123,639
	NCS GROUP TRUST GLOBAL FUND	584,547	25,803,823	37,446,150
	ULLICO INFRASTRUCTURE TAX-EXEMPT FUND	106,049	14,961,847	23,866,970
	OAKTREE MIDDLE-MARKET DIRECT LENDING FUND (PARALLEL 2) LP	19,321,219	17,068,769	20,266,517
			<u>\$ 73,385,038</u>	<u>\$ 130,811,391</u>

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

DECEMBER 31, 2021

EIN 13-6414973, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES		(d)	(e)
	ISSUER	NO. OF SHARES	COST	CURRENT VALUE
	PIMCO ALL ASSET FUND INSTITUTIONAL CLASS	2,098,919	\$ 25,219,153	\$ 26,803,191
	BLACKROCK STRATEGIC INCOME OPPORTUNITIES PORTFOLIO INSTITUTIONAL SHARES	2,184,344	<u>21,904,967</u>	<u>22,192,932</u>
			<u>\$ 47,124,120</u>	<u>\$ 48,996,123</u>

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

SCHEDULE OF OTHER INVESTMENTS

DECEMBER 31, 2021

EIN 13-6414973, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION OTHER INVESTMENTS	(d)	(e)
ISSUER		COST	CURRENT VALUE
ABS ALPHA LTD GLOBAL EQUITY PORTFOLIO - OTHER	-	\$ 18,748,731	\$ 27,713,315
	-	\$ 18,748,731	\$ 27,713,315

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2021

EIN 13-6414973, PLAN NO. 001

FORM 5500, SCHEDULE H, PAGE 4, PART IV, ITEM 4J - SCHEDULE OF REPORTABLE TRANSACTIONS DURING THE YEAR

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
N/A	COMERICA SHORT-TERM FUND	\$ 82,481,268	\$ -	\$ -	\$ -	\$ -	\$ 82,481,268	\$ -
N/A	COMERICA SHORT-TERM FUND	-	70,961,717	-	-	70,961,717	70,961,717	-

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.
► Go to www.irs.gov/Form5558 for the latest information.

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions) BOARD OF TRUSTEES, PENSION FUND OF LOCAL NO. ONE OF I.A.T.S.E. Number, street, and room or suite no. (If a P.O. box, see instructions) 320 WEST 46TH STREET 6th FLOOR City or town, state, and ZIP code NEW YORK NY 10036-3845	B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX) 13-6414973 Social security number (SSN) (9 digits XXX-XX-XXXX)											
C Plan name PENSION FUND OF LOCAL NO. ONE OF I. A. T. S. E.	<table border="1"> <thead> <tr> <th rowspan="2">Plan number</th><th colspan="3">Plan year ending—</th></tr> <tr> <th>MM</th><th>DD</th><th>YYYY</th></tr> </thead> <tbody> <tr> <td>001</td><td>12</td><td>31</td><td>2021</td></tr> </tbody> </table>	Plan number	Plan year ending—			MM	DD	YYYY	001	12	31	2021
Plan number	Plan year ending—											
	MM	DD	YYYY									
001	12	31	2021									

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.
- 2 I request an extension of time until 10 / 17 / 2022 to file Form 5500 series. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until / / to file Form 8955-SSA. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested; and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

- 4 I request an extension of time until ____/____/____ to file Form 5330.
You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.

a	Enter the Code section(s) imposing the tax	▶	a	
---	--	---	---	--

b Enter the payment amount attached	b	
--	----------	--

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ▶		c	
--	--	---	--

5 State in detail why you need the extension:

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ►

Date ►

MGA

Certified Article Number

9414 7266 9904 2182 6228 08

SENDER'S RECORD

Form **5558** (Rev. 9-2018)

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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning and ending

A Name of plan	B Three-digit plan number (PN) ▶	
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	

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	
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): _____		
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	

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
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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) 2021
v. 210624

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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).....

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).....

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).....

14a	
14b	
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

b The corresponding number for the second preceding plan year

15a	
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

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.....

16a	
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) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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 _____

Attachment to 2021 Form 5500

Schedule R, line 13d - Collective Bargaining Agreement Expiration Date

Plan Name PENSION FUND OF LOCAL NO. ONE OF I. A. T. S. E.

EIN: 13-6414973

Plan Sponsor's Name	BOARD OF TRUSTEES, PENSION FUND OF LOCAL NO. ONE OF I.A.T.S.
----------------------------	--

PN: 001

[illegible]

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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning and ending

A Name of plan	B Three-digit plan number (PN) ▶	
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	

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	
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): _____		
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	

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
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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
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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.
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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.

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Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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 _____

Plan Name	PENSION FUND OF LOCAL NO. ONE OF I. A. T. S. E.	EIN:	13-6414973
Plan Sponsor's Name	BOARD OF TRUSTEES, PENSION FUND OF LOCAL NO. ONE OF I.A.T.S.	PN:	001